Health Care for the Homeless (HCHN) Governance Council
April 1, 2019, 8:00am-12:00pm, The 2100 Building (2100 24th Ave S, Seattle, WA, Room B)
Strategic Planning Retreat Day 2
Agenda

GOALS:

1. Provide opportunities for Governance Council members to engage with each other and share what would a successful Council look like in 12 months.
2. Complete Site visit assurance tasks for performance analysis and program monitoring.
3. Increase Governance Council members' knowledge about HCHN and the local landscape affecting individuals and families experiencing homelessness (what are strengths/weaknesses)
4. Identify 2 to 3 community-level priorities that the Governance Council wants to own as accountability measures.
5. Identify two strategies for how the Governance Council will introduce racial equity into their work over the next 12 months.

Topic	Person	Time	Purpose	Materials
CALL TO ORDER 1. Welcome & Introductions 2. Minutes ***Action: review and approve*** 3. May GC Meeting – proposed date change to 5/13	Eleta Wright	8:00	Inform, Approve	- HCHN GC Minutes 022519_final - HCHN GC Strategic Planning Retreat Day 1 Minutes 031119_final - HCHN GC Minutes 031819_final
REVIEW OF SERVICE MODEL AND PLANNING PROCESS 1. Overview of sites, hours of operation, and services ***Action: review and approve***	John Gilvar	8:15	Inform, Discuss	- Recent Sites added to HCHN Scope Overview for HCHN GC Planning Retreat
RECAP AND REVIEW - Overview of Day One - Goals for Day 2	Eleta Wright, Lee Thornhill	8:45	Inform, Discuss	
DATA OVERVIEW - Patient Safety - Clinical Performance Measures	Lee Thornhill, Dr. Mia Shim	9:00	Inform, Discuss	- Patient Safety data provided day of - UDS Clinical Performance Measures Tracking Sheet
BREAK		9:45		
EMERGING ISSUES/COMMUNITY RESPONSE	John Gilvar, Jody Rauch	10:00	Inform, Discuss	

STRATEGIC PLANNING - Initial identification of community level priorities and racial equity strategies	Lee Thornhill, Eleta Wright, Katherine Switz	10:30	Inform, Discuss	- Materials provided on Day 1 - CNA excerpt for GC strat planning_031119 - Planning Council Final Strategic Guidance for Public Health and GC_082118 [signed]
WRAP-UP - Synthesis - Identify remaining needs	Eleta Wright, Katherine Switz	11:45	Inform, Discuss	
ADJOURN	Eleta Wright	12:00		

NEXT MEETING: Monday, April 15 2019, 4:15-6:15pm at the King County Chinook Building (401 5th Ave., Seattle, WA 98104), Room 121

HCHN Governance Council Members

- Anita Souza, PhD, MA, UW School of Nursing
- Cynthia Brown, MSN, The Sophia Way
- Eleta Wright, MSW, Nexus Youth and Families
- Greg Francis, Consumer Representative
- Janice Tufte, Consumer Representative
- Jeff Sakuma, City of Seattle Human Services Department
- Jodi Denney, North King County Community Medicine Team
- Katherine Switz, MBA, The Stability Network
- Kristina Sawyckyj, Consumer Representative
- Leslie Enzian, MD, HMC Medical Respite Program
- Marilyn Mills, Consumer Representative
- Melinda Giovengo, PhD, MA, YouthCare
- Michael Erikson, MSW, Neighborcare Health
- Michael Quinn, Plymouth Housing Group
- Rick Reynolds, Operation Nightwatch
- Samantha Esposito, Consumer Representative
- Tara Moss, LEAD
- Zachary DeWolf, All Home

MINUTES
Monday, April 1, 2019
The 2100 Building (2100 24th Ave S, Seattle, WA), Room B

Council Members Present: Cynthia Brown, Eleta Wright, Jeff Sakuma, Jodi Denney, Katherine Switz, Kristina Sawyckyj, Leslie Enzian, Michael Erikson, Rick Reynolds

Council Members Absent: Anita Souza, Greg Francis, Janice Tufte, Marilyn Mills, Melinda Giovengo, Michael Quinn, Samantha Esposito, Tara Moss, Zachary DeWolf

Community Advisory Group (CAG) Members Present: Michelle Bollinger, Eva Ruiz, Okesha Brandon, Terry Jackson

Public Health Staff Present: John Gilvar (ex-officio member), Kim Nguyen, Lee Thornhill, Mia Shim, Rekha Ravindran

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CALL TO ORDER

1. *Welcome & Introductions*
   Eleta Wright welcomed members to Day 2 of the HCHN Governance Council (GC) Strategic Planning Retreat. Full quorum not present.

   To prepare attendees for the discussions ahead, Eleta asked everyone to brainstorm ideas on a strategic plan for his/her own family in the event of an emergency. Attendees broke out into partnered discussions; Eleta thanked everyone for participating.

2. *Minutes*
   GC members reviewed the minutes from the 2/25, 3/11, and 3/18 meetings. Minutes were not approved since no quorum.

RECAP AND REVIEW

Lee Thornhill gave attendees a brief overview of the activities that took place on Day 1 of the retreat. He recalled that the GC and CAG members present reflected on and shared their thoughts about what would constitute a successful GC over the next 12 months and together reviewed performance measures, needs assessment work, and accessibility of hours/locations. He said racial equity and social justice (ESJ) was centered during Day 1 by presenting a video on King County ESJ work and sharing updates from the HCHN admin team. He also described the upcoming HRSA 330h operational site visit (OSV) in June 2019 and the required GC activities to be accomplished prior to the site visit.

Lee shared that Day 2 will focus on developing community-level priorities and strategies to incorporate ESJ into the GC's work over the next 12 months. He indicated that John Gilvar will share more specific details on the collaborative planning process that was used by Public Health – Seattle & King County (PHSKC) in determining site locations, hours of operation, and the service mix for several of the most recently established sites and services. He also shared that Jody Rauch, HCHN Clinical Quality Lead, will present on emerging needs to aid attendees in strategic planning activities.

REVIEW OF SERVICE MODEL AND PLANNING PROCESS

John mentioned that he developed a video to help orient GC members to the long Scope of Project documents that PHSKC must keep updated with HRSA, available to view here. He invited feedback from members.

John then walked through the slide presentation titled "Recent Sites added to HCHN Scope Overview for HCHN GC Planning Retreat." The PowerPoint file is attached. Highlights of the presentation include:

- Needs assessment and strategic planning work helps guide HCHN admin team in pursuing new funding/grant opportunities to support expansion of services/sites
- Hours of operation are designed to coordinate with co-located services and during times when the greatest number clients are likely to be present on site
- The Sobering Clinic will be moving to Georgetown at the end of June due to building being sold; will serve unmet needs of people in Georgetown/SODO area and provide low-barrier medical services to the neighborhood
- Per HRSA, each Mobile Medical Van (MMV) is defined as a single site on the HRSA Scope of Project forms, even though each MMV serves many, many sites, which may change over time based on the program's continuous needs assessment work.

GC members will be asked to vote on motion to formally approve HCHN's sites, hours of operation, and services at the next meeting. Please review the video on the HCHN web page prior to the meeting if possible.

DATA OVERVIEW

Lee asked attendees to share the health issues and barriers to care that they observe within the homeless communities with which they are most familiar. Jodi Denney said she sees a lot of chronic wound/health needs, infections, anxiety, and suicidal ideation; Kristina Sawyckyj agreed that suicidal ideation is a major issue. Cynthia Brown said diabetes and an aging population; Rick Reynolds echoed the increase in the number of individuals over age 55. Dr. Leslie Enzian said cognitive impairments. Michelle Bollinger said malnutrition in children.

Lee then walked attendees through the "UDS 330h Clinical Performance Measurements Tracking Sheet" document. He said that targets are set over the course of the whole grant cycle, and this document shows HCHN's progress in meeting those goals for homeless patients. He said this overview is meant to familiarize retreat participants with HRSA's required clinical performance measures and explained that the Program Evaluation Committee is doing a deeper dive into the data for each measure. John said these metrics are applied to every health center in the county, regardless if they are a homeless grantee. He said there have been numerous conversations within the National Health Care for the Homeless Council (NHCHC) governing membership about requesting that HRSA develop additional homeless-specific clinical measures, but to date HRSA has not engaged in this work.

Lee highlighted the following key clinical performance measures for which HCHN is not currently hitting its target goals and is therefore working to analyze issues and barriers:

- Adult BMI – HCHN's target for adult BMI screening and follow-up is 55% of adults (age 18+). The HCHN admin team is analyzing challenges in getting appropriate documentation for many of those patients.
- Tobacco Screening – Similar issue as BMI.
- Depression Screening – The HCHN admin team believes that the target set was too high, given the complex mix of service modalities across the entire Scope of Project and the challenges for many homeless patients in returning for follow-up care. In addition, at the time that the target was set, HCHN was required to measure only the rate at which the PHQ-9 screening tool was used, but the revised measure requires specific documentation of follow-up.

- Low Birth Weight – The total number of children and pregnant women experiencing homelessness access medical services is very small, so any change in one direction or another has an oversized impact.
- Diabetes – The HCHN admin team is working on tracking challenges with this measure. HRSA flags this one as a priority area and HCHN can expect to receive consultation at the upcoming OSV.

Dr. Mia Shim shared that some of the tracking challenges result from the different electronic health record (EHR) systems used by HCHN providers across the network. For example, PHSKC and Harborview Medical Center both use EPIC, but they use different versions that don't have complete interoperability. Neighborcare Health, Country Doctor, and HealthPoint are all part of the OCHIN system that uses the NextGen EHR system. Michael Erikson highlighted the high costs associated with converting to a new EHR system, but indicated that these three HCHN partners, along with other FQHCs who are part of the OCHIN network, all will migrate to EPIC over the next few years.

Mia shared 2018 patient safety trend data with attendees. She highlighted that relatively a small number of incidents were reported despiteover 160,000 visits were provided within the Community Health Services Division (CHS) over the last year. She said incidents are captured via Unusual Occurrence (UO) reports submitted by public health staff. She said the data being shared today include both homeless and non-homeless patients receiving services at Public Health, but not at contracted sites. John reminded the GC that the HCHN admin team has robust site review process that assures that contractor partners' QI/QA processes meet the same standards as PHSKC, including standards related to monitoring patient safety trends and taking corrective action where indicated.

She said incidents are often solved by the time the UO report is submitted but when patterns emerge, quality improvement interventions, such as staff training, are developed or refined to prevent similar incidents from occurring. She shared that the PHSKC is launching a web portal called Origami likely in May 2019 to more systematically collect patient safety and grievance information. She expects Origami to provide an improved and more comprehensive picture of patient safety trends because of its user-friendly platform and greater automatization of reporting mechanisms and analytics. She believes the current UO reporting system likely results in some level of underreporting by the staff.

EMERGING ISSUES/COMMUNITY RESPONSE

Jody presented the "Looking back at 2017-18, Moving ahead in 2019" slide presentation. The PowerPoint file is attached. Highlights of the presentation include:

- HCHN currently has capacity to provide flu, Hep A, and/or Hep B vaccinations. In addition, HCHN is able to leverage partnerships, both internal and external to PHSKC, when a threat such as Hep A emerges. HCHN partnered to provide Hep A vaccinations to over 1200 people experiencing homelessness in King County in response to the outbreaks among the homeless population experienced in California and many other states, and this campaign may be one reason why no outbreak has been observed in King County.

- Extensive information on communicable disease prevention best practices is shared on the HCHN website and emailed out to a long list of homeless health care, shelter, and other providers. In addition, many HCHN trainings are regularly made available (including for non-HCHN agencies).
- A PHSKC-led Health and Safety Workgroup meets monthly and includes key county, city, and community stakeholders to align work, add resources, and work in coordination; upcoming topics include emergency preparedness and extreme heat – no formal avenue for consumer input but can email Jody directly.
- The HCHN Admin Team is currently seeking funding for smaller mobile teams that can supplement the work of the existing MMVs and communicable disease prevention efforts led by PHSKC's STD/HIV Program. These new, more nimble teams would target emerging hot spots, i.e. encampments and shelters, and integrate health care treatment with disease prevention services.

STRATEGIC PLANNING

Lee shared the following recommendations, highlighted in the "HCHN Community Needs Assessment, 2016-2017," as a starting point for attendees to identify 2 to 3 community-level priorities that the GC wants to own as accountability measures:

1) Build our clinical quality and education capacity to help patients and providers manage disease, pain, and medication. This includes increasing clinical outcome data across all sites.
2) Help lead efforts to assure patients can meet basic physiological needs. This includes restroom access and facilities to rest and recover from illness based on acuity of need.
3) Increase the number of patients who have access to low barrier behavioral health services. This includes alignment with the King Co. Heroin and Prescription Opiate Addiction Task Force.
4) HCHN consumers and former consumers must be more involved in planning and evaluation. Efforts should coordinate with training and professional development opportunities.
5) Support our providers through capacity building training and workforce development strategies. This includes partnering with providers to reduce reporting burden where possible.
6) Sustain existing partnerships and cultivate new ones in South, East, and North King County. This includes a focus on outreach to individuals with mobility and language access barriers. – pick up new partners in different parts of county
7) Implement strategies to measure our progress towards reducing documented racial and ethnic health disparities. This includes establishing network-wide learning objectives. – still carrying this work forward, how institutional racism impacting care, language in contracts
8) Enhance our partnerships with housing providers. This includes supporting Coordinated Entry for All efforts to better integrate health services into their Continuum of Care.
9) Help lead efforts to care for both an aging homeless population and assure access to prenatal care, family planning, and early intervention services.

Attendees broke out into two groups for discussion.

Lee asked for the groups to report back. Leslie said her group highlighted #2 as a high priority, and specifically discussed the idea to transition from overnight shelters to offering 24-hour shelters with enhanced services to support recovery from low-acuity illness. She also said the group highlighted a need to adequately train staff in racial equity, trauma informed care, and harm reduction. Jodi emphasized the need for continual access to hygiene services and indoor spaces; Okesha Brandon reiterated the need for safe shelters. Leslie said there is also a critical need to assist people with activities of daily living (ADLs), specifically a need for places similar to skilled nursing facilities that serve people who are cognitively or mobility impaired. She also expressed a need for patient navigators to assist people to get to appointments. She said it was important to ensure that planning related to increasing access to health care is part of the agenda for the new regional planning authority on homelessness.

Michael shared that his group focused on #9, but expanded the population of interest to include youth/teens migrating to homelessness. He also highlighted insufficient transportation to get to pharmacies, urgent care, and other services. He said it would be helpful for the GC to get a better sense of the scope of the problem, how is it changing, and who is impacted from a regional perspective to better understand gaps and opportunities. Jeff Sakuma also echoed Leslie's suggestion of a more formal connection between health/HCHN's work and the new regional authority in progress. Eleta said there is a need to prioritize housing as health.

Lee thanked participants for their input and said the next step is to synthesize this information into a list for the GC Executive Committee as it develops strategies for moving forward on priority areas over the next 12 months.

Lee then moved the group on to identifying two strategies for how the GC will introduce racial equity into their work over the next 12 months. Attendees broke out into the same groups for discussion. Lee asked for the groups to report back. Eleta suggested a training for the GC, Undoing Institutionalized Racism through The People's Institute. She also expressed a need to include requirements around equity in contracting and continue the work with the racial justice consultant Bernardo Ruiz and his team, which began at last October's Annual Gathering and has continued with ESJ caucusing among HCHN frontline service providers and supervisors. Michelle said the composition of the GC should reflect the communities served, including LGBTQ+, the aging population, and American Indian/Alaska Native representation. She is interested in learning more about the disparities related to aging through the system, from teens to adults. Okesha highlighted the need to have a space to safely store key documents and the intersectionality of the homelessness experience and how that operates under different systems.

WRAP-UP
Lee thanked everyone for attending the two strategic planning retreat sessions.

ADJOURN
The meeting adjourned at 11:54am.

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