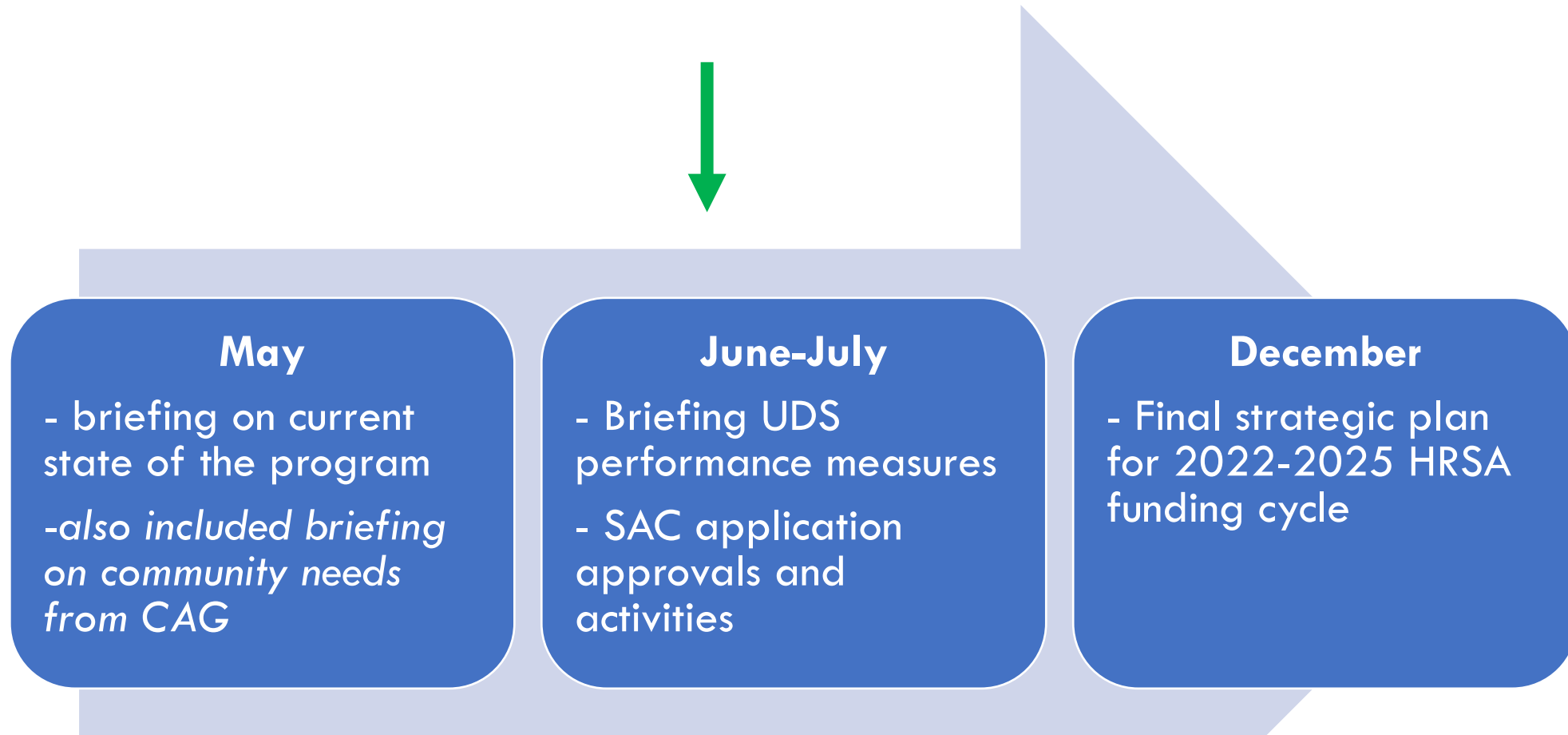


HCHN Governance Council
Strategic Planning Discussions 2022-2025
Part 3: July 2021

Goals for Strategic Planning Discussions

1. Begin strategic planning for the 2022-2025 HRSA 330h Health Center funding cycle.
2. Discuss the current state of the Community from the perspective of the Community Advisory Group.
3. Discuss the current state of the Health Care for the Homeless Network (HCHN) program, including COVID homeless response efforts.
4. Evaluate progress in meeting annual UDS performance measures and new monitoring dashboards with equity indicators.

2021 Strategic Planning Process - Timeline



SAC = Service Area Competition (next HRSA 330h grant)

Session 1. Priority Word Cloud – What We Heard From You

Foot care needs
accountability for services
need for more respite,
including low acuity
funding sources for respite
diabetes care & management
need for case mgmt services for patients with
cognitive development, including parents +
caregivers, identify individuals earlier in the
process
patient navigators, with lived experience,
for those recently out of homelessness,
who are representative of the community
equitable hiring practices
equitable access to skilled nursing
facilities, and also lack adequate
access to short-term rehab

respite-lite/preventative care
safe consumption sites
disability & shelterless world
is disconnected
shelter options that don't aid to
overstimulation (kids with
developmental needs)
opportunities for families to
be in spaces to allow play, &
spaces to stay with child if
need a caregiver (problem
with aging out)
crisis response is not a criminal
response
wound care clinics & need
for continued specialty
requirements
purchase additional building/space to
expand respite - take advantage of
empty buildings

ongoing need of case mgmt
trainings about avoidance of
stigmatizing language for
program staff
heal rift in MH & other srvcs
rebuilding community spaces
that allow for phone charging,
connecting with others & health
services embedded
more support in
south areas
restroom/showers
& water supply,
mobile laundromat
ensure
everyone has
a phone
access to job
resources, short
term training/job
support smaller providers

long term sustainability in hotel
shelterless world

additional funding for people
transitioning into housing,
ongoing help

Session 2. Performance Data Dashboards & Measures that Matter

Health Care for the Homeless Network Performance Measurement Dashboard

Select year

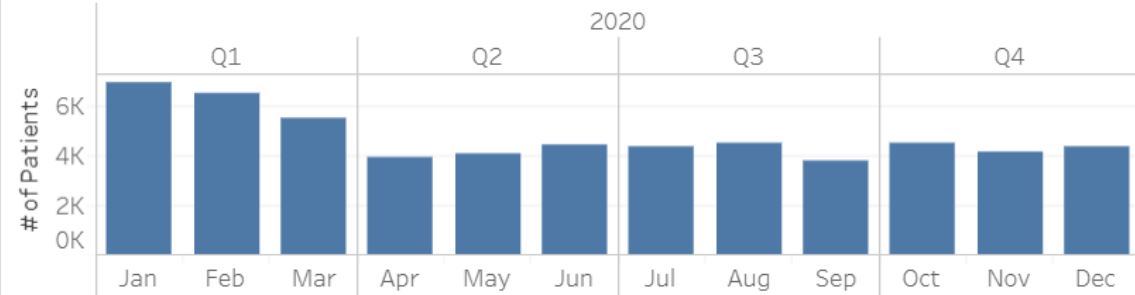
2020 (submitted to UDS)

How many people living homeless are we reaching?

Target: 21,957
Total: 19,494
Percent Met: 88.8%

Patients served in previous years:
2019: 21,723
2018: 21,162
2017: 20,707

of Patients per Month



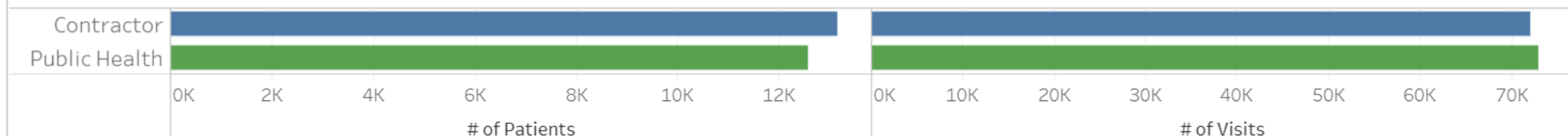
What services are patients receiving?

Service Category	# of Patients	Target:	% Met:
Medical	12,494	16,314	76.58%
Dental	2,053	4,350	47.20%
Mental Health	3,035	5,438	55.81%
Substance Use	2,312	3,698	62.52%
Enabling	1,693	3,045	55.60%

How many visits by service category?

Service Category	# of Visits	Target:	% Met:
Medical	63,179	76,765	82.30%
Dental	5,551	11,457	48.45%
Mental Health	13,489	16,040	84.10%
Substance Use	12,523	9,166	136.62%
Enabling	6,066	5,729	105.88%

How do patients and visits compare between Public Health & HCHN contractors?



Revisit July 2020 Retreat Discussion (how are we doing?)

We spent the majority of the meeting in a discussion facilitated by Zsa Zsa Floyd to address how to directly help our neighbors living unhoused with **basic needs** this summer.

In our discussion, we invited members with lived experience, &/or front-line providers to share first; and leadership to participate in listen-only mode.

What We Heard is Getting in Your Way and How People in Leadership Can Help

1. Getting supplies (food, water, coffee, hot weather)
2. CAG managing its own budget
3. Safe outreach & getting accurate and helpful information to people living unhoused
4. Leadership raising awareness on how people are impacted by encampment removals and shelter deintensification

APPENDIX:
HCHN GC Strategic Plan 2019-2021 p. 8-24
Visual Images of Priorities p. 25-34

HCHN Governance Council Strategic Plan - DRAFT, 2019 - 2021

Background and Purpose

The HCHN Governance Council (GC) is responsible for long-term strategic planning, which includes regular updates of the health center's mission, goals, and plans as appropriate*.

This document outlines strategic priorities that are used to:

1. Approve applications related to the health center project.
2. Approve the annual health center budget and audit.
3. Evaluate the health center's progress in meeting its goals.
4. Select services beyond those required in law to be provided by the health center, as well as the location and mode of delivery of those services.
5. Determine the hours during which services are provided at health center sites that are appropriate and responsive to the community's needs.

**HRSA Reference: Policy Information Notice 2014-01*

Alignment with HRSA Health Center Program Fundamentals

As a 330h grantee, our strategic plan assures that we continually:

1. Provide services regardless of patients ability to pay and charge for services on a sliding fee scale.
2. Develop systems of patient-centered and integrated care that respond to the unique needs of diverse medically underserved areas and populations.
3. Deliver high quality, culturally competent, comprehensive primary care, as well as supportive services such as health education, translation, and transportation that promote access to health care.
4. Meet HRSA requirements regarding administrative, clinical, and financial operations.
5. Overcome geographic, cultural, linguistic, and other barriers to care.
6. Reduce health disparities by emphasizing care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology.

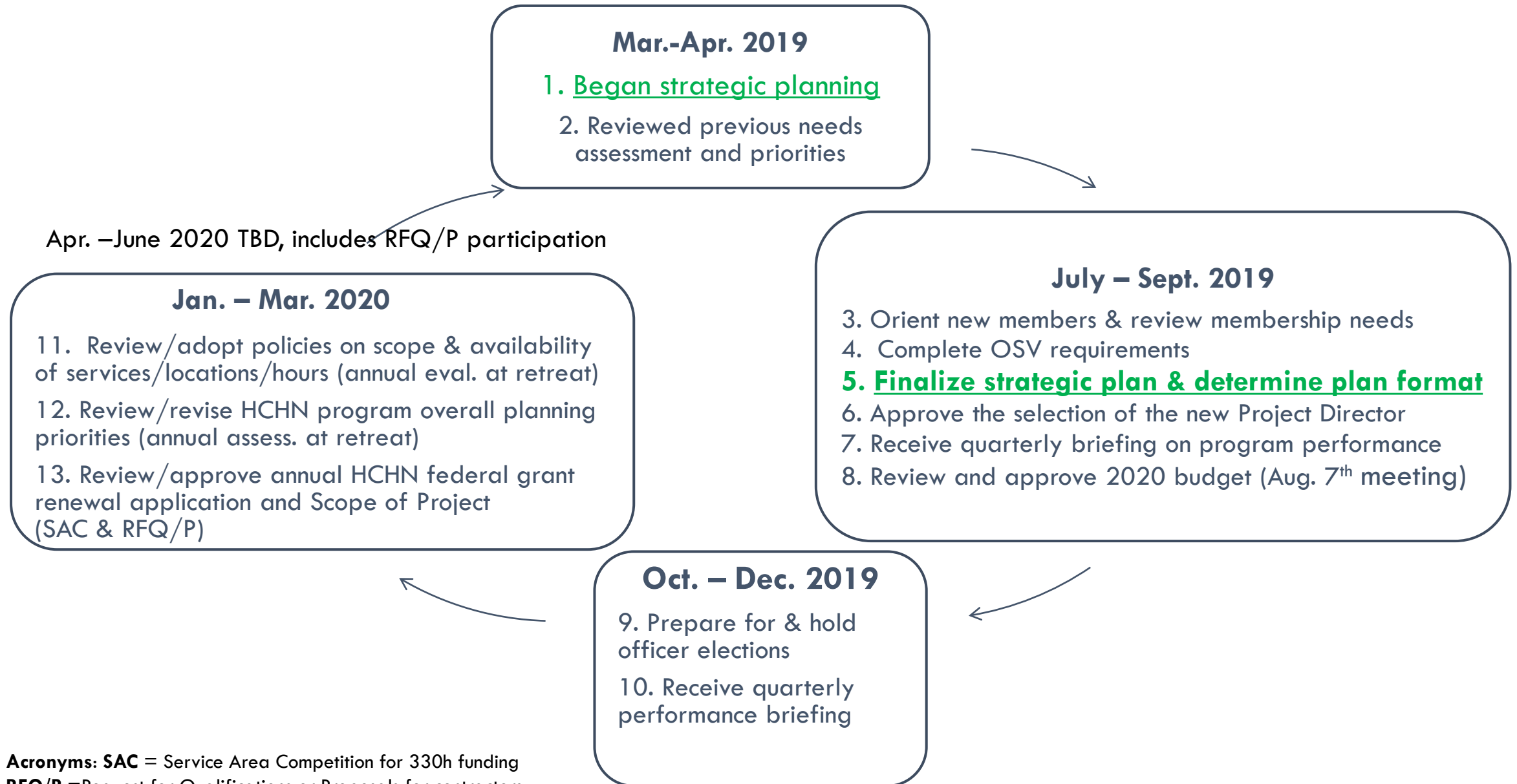
Visual 1 - Uses of Strategic Planning Document

Updated Strategic
Planning Document,
along with the
Community Needs
Assessment

- **Informs our next grant 330h app.
Service Area Competition (SAC)**
*What & where we propose**
- **Informs our selection of contractors
Selection of 330h Partners (RFP/Q)**
*Who we partner with**
- **Informs Resource Development
Other Grants & Partnerships**
- **Informs Advocacy Efforts
Governance Council Actions**

* Selection of services, methods, locations and hours that are responsive to community need.
All activities align with achievement of the HRSA fundamentals outlined on the previous slide.

Visual 2 - Annual Planning and Evaluation Activity Cycle



Acronyms: SAC = Service Area Competition for 330h funding
RFQ/P = Request for Qualifications or Proposals for contractors

1. Service Area Competition (SAC) Priorities 2019-2021
actions the Governance Council prioritized for next SAC/RFP

Service Area Competition (SAC) Priorities

Focus	GC Votes	<i>HRSA Health Center Requirement?</i>
Expand facilities to rest and recover from illness based on acuity of need (e.g. different types of respite)*	9	<i>No, but indirectly related to access issues and poor health outcomes</i>
Low barrier behavioral health services*	9	<i>Yes, we received new \$\$\$ to do so</i>
Emphasize racial equity, trauma informed care, and harm reduction training for providers*	8	<i>Yes to racial equity and patient-centered care training/workforce dev.</i>
Sustain existing effective partnerships and cultivate new ones in South, East & North King Co. Focus on mobility, language access and transportation barriers	7	<i>Yes – our service area is all of King Co. Must removing these barriers –it is purpose of Health Center funding</i>
Enhance partnerships with housing providers	7	<i>Yes, if related to accessible service sites</i>
Continue measuring progress towards reducing documented racial and ethnic health disparities	6	<i>Yes, core health center requirement & clinical measurement component</i>
Increase consumer and former consumer engagement in planning and evaluation	5	<i>Yes, core health center requirement & related to waiver</i>
Build capacity to help patients and providers manage disease, pain, and medication	5	<i>Yes, clinical measurement component</i>

*Governance Council also prioritized respite (different types), behavioral health, and training/workforce development for top three HCHN admin. team resource development agenda items

2

Governance Council Priorities 2019-2021
actions that require GC advocacy, education &/or awareness

Current Priorities Raised to the Governance Council Level*

Current Priorities & Recommendations	Votes
1. Help lead efforts to care for both an aging homeless population and assure access to prenatal care, family planning, and early intervention services. Expand this to include youth/young adults and the lack of skilled nursing facilities as an emerging need.	9
2. Support providers through training and workforce development strategies. Emphasize racial equity, trauma-informed care, and harm reduction	8
3. 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	7
4. Increase the number of patients who have access to low barrier behavioral health services. Emphasize need for greater community awareness on these issues.	5
5. Sustain existing partnerships and cultivate new ones in South, East, and North King County. This includes greater focus on mobility, language access & transportation barriers.	
6. Implement strategies to measure our progress towards reducing documented racial and ethnic health disparities	

*Definition – these priorities contain a systemic/community level issue that cannot be addressed by developing programs & services alone. The Governance Council & CAG can leverage their cross-sector knowledge and experiences to address these needs. These items will be monitored at the GC level.

Cross cutting priority 1. Consumer Involvement in Planning and Evaluation – draft

Strategy 1. (Governance Council to CAG), Exec. Committee

Review the current Governance Council priority list with the Community Advisory Group (CAG). Identify role CAG members can play and incorporate any additional emerging issues.

Strategy 2. (Governance Council to CAG). Exec Committee

Enhance the CAG update at the GC meeting to identify items that the CAG should weigh in on. Enhance the GC update at the CAG meeting.

Strategy 3. (HCHN Admin Team to CAG), Special Projects Manager

Identify opportunities for CAG members to be involved in program manager hiring process

Strategy 4. (HCHN Admin Team to CAG), Resource & Partnership Development Manager

Identify opportunities for CAG members to be involved in SAC and RFP process

Strategy 5. (HCHN Admin Team to CAG), Data and Evaluation Manager

Support the CAG in implementation of previously identified needs assessment requests

Cross cutting priority 2. Measure Progress on Reducing Racial Disparities

Strategy for Governance Council (Board Development/How We Work Together)

1. Training (contact People's Institute, Bernardo Ruiz, or other resource)
2. Increase Board member recruitment in communities of color

Notes: focus on intersectionality (e.g. racial equity & climate change)

Prioritize disability equity as well.

Oversight/Compliance Role (How the Admin. Team & Network are Performing)

1. Next Service Area Competition/On-going Resource Development

Ensure that awareness of racial health disparities are met with action steps (partnering with POC-led or focused orgs/ outreach)

2. Clinical Measurement & Quality Improvement

Address diabetes in manner that is meaningful for communities of color

3. Ensure demographic performance measurement and trend data is available

Decision Support/Data Needs Identified by the Governance Council

Need	Primary Data Collection Planned Over Next 12 months?	Opportunity to engage CAG
Focus groups on & about disparities related to aging systems – teen to young adults and older adults	Yes	Yes
Better understand diabetes education and management needs for communities of color (embed within already planned diabetes assessment activities)	Yes	Yes
Limited information directly from patients best served in languages other than English	Yes	Yes
More consistent info. on scale of issues (e.g. back up statements that a trend is increasing, show # s and %)	No (Data Mgr. will work with existing data)	Yes

3 Appendices

1. What would a successful council look like in 12 months?

2. What would be a rewarding or fulfilling experience for each member?

3. How would the group be functioning?

4. What has it accomplished?

- Leverage skills around the table to maximize impact
- Have strategic understanding of gaps and leverage & our own voice so fewer people are on the street
- Function as educational ambassadors and conduit to people who want to be more engaged
- Address gaps and barriers to care
- Less people in social circle dying on the streets due to unmanaged health conditions
- All the work centers on the individuals served, maximize collaboration & coordination to make impact
- Keep people safe
- Increase services, decrease barriers, and more on-the-street coordination of programs and agencies

Annual

- Review/adopt policy on scope & availability of services/locations/hours
- Review/approve annual HCHN federal grant renewal application and Scope of Project budget
- Review/inform HCHN program overall plan (for example in an annual retreat prior to preparation of the annual federal grant renewal application/budget)
- Review/approve Health Care for the Homeless Program Manager (including selection)

Every 3 Years

- Update long-range strategic plan & determine plan format
- Review/adopt policy on quality improvement/assurance

Ongoing

- Evaluate HCHN program activities (service utilization, quality of care, productivity, patient satisfaction)
- Review HCH program compliance with federal/state/local laws & regulations
- Review financial status/results of annual audit

Ad Hoc

- Review/approve bylaws
- Review/adopt policy for eligibility of service
- Review/adopt quality of care audit procedures
- Review/adopt policy on addressing patient grievances
- Review/update standing committees
- Review/adopt policy on Billing & Collections and Sliding Fee Discount Program

Values/Interests for HCHN RFQ Decision-making, 2017 – Update as Needed for 2020*

Goal: ultimate portfolio reflects right mix of **depth and breadth** of work –cover geographic and sub-populations adequately (age groups & those disproportionately experiencing homelessness; not spread too thin for staff capacity (HCHN & partner); also consider expanded need of newer programs and sites for programmatic support from HCHN

1	Use Equity and Social Justice lens to contribute to the equitable distribution of resources directly and indirectly
2	Preserve current investments working well, as seen in performance, to avoid creating new gaps – not an overly narrow view of performance and consider changing demographics, model of service, community factors
3	Maximize number of clients served in meaningful ways and avoid duplication of effort
4	Fits with scopes outlined in RFQ as intended, and in recognition of the dependencies between some of them
5	Aligns with changing and emerging trends – federal, state, local, to the extent we can assess now
6	Expand contractor capacity to serve clients; avoid replacing other funding for work underway
7	Minimize subcontracting, for program model and efficiency
8	Aim to achieve best alignment with HCHN philosophy of care – patient centered, trauma informed, harm reduction approach, and other evidence based practices like Medication Assisted Treatment, use of Elec Health Record, etc.
9	Alignment with strategic plan for HCHN and beyond (CHS, Dept) and how these decisions move us in the right direction over next 3 years
10	High value and importance of effective interagency coordination to benefit clients; consider longevity and contributions of organization in the community (whether part of HCHN in past or not)
11	Leverage our funding to its best use (would the work happen without our investment?) and in light of funding sources for specific bodies of work.

***Used to support decision making in procurement processes**

Concrete Action Items: What We've Already Heard Community Members Want& Need Done

Topic	Description
1. Peer Resource Guides	<ul style="list-style-type: none">• Most common -Diabetes and Hypertension – how to realistically manage• Where to find resources (peer version of 211 guide)• Tips and suggestions for newly homeless• Tips and suggestions for navigating complex systems (e.g. mental health, housing)
2. Peer Support Groups	<ul style="list-style-type: none">• Informal groups for currently or formerly homeless folks• Interest/Hobby specific groups – especially for aging and people who are isolated• Home/peer visits – accompany to appointments• Incorporate with meals• Consistent and regular meeting times
3. Opportunities to learn new skills & get involved in community	<ul style="list-style-type: none">• Computers/new technology• Public Speaking or interview practice• Trades• Volunteer opportunities (participate in giving back to community)• Build resume and connections <p>*Any of the above that can also provide stipends, employment leads, and tangible goods (e.g. clothes for interviews, phones, computers, certificate and training fees)</p>
4. Opportunities to impact system change	<ul style="list-style-type: none">• Ways to tell their story and experiences (podcasts, videos, written testimonies)• Directly train and educate providers (speakers bureaus or above)• Anti-stigma campaigns (organizing efforts that combine above)• Get connected to other groups but have a buddy/peer mentoring component

CAG currently prioritizing items they will work in 2019-2020

CURRENT PRIORITY ISSUES FROM HCHN GOVERNANCE COUNCIL AND COMMUNITY ADVISORY GROUP MEMBERS - 2021

1. Create More Comprehensive Hygiene Centers and Safe Places to Meet Basic Needs with Dignity

Here's what the Seattle area has – and hasn't – done to protect its homeless population from coronavirus

April 11, 2020 at 6:00 am | Updated April 11, 2020 at 4:55 pm



To stem the spread of coronavirus among the homeless population, Seattle has installed "comfort stations" in a number of neighborhoods. This one is in... (Dean Rutz / The Seattle Times) [More](#) ▾

2. Expand Medical Respite across the County and provide more spaces to rest, recover, and receive end of life care



Lovett Harris (left), mental health specialist, and Jonathan Kilian, clinical social worker, stand near the portrait of Edward Thomas.

EQUITY

As homeless Washingtonians near the end of life, hospice workers offer comfort wherever needed

Social workers, doctors, and nurses meet patients in untraditional settings, including tents, vans and shelters.

by Emily McCarty / October 29, 2019
Photos by Dorothy Edwards



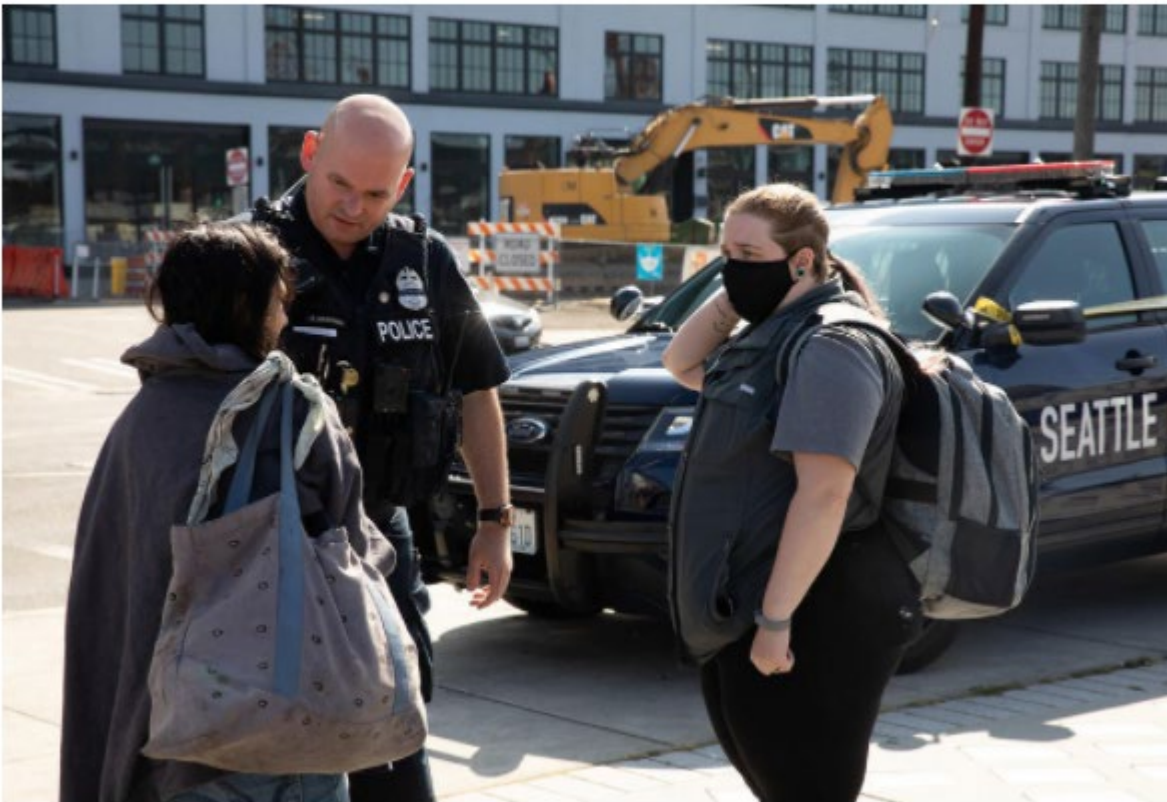
Chuck King lies in bed in his apartment, a part of Plymouth supportive housing, in Seattle on Oct. 8, 2019. King was put into hospice care after he was given six months to live. He has been incarcerated or homeless most of his life. "Sometimes it's really really hard to accept where I am in my life right now," King says. (Dorothy Edwards/Crosscut)

3. Provide Compassionate & Low Barrier Behavioral Health Care

For people in mental health crisis, what comes after police response?

Cops are only one part of a larger system that more often treats the symptoms than the cause.

by David Kroman / December 4, 2020



Mariah Andrignis, right, a social worker from Downtown Emergency Service Center who contracts with the Seattle Police Department to help with crisis response, works with Officer Sandlin Grayson while speaking with a witness at the scene of a fatal stabbing in front of Seattle Fire Department's Station 5 along Alaskan Way in downtown Seattle, Aug. 6, 2020. (Matt M. McKnight/Crosscut)

4. Strengthen Partnerships with Housing and Shelter Providers to take care of people, especially older adults and youth

EQUITY

'Heartbreaking': Seattle's homeless are getting sicker and shelters are struggling to keep up

As baby boomers age, many are finding themselves in a system not set up for late-life care, without anywhere else to go.

by David Kroman / June 27, 2019

Photos by Dorothy Edwards

Video by Jen Dev



Seattle, King County kick off effort to end youth homelessness

The End Youth Homelessness Now campaign has a goal of ensuring every "young person" in the county has "safe and stable housing."



5. Prioritize racial equity and show how we are making progress. Train and support providers and emphasize trauma informed care.

Health | Life | Local News

‘Racism is the biggest public health crisis of our time’: Health care workers of color fight twin pandemics

June 9, 2020 at 6:00 am | Updated June 10, 2020 at 11:22 am



Visitors, staff, and administration are screened at Enumclaw's St. Elizabeth Hospital entrances for any signs of COVID-19. Photo by Ray Miller-Still/Sound Publishing

Report shows racial disparities in COVID-19 cases and deaths in King County

Higher rates in south Seattle and South King County.

6. Raise Awareness on how sweeps impact people's health and well-being and makes it harder for outreach workers to find people.



Seattle Police officers and other workers look on as a man packs up his belongings from a homeless encampment being cleared Monday, May 4, 2020, at Ballard Commons Park in Seattle. (AP Photo/Ted S. Warren)

Seattle Navigation Team's homeless strategy shifts amid COVID-19 as encampments grow

by Matt Markovich, KOMO News reporter | Thursday, April 16th 2020

AA



7. Educate people about stigma and stereotypes

'Seattle is Dying' follow-up draws harsh criticism from local homeless advocates

BY NICK BOWMAN
DECEMBER 22, 2020 AT 9:38 AM

Share ↗



Advocates for affordable housing in Seattle. (KIRO Radio)

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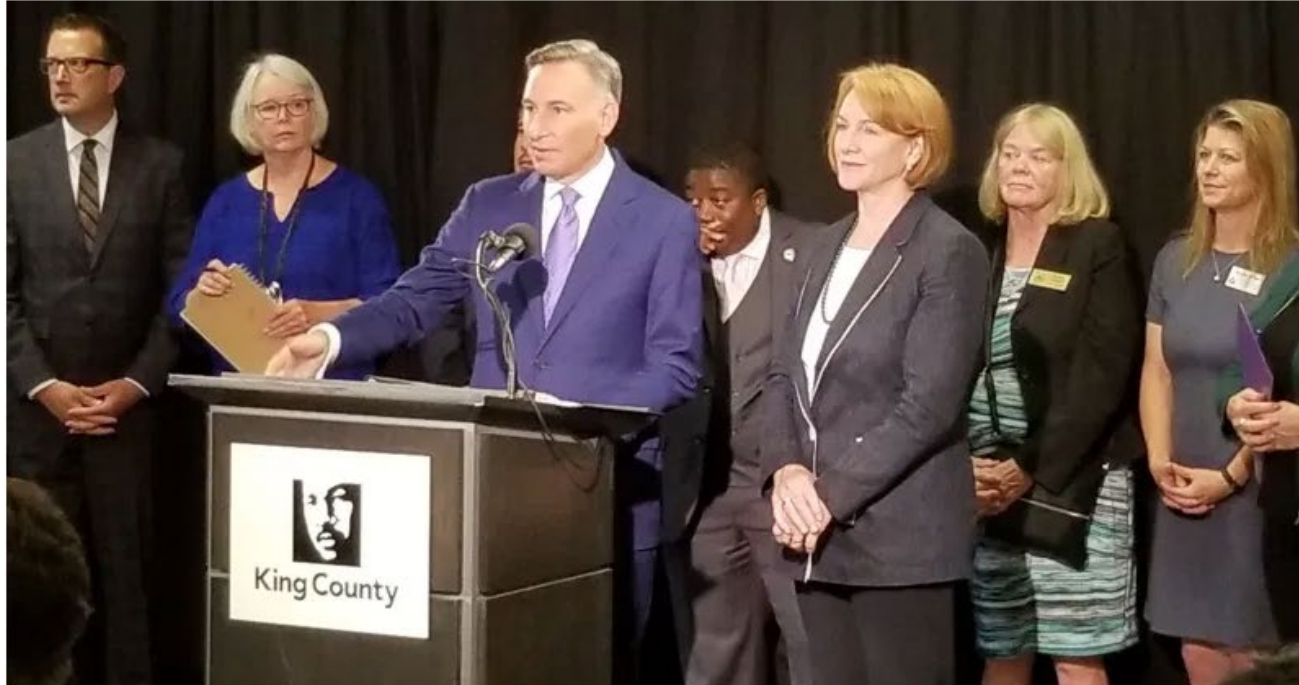
8. Sustain efforts to respond to communicable disease and long-term impacts of COVID, including shelter deintensification efforts.

In Seattle, Early Help for Homeless Residents During the Coronavirus Outbreak



People gather on the sidewalk in front of the Union Gospel Mission, which aids people experiencing homelessness, in downtown Seattle, Friday, March 20, 2020. (AP Photo/Ted S. Warren)

9. Create more opportunities for people with lived experience to be at decision making tables.



Regional Homelessness Authority Legislation Transmittal

Bringing the region together to fight homelessness: Seattle and King County unveil new authority to unify response systems and services

September 4, 2019

