## Agenda

### CALL TO ORDER
1. Welcome & Introductions
2. Minutes  
   *Action: review and approve*

### PROGRAMMATIC ORIENTATION
1. HCHN Direct Services Panel: Single Adult Programs
2. HCHN Program Site Visits

### REGULAR AGENDA AND BOARD PROCESS
1. 330h HRSA Operational Site Visit
2. HCHN Committee Updates and Actions  
   a. Community Advisory Group
   b. Program Evaluation Committee
   c. Executive Committee

### OTHER ITEMS
1. 2019 Strategic Planning Retreat

### PUBLIC COMMENT

### ADJOURN

**NEXT MEETING:** Monday, February 11 2019, 4:15pm-6:15pm at the King County Chinook Building (401 5th Ave., Seattle, WA 98104), Room 115

### 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
CALL TO ORDER

1. Welcome & Introductions
   Eleta Wright welcomed members to the meeting of the HCHN Governance Council (GC). Full quorum present.

2. Minutes
   GC members reviewed the minutes from the 12/17 meeting. Katherine Switz made motion to approve the minutes, Rick Reynolds seconded; vote was unanimous in favor of the motion (Jeff Sakuma and Leslie Enzian abstained due to absence).

PROGRAMMATIC ORIENTATION

1. HCHN Direct Services Panel: Single Adult Programs
   The GC welcomed Sarah Marris-Swann, nurse with Neighborcare Housing Health Outreach Team (HHOT), April Gerard, nurse with Harborview Medical Center (HMC) Shelter Nursing program, Michael Light, social worker with HMC Palliative Care program, and Kim Powers, outreach case manager with REACH, to share about addressing single adult homelessness. John shared slides on the programs represented by the panelists (PowerPoint attached).

Sarah has worked with Neighborcare Health’s HHOT program for the past three years, based out of the 92-unit Wintonia building in Downtown Seattle. She said she has an open door policy and is on-site Monday – Friday. She works closely with residents to meet them where they are and collaborates with case managers and social workers on site to help patients reach self-identified health goals. She said she sometimes follows-up with patients once they no longer live there but usually focuses on current residents. She said her measures of success include good quality of life, sense of safety and purpose, and access to a
health care team. She said some of the challenges are that the clinic is only open during normal business hours and lacks capacity for effective treatments for substance use disorder (SUD). Also, the Wintonia houses an increasingly older population with limited supports on-site to age in place. She said it would be helpful to have front desk staff who are nursing assistants and can be present when the clinic is closed. John said the HHOT program is expanding, given additional levy funding.

April has worked with HMC’s Shelter Nursing program for 13 months and is based at DESC’s main shelter in Downtown Seattle. She said the focus is to be low barrier and she is on-site Monday – Friday. The DESC shelter serves 200-275 people at any time, and she may see 5-15 people per day. She works to build trust with patients by demonstrating that her presence isn’t temporary and works closely to help them reach self-identified health goals. She said there is limited capacity to provide outpatient care to those getting discharged from hospitals, given the chaotic environment at shelters. She said the DESC staff do their best to provide a welcoming space but it is difficult to establish relationships due to staff turnover. She said when necessary, she has reached out to Adult Protective Services (APS) but it has no capacity to assist beyond tracking complaints.

Michael works with HMC’s Palliative Care program, as part of a three-person team. He said the focus is meeting people where they are and helping patients navigate through the health care system. He said he works closely with other providers within HCHN to support patients at different stages of need. He said it is important to build trust and focus on the patient’s goals. He said a challenge is that the team receives many referrals but has limited FTE and no administrative support to respond to all requests.

Rick Reynolds asked the panel about using volunteers. All said there are volunteer opportunities available, ranging from a retired physician who assists with the Palliative Care program to people who help clean and serve meals at DESC. Greg asked about peer support groups. The panelists said that support groups are often available based on interests. April said it can be difficult to maintain groups at DESC since the population is transient.

In consideration of time, Eleta asked if Kim was willing to present at a future meeting; she agreed.

2. HCHN Program Site Visits
   Eleta said the HCHN admin team is looking at coordinating site visits for GC members, to start with programs in Downtown Seattle. Rekha will send out a Doodle poll for scheduling.

REGULAR AGENDA
1. 330h HRSA Operational Site Visit
   John presented on 330h HRSA Operational Site Visit. PowerPoint is attached and highlights include:
   - HRSA OSV will focus on entire “Scope of Project” but GC focuses strategic planning work on homeless-specific services.
   - Scope of Project includes public health sites and contractors; some sites listed in the Scope are not dedicated to serving homeless patients exclusively. When a site is listed in the Scope, Public Health is able to bill Medicaid for qualified services at a higher Medicaid reimbursement rate than if it is not listed. Services such as maternity supports for vulnerable, low-income women and primary care for people with serious mental illness would not be sustainable absent the additional Medicaid revenue that results from this billing.
2. **HCHN Committee Updates**
   
a. **Community Advisory Group (CAG)**
   Kristina said the 2/6 CAG meeting will be in Burien and encouraged members to attend and share with others who may be interested.

b. **Program Evaluation Committee**
   The first Program Evaluation Committee meeting is scheduled for Wednesday, January 24.

c. **Executive Committee**
   Katherine said there are new shelters opening so the EC discussed a formal request for the HCHN admin team to analyze health needs. Eleta made the following motion:
   The GC formally asks the HCHN Admin Team to analyze the current need for healthcare services in the new shelters coming online, including information on projected costs.
   Greg moved, Janice seconded; vote was unanimous in favor of the motion.

   Katherine mentioned the new report by consultants at Future Laboratories on opportunities to streamline the homelessness response system. She said the HCHN admin team can coordinate a 1.5 hour meeting to discuss the report in more detail; Rekha will send out a Doodle poll to confirm date with those interested.

**OTHER ITEMS**

1. **2019 Strategic Planning Retreat**
   Katharine said no proposed dates for the spring strategic planning retreat reached quorum and asked if it would be easier to schedule over two half-days instead of one full day. GC members came to consensus on scheduling the strategic planning retreat over two half days; Rekha will send out a Doodle poll to confirm dates.

2. **Other Items**
   Rick said that he was at the Annual Women in Black Solstice Vigil to commemorate Homeless Persons Memorial Day on December 21 and really appreciated the experience.

   John shared a recent Seattle Times article highlighting HCHN’s Medical Respite program, which is operated by Harborview Medical Center.

**PUBLIC COMMENT**

A young man expressed concerns with staff behavior during interactions with homeless clients, gaps in services living unsheltered on the Eastside, and lack of transparency when clients get barred from sites.

**ADJOURN**

The meeting adjourned at 6:12pm.

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