## Health Care for the Homeless (HCHN) Governance Council

May 13, 2019, 4:15pm-6:15pm, King County Chinook Building (401 5th Avenue, Room 121)

### Agenda

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

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<th>Person</th>
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<tbody>
<tr>
<td>Eleta Wright</td>
<td>4:15</td>
<td>Inform, Approve</td>
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#### PUBLIC COMMENT

- Eleta Wright

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#### PROGRAMMATIC ORIENTATION AND UPDATES
- 1. HCHN Direct Services Panel: Single Adult Programs
- 2. HHOT Expansion
- 3. Patient Satisfaction

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<th>Person</th>
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<tr>
<td>Kim Powers, Jessica Knaster</td>
<td>4:25</td>
<td>Inform, Discuss</td>
<td>ETS-REACH Programs Panel_051319</td>
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<tr>
<td>Wasse, Lee Thornhill</td>
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<td>2019 HHOT RFA Results</td>
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<td>2018 patient satisfaction overview GC</td>
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#### REGULAR AGENDA AND BOARD PROCESS
- 1. HCHN Committee Updates and Actions
  - a. Community Advisory Group
  - b. Program Evaluation Committee
  - c. Executive Committee
- 2. GC Membership/Vacancies
  - a. Process/Next Steps
    
    *Action: review and approve*
- 3. 2019 Strategic Planning Retreat
  - a. Next Steps
    
    *Action: review and approve*

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<tr>
<td>Kristina Sawyckyj, Janice Tufte,</td>
<td>5:25</td>
<td>Inform, Discuss, Approve</td>
<td>PC Consensus on Roles &amp; Niches_letter 020118 [signed]</td>
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<tr>
<td>Eleta Wright, Katherine Switz,</td>
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<td>PHSKC HCH Governance Bylaws_FINAL_amend 022519</td>
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<td>John Gilvar</td>
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#### OTHER ITEMS
- 1. HCHN Admin Updates

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<tr>
<td>John Gilvar</td>
<td>6:00</td>
<td>Inform, Discuss</td>
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#### ADJOURN

- Eleta Wright

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**NEXT MEETING:** Monday, June 17 2019, 4:15pm-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 welcomed members to the meeting of the HCHN Governance Council (GC). Full quorum present. Eleta also welcomed guests Linda Felton and Zsa Zsa Floyd, who have submitted applications to join the GC and were there to observe meeting proceedings.

Janice Tufte shared concerns with the recent negative coverage of homelessness in the media. She suggested the GC take on an advocacy role in countering those narratives. Zsa Zsa highlighted an upcoming documentary that showcases life in homeless camp, Camp Second Chance, as an example of more positive messaging.

GC members reviewed the minutes from the 4/15 meeting. Kristina Sawyckyj made motion to approve the minutes, Michael Erikson seconded; vote was unanimous in favor of the motion.

There was no public comment.
1. **HCHN Direct Service Panel: Single Adult Programs**

   The GC welcomed back Kim Powers, outreach case manager with REACH, to share about addressing single adult homelessness. John Gilvar shared slides on the program represented by Kim (PowerPoint attached).

   Kim works with Evergreen Treatment Services’ REACH program, providing outreach and case management to people experiencing homelessness in South King County (SKC). She stressed that it takes a lot of time and flexibility to best support the medical and behavioral needs of clients and build trusting relationships. She highlighted challenges due to a lack of services, transportation, and overall capacity in SKC. She shared an example of a client who lives in the woods with severely untreated medical and behavioral health needs. She said over the course of a year, she worked with him to access care through the Mobile Medical Van and Navos. However, when the client needed emergency care at a local hospital, it was not equipped to address the complexity of his needs so he was discharged without seeing a social worker or getting evaluated. She said there were not sufficient services in SKC so he was ultimately brought to downtown Seattle to hopefully access care at Harborview. She said this case, and others like it, point to the lack of capacity at local hospitals and the difficulty in connecting very sick clients in SKC quickly to effective care.

   Eleta asked about the role of the GC in changing this landscape. John said that historically one of the HCHN strategies in collaborating with ETS/REACH has been to leverage different resources and connect REACH outreach and case management staff to sites that serve large numbers of homeless clients, such as Public Health’s Primary Care at Navos clinic. The goal has been creating a constellation of services and sites that are very accessible to clients with intensive behavioral health needs and barriers to care. Additionally, HCHN can play a role in coordinating services across agencies, for example, the HCHN admin and Mobile Medical Program team have been hosting meetings among various South King County outreach providing agencies to better coordinate services.

2. **HHOT Expansion**

   Jessica Knaster Wasse shared updates from the recent Housing Health Outreach Team (HHOT) service expansion funding opportunity. She said the Request for Applications (RFA) was released in January 2018, and two agencies applied: Neighborcare Health and Harborview Medical Center. She said both were awarded funds and will provide services at high acuity sites in Seattle. Sites were prioritized using Seattle Fire Department data showing the volume of low acuity 911 calls by address. She said that HCHN admin staff publicized this opportunity among agencies serving South King County, in alignment with GC discussions. Nevertheless, no South King County agencies applied. She said several agencies cited operational challenges of launching, staffing, and supporting major expansions or new lines of business.

3. **Patient Satisfaction**

   Lee presented on patient satisfaction. PowerPoint is attached. Highlights include:

   - Public Health determines the methodology for measuring patient satisfaction, and the HCHN admin team works with its contractors to tailor strategies to best fit the needs of the specific populations served and the program model

   - Patient satisfaction is not tied to payment, but it is addressed in all contracts
- Patient engagement data, in conjunction with visit/demographic data, is used in ongoing discussions between the HCHN admin team and contracted partner leadership regarding continuously enhancing service delivery
- Patient satisfaction at Public Health clinics is collected via self-administered survey at each service site; results demonstrate that the majority of respondents had positive experiences

REGULAR AGENDA AND BOARD PROCESS

1. HCHN Committee Updates
   a. Community Advisory Group (CAG)
      Kristina outlined the CAG’s discussion at its last meeting re. youth mental health service gaps. She also shared that Doyle McCarthy, current Co-Chair of the CAG, is leaving to go to medical school.

   b. Program Evaluation Committee (PEC)
      Janice said that Lee shared detailed information on patient satisfaction methods and results at the last PEC meeting. She also indicated that the PEC is moving to bi-monthly meetings, starting in July.

   c. Executive Committee (EC)
      Eleta shared that the EC discussed membership/vacancies and the 2019 strategic planning retreat outcomes and next steps.

2. GC Membership/Vacancies
   a. Process/Next Steps
      Eleta said the EC is proposing a process for addressing vacancies on the GC as follows:
      1. Post call for applications and give at least 30 days public notice
      2. EC receives and reviews applications based on existing needs/gaps, as currently outlined in the “PC Consensus on Roles & Niches_letter 020118” (attached)
      3. EC presents recommendations to GC, with summary and rationale for each recommendation (full applications also provided to GC)
      4. GC votes on each member based on EC recommendation
      Kristina made motion to approve membership process as defined, Janice seconded; vote was unanimous in favor of the motion.

      Eleta said there are currently four applicants for three open slots. Michael E. suggested that the GC give consideration to a non-voting member-at-large slot on the GC so all applicants can participate. Eleta said she will look into the possibility. She said the EC will share final recommendations at the June GC meeting.

3. 2019 Strategic Planning Retreat
   a. Next Steps
      Katherine said that the EC proposes that the GC finalize a strategic plan document at the September GC meeting. She said this initial document will address 2019/20 only, but moving forward, the GC will adopt a three-year plan.
Eleta made motion to formalize the GC strategic plan for 2019-2020 by the 9/16 GC meeting, Kristina seconded; vote was unanimous in favor of the motion.

Katherine said that the EC will discuss the overall process for GC members to provide input in the development of the strategic planning document and share ideas at the June GC meeting.

OTHER ITEMS
1. **HCHN Admin Updates**

John shared updates related to the recent confirmed case of Hep A in a homeless individual. He said that the HCHN admin team is highly involved with the Public Health Dept’s emergency response, in coordination with many other agencies, to ensure that the latest information on immunization locations and appropriate cleaning practices are quickly shared with homeless service providers and on the HCHN website. He said that Jody Rauch, HCHN Clinical Quality Lead, is serving as emergency response branch director for the immunization campaign. Jody and her group organized numerous immunization clinics at shelters and other high risk sites. He said there is still only one confirmed case, but shared concerns within Public Health’s Prevention Division that there may be more due to the long incubation period. He said the CDC has been briefed on the situation and, if more cases emerge, CDC may release additional dosages. For now, however, there is currently a sufficient stockpile and over 1,600 people experiencing homelessness have been vaccinated.

John also mentioned the recent release of the King County Medical Examiner’s Office (MEO) presumed homeless death report that shows a slight uptick to 194 deaths. He stressed that the MEO only investigates a certain subset of deaths, which tends to skew the numbers in terms of the most common causes of death identified. He said the main takeaway is that people experiencing homelessness live 25-30 years less and usually die from the same health conditions as the general population. He said this report also highlights the dignity of those who passed. Women in Black honor them at bi-weekly silent vigils. He said this report is also a reminder that homelessness represents a dangerous health condition, in and of itself.

**ADJOURN**
The meeting adjourned at 6:17pm.

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