



**Contra
Costa
County**

To: Board of Supervisors
From: FAMILY & HUMAN SERVICES COMMITTEE
Date: December 10, 2019

Subject: HEALTH CARE FOR THE HOMELESS ANNUAL UPDATE

RECOMMENDATION(S):

ACCEPT report prepared by the Health Services Department on the health status of the homeless population in Contra Costa County, and DIRECT the Health Services Department to continue to provide annual status updates to the Family and Human Services (FHS) Committee.

FISCAL IMPACT:

There is no fiscal impact. This is an informational report only.

BACKGROUND:

Since 1990, the Health Care for the Homeless (HCH) Program has provided health care services to the homeless population in Contra Costa County through mobile clinics, stationary health centers, the Concord Medical Respite facility, street medical outreach clinics and the medication-assisted treatment program. Health care services provided by the HCH team include routine physical assessments, basic treatment of primary health problems such as minor wounds and skin conditions, respiratory problems, TB screening, acute communicable disease screening, coordination and referrals for follow up treatment of identified health care needs, dental services, health education, behavioral health services,

☒ APPROVE

☐ OTHER

☒ RECOMMENDATION OF CNTY

☒ RECOMMENDATION OF BOARD

ADMINISTRATOR

COMMITTEE

Action of Board On: **12/10/2019** ☒ APPROVED AS RECOMMENDED ☐ OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: December 10, 2019

David Twa, County Administrator and Clerk of the Board of Supervisors

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By: June McHuen, Deputy

medication assisted treatment for opioid addiction, and outreach and enrollment services. A significant portion of the homeless patients seen by the HCH team have chronic diseases, including asthma, hypertension, diabetes, and mental

BACKGROUND: (CONT'D)

health/substance abuse issues. They also have disproportionately more dental, substance abuse and mental health needs than the general population.

At the last report to the FHS Committee one year ago, Dr. Joseph Mega, presented the staff report on health care services for the homeless, including opioid addiction treatment, and the number of clients and encounters with clients. The data showed that homeless Medi-Cal patients were more than twice as likely to have a chronic health condition and drastically more likely to visit hospital emergency than general Medi-Cal patients. Dr. Mega highlighted the gap in services for elderly people with conditions such as dementia, incontinence, and mental illness, citing that such conditions are often barriers to private board and care placement. He suggested that County-operated board and care might fill that gap and for less cost than long term County Hospital stays.

Supervisor Andersen had asked Dr. Mega what research had been done on county-run skilled nursing programs and if the County would realistically take on that service within the Health Care budget? She suggested that it might be more cost effective to contract out for these services. She asked about what other counties might be doing in this area and what, if any, contractors they use and how they fund the program. Dr. Mega had commented that only preliminary discussions had occurred but he would work to develop a proposal.

The attached presentation was presented to the FHS Committee on November 13, 2019, and includes program updates from the last report. It also highlights the increasing needs of the rapidly growing senior homeless population and provides an update on the increase in Medication Assisted Treatment for homeless patients with Opioid Use Disorder. Dr. Mega noted that the number of patient visits is trending upward, male patients outnumber female patients at a rate of 2:1, and the median age of patients is 45. He described the four service models: ambulatory clinics, street outreach, mobile clinics, and shelter-based care, noting that the mobile clinics operate mostly in central and east county where fixed services are scarce. He clarified that two mobile vans rotate on a consistent schedule across seven locations. He estimated that 80% use field (mostly mobile clinic) services and 20% use clinic services. He identified key ongoing challenges including the aging homeless population and the reticence of certain jurisdictions to provide appropriate sites for permanent and mobile clinics. He clarified that once housed, the County may provide health services for up to one year. He also verified that the County will issue N95 masks to unsheltered individuals when the air quality is deemed harmful.

ATTACHMENTS

Healthcare for the Homeless Powerpoint Report