

# **HCHN Governance Council Strategic Planning Discussions 2022-2025**

## 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.

## Background and Purpose

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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*

## HRSA 330h Grant Requirements – Areas We Must Focus on

1. Serve people experiencing homelessness and housing instability across all of King County.
2. Provide medical, behavioral health, and dental services regardless if people can pay.
3. Remove geographic, linguistic, transportation, and other barriers to care.
4. Reduce racial and ethnic health disparities in health care,
5. Deliver high quality and culturally competent services.
6. Respond to emerging community needs and adapt services.
7. Gather feedback from people who utilize our Health Center services.
8. Be responsible with public dollars and meet all grant requirements.

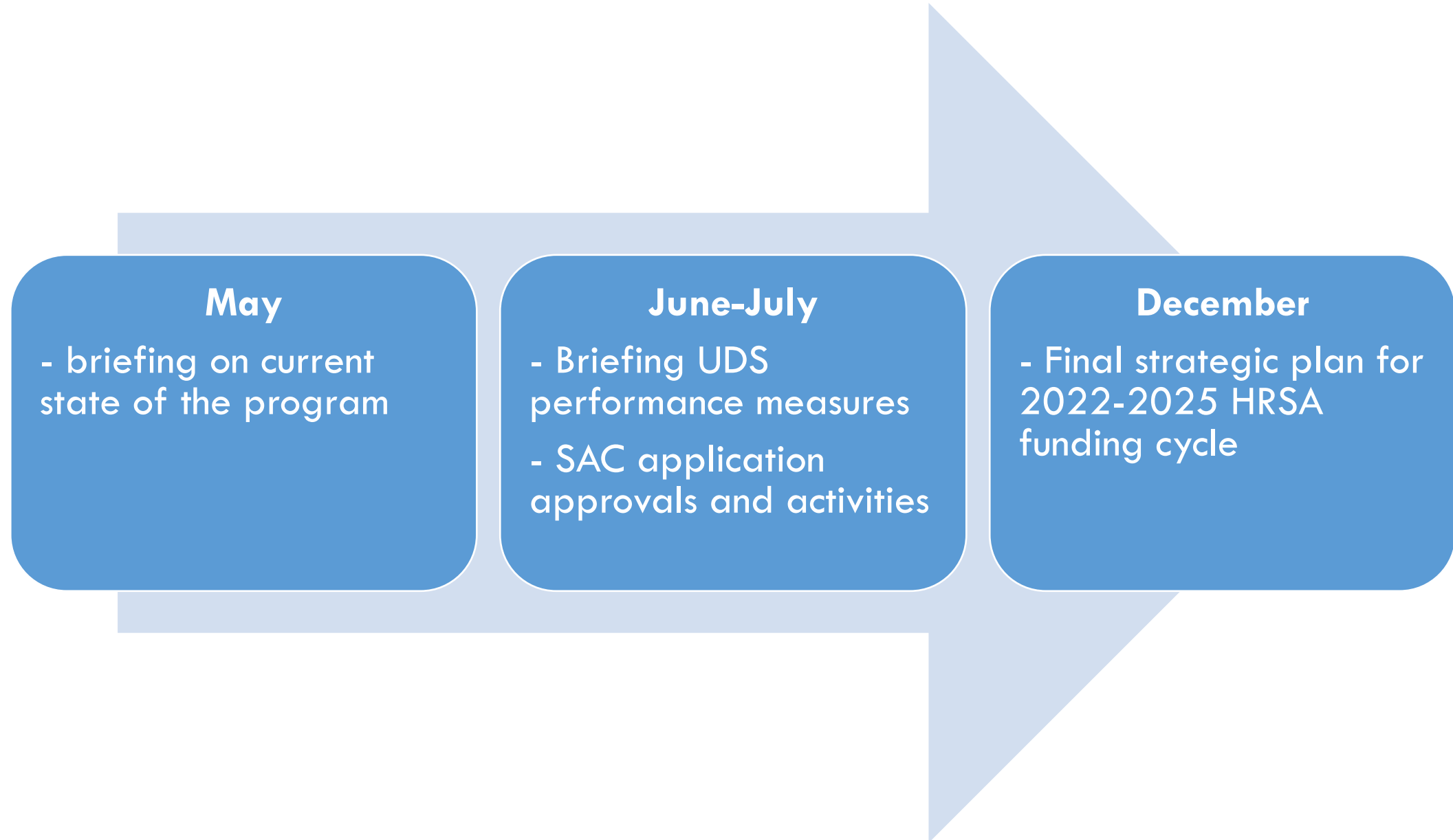
## Visual 1 - Uses of Strategic Planning Document

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.

# 2021 Strategic Planning Process



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

# 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



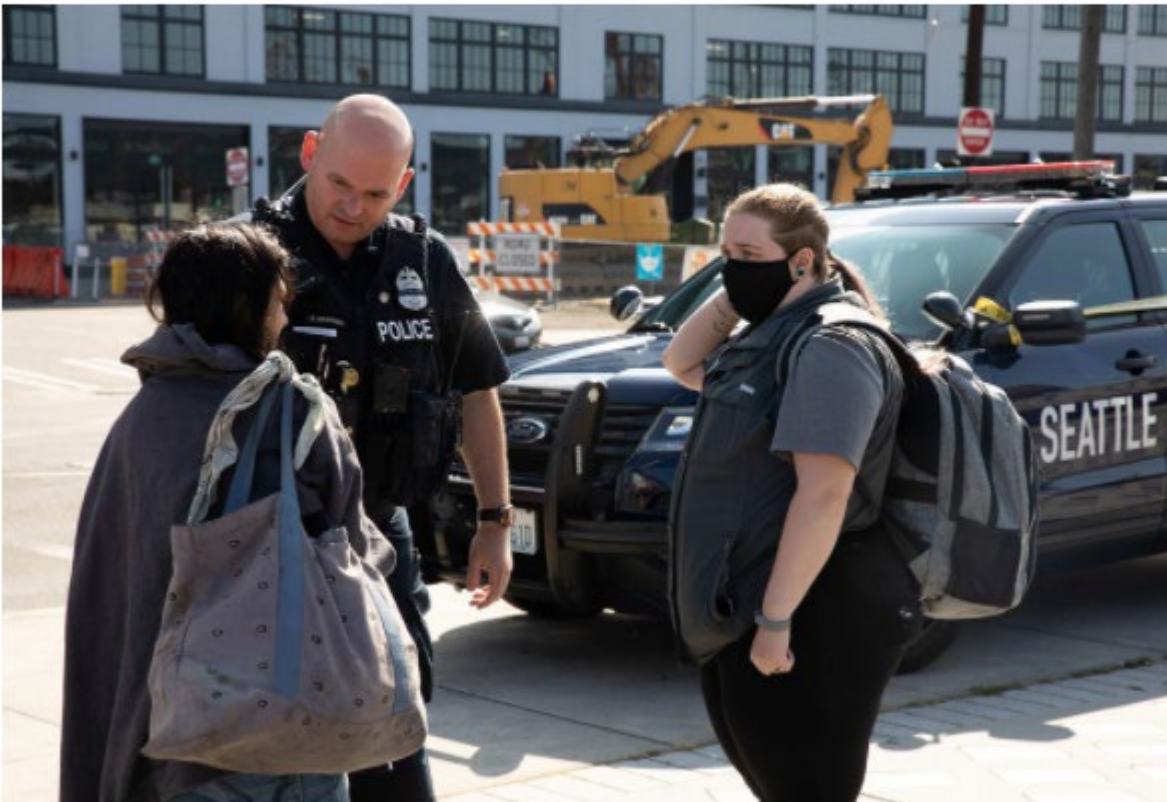
*Chuck King lies in bed in his apartment, a part of Plymouth supportive housing, in Seattle on Oct. 8, 2019. King was put into hospice care after he was given six months to live. He has been incarcerated or homeless most of his life. "Sometimes it's really really hard to accept where I am in my life 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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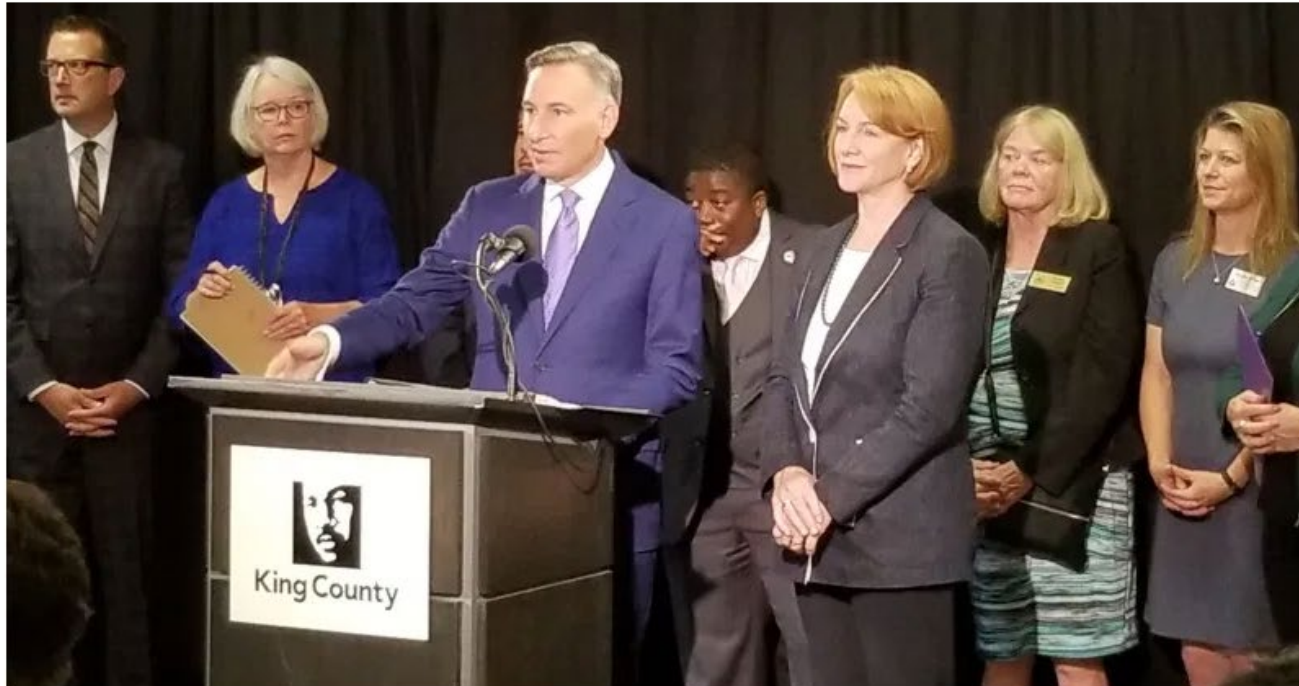
## 8. Sustain efforts to respond to communicable disease and long-term impacts of COVID, including shelter deintensification efforts.

### 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





## Emerging Issues – Community Sharing

- What are you seeing?
- What else do people need?

# **APPENDIX: HCHN GC Strategic Plan 2019-2021**

## **HCHN Governance Council Strategic Plan - DRAFT, 2019 - 2021**

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## 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.

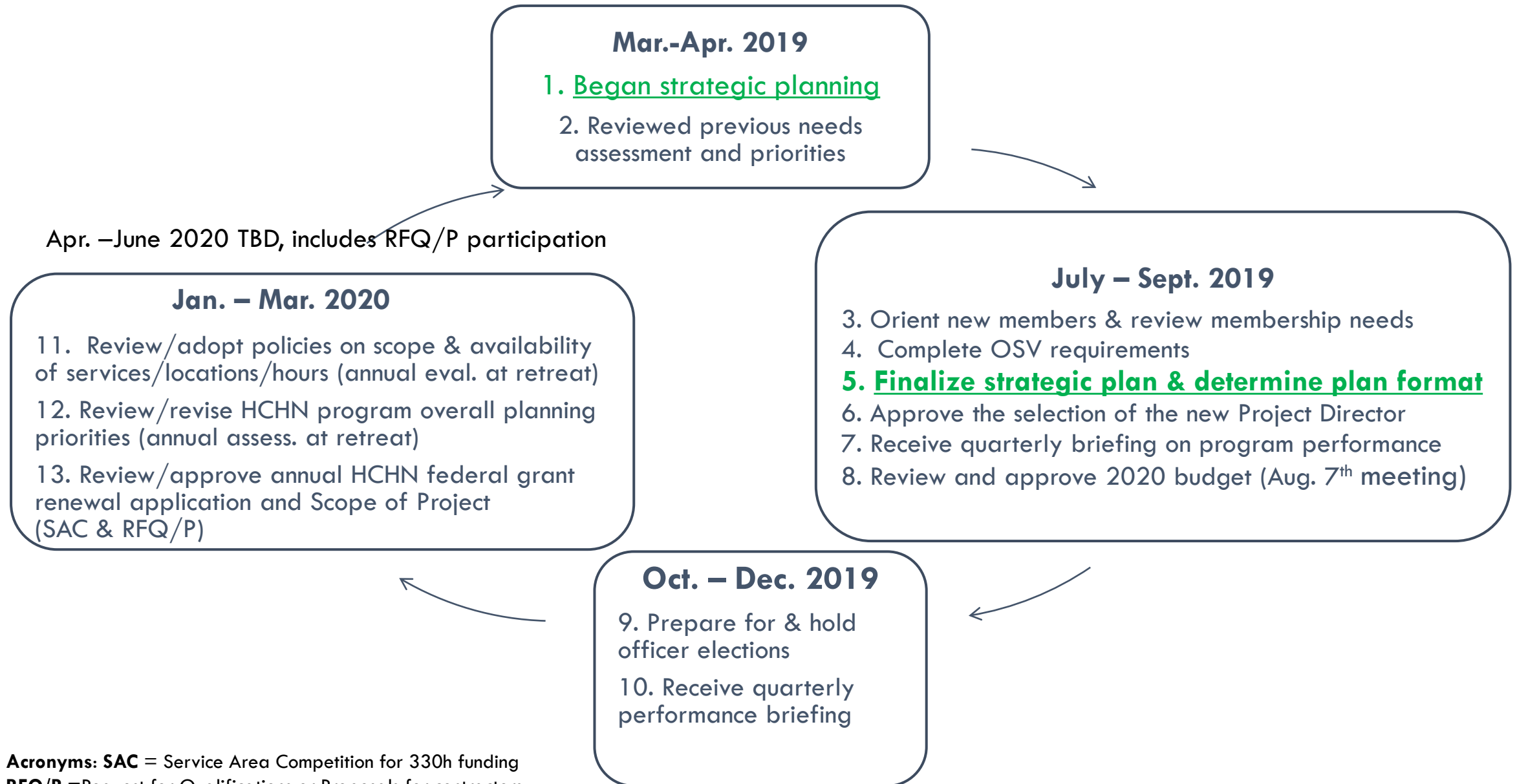
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## Visual 2 - Annual Planning and Evaluation Activity Cycle



**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 &amp; clinical measurement component</i>
Increase consumer and former consumer engagement in planning and evaluation	5	<i>Yes, core health center requirement &amp; 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
<b>1. Peer Resource Guides</b>	<ul style="list-style-type: none"><li>• Most common -Diabetes and Hypertension – how to realistically manage</li><li>• Where to find resources (peer version of 211 guide)</li><li>• Tips and suggestions for newly homeless</li><li>• Tips and suggestions for navigating complex systems (e.g. mental health, housing)</li></ul>
<b>2. Peer Support Groups</b>	<ul style="list-style-type: none"><li>• Informal groups for currently or formerly homeless folks</li><li>• Interest/Hobby specific groups – especially for aging and people who are isolated</li><li>• Home/peer visits – accompany to appointments</li><li>• Incorporate with meals</li><li>• Consistent and regular meeting times</li></ul>
<b>3. Opportunities to learn new skills &amp; get involved in community</b>	<ul style="list-style-type: none"><li>• Computers/new technology</li><li>• Public Speaking or interview practice</li><li>• Trades</li><li>• Volunteer opportunities (participate in giving back to community)</li><li>• Build resume and connections</li></ul> <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>
<b>4. Opportunities to impact system change</b>	<ul style="list-style-type: none"><li>• Ways to tell their story and experiences (podcasts, videos, written testimonies)</li><li>• Directly train and educate providers (speakers bureaus or above)</li><li>• Anti-stigma campaigns (organizing efforts that combine above)</li><li>• Get connected to other groups but have a buddy/peer mentoring component</li></ul>

**CAG currently prioritizing items they will work in 2019-2020**