Health Care for the Homeless (HCHN) Governance Council
March 11, 2019, 1:00pm-5:00pm, Seattle Municipal Tower (700 5th Ave, Seattle, WA, Room 1600)
Strategic Planning Retreat Day 1
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***	Eleta Wright	1:00	Inform, Approve	
GOVERNANCE COUNCIL VISION SETTING - What would a successful Council look like in 12 months? - What would be a rewarding or fulfilling experience for each member? - How the group would be functioning? - What has it accomplished?	Eleta Wright, Katherine Switz	1:10		
GROUNDING IN RACIAL EQUITY - Video: Why King Co. is leading with Racial Justice	John Gilvar	1:40	Inform, Discuss	
BREAK		2:00		
DATA REVIEW – PART 1 - Needs Assessment - Accessible Locations and Hours of Operations	Lee Thornhill	2:10	Inform, Discuss	
BREAK		3:15		

DATA REVIEW – PART 2 - Performance Analysis and Program Monitoring	Lee Thornhill	3:30	Inform, Discuss	
WRAP UP DAY 1/PREVIEW DAY 2	Lee Thornhill, John Gilvar, Eleta Wright	4:30	Inform, Discuss	
ADJOURN	Eleta Wright	5:00		

NEXT MEETING: Monday, March 18 2019, 4:15-6:15pm at the King County Chinook Building (401 5th Ave., Seattle, WA 98104), Room 126

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, March 11, 2019
Seattle Municipal Tower (700 5th Ave, Seattle, WA), Room 1600

Council Members Present: Anita Souza, Eleta Wright, Greg Francis, Janice Tufte, Jeff Sakuma, Jodi Denney, Katherine Switz, Kristina Sawyckyj, Melinda Giovengo, Michael Quinn, Rick Reynolds

Council Members Absent: Cynthia Brown, Leslie Enzian, Marilyn Mills, Michael Erikson, Samantha Esposito, Tara Moss, Zachary DeWolf

Community Advisory Group (CAG) Members Present: 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 1 of of the HCHN Governance Council (GC) Strategic Planning Retreat. Full quorum present.

2. *Minutes*
   No minutes ready to approve at this time.

GOVERNANCE COUNCIL VISION SETTING

Eleta asked GC and CAG members to get into small groups to discuss the following questions:

- What would a successful Council look like in 12 months?
- What would be a rewarding or fulfilling experience for each member?
- How the group would be functioning?
- What has it accomplished?

Eleta asked members to report back on role of GC. Janice Tufte said the GC recognizes gaps and develops plans to address in effective and sustainable ways. Greg Francis said the GC ensures that HCHN is meeting all requirements of the HRSA grant in addition to looking at broader community needs. Anita Souza said it is important to maximize collaboration and coordination to make an impact.

Eleta asked each attendee what would be a rewarding experience for them:

Governance Council Members:

- *Michael Quinn*: leverage skills around the table to maximize impact
- *Janice Tufte*: addressing gaps and barriers to care
- *Kristina Sawyckyj*: less people in social circle dying on the streets due to unmanaged health conditions
- *Anita Souza*: all the work centers the individuals served
- *Greg Francis*: change community attitudes around homelessness
  Mia Shim: more strategic vision on how to better mobilize and collaborate
- *Rick Reynolds*: keep people safe
- *Jodi Denney*: increase services, decrease barriers, and more on-the-street coordination of programs and agencies
- *Katherine Switz*: have strategic understanding of gaps and leverage own voice so fewer people on the street
- *Eleta Wright*: function as educational ambassadors and conduit to people who want to be more engaged

Community Advisory Group Members:

- *Eva Ruiz*: more services for people with limited English proficiency
- *Terry Jackson*: leverage individual values and strengths to work as a community
- *Okesha Brandon*: build trusting relationships and bring work to the street

GROUNDING IN RACIAL EQUITY
John showed the Leading with Racial Justice video to demonstrate how King County is prioritizing racial justice as part of overall government work and implementation of its Equity and Social Justice (ESJ) Strategic Plan. He said the HCHN Annual Gathering in October 2018, attended by GC members and HCHN agency partners, focused on ESJ and how the Network can leverage capacities to move racial equity forward. He said as a next step, the HCHN admin team hosted three ESJ caucuses by affinity group for the Network, facilitated by Bernardo Ruiz and his team. He said the HCHN Quarterly Provider Meeting in April is dedicated to translating the lessons learned through caucusing into specific strategies to advance racial equity as a Network and assign accountability to short and long-term goals/actions steps. He said HCHN admin will engage in similar caucusing as a team, also facilitated by Bernardo and his team. In addition, he said that HCHN was chosen to be part of the National Health Care for the Homeless Council's Diversity, Equity, and Inclusion (DEI) Learning Collaborative to share strategies on addressing institutional racism.

Greg said there is a need for shared understanding of the history of racism and how it impacts people today. John said the GC can make this a goal and help inform work moving forward. Eleta suggested this be part of the GC's ongoing work, recognizing it takes commitment and additional time.

DATA REVIEW – PART 1
Lee shared the goals for the two-day Strategic Planning Retreat:

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 tasks to ensure HRSA grant compliance in the areas of program monitoring/performance evaluation.
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.

Lee described the following documents sent to members in preparation for the retreat.

- *CNA Overview slides*: high level overview of HRSA grant requirements around community needs assessment (CNA); describes need for large scale assessment every three years with annual updates
- *CNA excerpt for GC strat planning_031119*: high level roll up of 2016/17 CNA, including recommendations and health needs. Lee asked attendees to each read aloud quotes from people experiencing homelessness featured in the document. He said it highlights how difficult it is to navigate the system and the need to be intentional and sensitive to past trauma when engaging people experiencing homelessness to avoid re-traumatizing.
- *Planning Council Final Strategic Guidance for Public Health and GC_082118 [signed]*: list of recommendations from prior HCHN Planning Council to consider in strategic planning.
- *GC Shelter Health Need Analysis Response 2 21 19*: HCHN admin team response to GC's request for an assessment of the health needs in new shelters.

- *Selected Hours and Accessibility Review Doc_18_031119*: HRSA defines the service area as all of King County and reviews where sites are located every three years, as part of grant cycle. The map is updated yearly and shows concentration of patients given zip code of last residence; it defaults to zip code of service site if patient doesn't provide a zip code. Melinda Giovengo asked how this HCHN map overlays with Continuum of Care (All Home) One Night Count map. Lee said it would be helpful to compare with One Night Count and HMIS. Lee said there are over 200 HCHN sites but, it is important to distinguish what are HRSA approved regular sites versus occasional sites. The grid shows the 32 HRSA approved sites in the HCHN Scope of Project documents. Lee said from a HRSA compliance perspective, the task for today is to review the overall methodology used by HCHN to determine accessibility of site locations, hours of operation, and services, rather than go one-by-one at the site-specific level. Lee suggested moving GC accessibility approvals to the April 1 retreat session, given additional information requests and the greater time available to review the process in greater depth.

DATA REVIEW – PART 2

Lee shared the "2018 combined dashboardGovernance_031119" document describing HCHN's progress in moving towards Uniform Data System (UDS) targets, which is submitted every year. He said this dashboard relates to the GC's role in evaluation of HCHN's performance and management of the HRSA 330h grant and provide information to use in strategic planning. He said the dashboard is a first draft for the GC to review as part of routine monitoring on HRSA's key metrics used to evaluate performance, averaged over the three year grant cycle:

1) Number of unduplicated patients,
2) Number of unduplicated patients by visit type, and
3) Number of visits by category delivered by providers within the Scope of Project.

John said the Program Evaluation Committee is looking into performance measures in greater detail but this dashboard provides a good, baseline understanding of what HRSA tracks at a high level.

Greg asked how unduplicated patients are determined. Lee said from a combination of first/last name and date of birth. John said that every time a provider sees a patient, he/she must submit an encounter form with that information. Lee said there is no requirement to get legal names, in alignment with a patient-centered trauma-informed approach, so the HCHN admin team uses best ability to unduplicate patients. John said that every time the HCHN admin team applies for additional funding, it includes how many new unduplicated patients will be reached with the proposed expansion of services. He said the target number of unduplicated patients increase over time as new grants are awarded, now 21,752. Jodi asked if this measure includes the share of people experiencing homelessness reached by HCHN. Lee said it only describes the raw number of people reached and doesn't consider what proportion of all homeless individuals have intersected with HCHN services. John said that question goes beyond what is reported to HRSA, but it might be helpful to consider for the GC to understand the overall landscape. Lee said HCHN is on track to meet 95% of unduplicated patients served, which is within range for HRSA; if the percentage goes lower than 95%, the program may be at risk of losing funding.

Lee spoke to the target numbers related to unduplicated patients by visit type. He said visit type directly relates to provider credentialing and the goal is at least 75% of visits are medical. John said the information reported to HRSA aligns with specific technical definitions of each visit type and may not reflect the nuance of all of the services provided in a given "visit" in practice. Lee highlighted that the targets for dental may have been too ambitious. He said numbers may be underreported since there has been recent changes with use of an electronic medical record (EMR) systems. John said there isn't a penalty if HCHN doesn't meet targets on visit type. He added that at when reviewing performance against all HRSA grantees, it's important to bear in mind that homeless grantees are a small fraction of total grantees. So there may be performance measures that HRSA does not require but that the GC may determine would be meaningful to its program evaluation and planning activities.

Lee shared targets on the number of visits by category. He said the HCHN admin team is closely monitoring medical visits, because overall visits have been declining at Public Health centers. He mentioned that the HCHN admin team is fully staffed, which has contributed to building capacity to meet targets and pursue new funding opportunities. Greg asked if the GC can advocate for additional admin staff. John said the GC can advise but not legislate King County to allocate more funding to staffing. Lee said there are challenges in having enough frontline service staff and resources, especially in South King County, to adequately address needs.

WRAP UP DAY 1/PREVIEW DAY 2

Lee led a discussion with members to respond to the following questions related to the can that the Governing Council is required to address per HRSA grant compliance rules:

1. *Is the needs assessment in writing and is it up to date?* Yes, in process of updating in 2019
2. *Is the needs assessment complete?* Yes
3. *Are the needs of special populations considered?* Yes
4. *Are people with special health needs considered?* Yes
5. *What are the barriers to care?* The full HCHN Community Needs Assessment, 2016-2017 considers barriers in more detail.
6. *Is approved service area accurate or should it be revised?* Yes. Lee said no one is ever turned away so people from outside King County may access HCHN services but this is a negligible amount.
7. *Is there service area overlap with other health centers or safety-net providers?* No, HCHN is the only 330h grantee in King County.
8. *Are all of the center's services available to all residents of the service area?* Yes. Lee said that all services are available to people experiencing homelessness, with efforts made to reduce barriers to care. He said a different concern is that services may not be reaching all who need to be served and patients may be turned away due to lack of capacity.
9. *Is the health center's mission, its goals, plans and its sites, services and service area aligned with the needs of the target population?* Yes, at a high level. At a more granular level, Lee said that HCHN's ongoing work around alignment of services with needs relates to the GC's role in strategic planning and identifying 2-3 community-level priorities to own as accountability measures.

10. *What are the need scores for the most recent competitive application and the NFA worksheet?* Lee said this is a new question so won't get to it today.

Lee asked about additional areas for discussion at Day 2, such as updates on work around communicable disease outbreaks and prevention. Jeff mentioned the context of HCHN's work within the larger Healthier Here initiative. Eleta mentioned hospice for people experiencing homelessness; Janice requested information on palliative services as well. Katherine asked about the challenges of supporting older adults experiencing homelessness. Jodi asked for an overview of the HCHN Admin Team's contracting and reporting processes. Lee said on Day 2, he will share some patient satisfaction data but the bulk of the work will be around ongoing assessment of community needs.

Lee then led a +/ Δ exercise to highlight positives and suggestions for improvements in planning for Day 2. The attendees spoke to the following:

+

- Took time to explain everything in detail but also recognized need to step back when members needed more time to review
- Documents somewhat confusing but nice to have everything together
- Gave global perspective rather than get in the weeds
- Helped clarify what other questions remain
- Better understood how the system operates

Δ

- More space to have conversations on types of programs
- Need more sense of sequencing and how to prepare in advance of next meeting
- Determine how to update members who did not attend Day 1 on information and expectations
- Review demographic data by race to assess blind spots

Rekha shared that a calendar of all upcoming GC meetings can be found on HCHN's "About Us" section under the "Governance" tab.

ADJOURN
The meeting adjourned at 4:50pm.

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