

**HCHN Governance Council**  
**2025-2027 Strategic Plan**  
*January 22*

## Goals for Strategic Planning Discussions

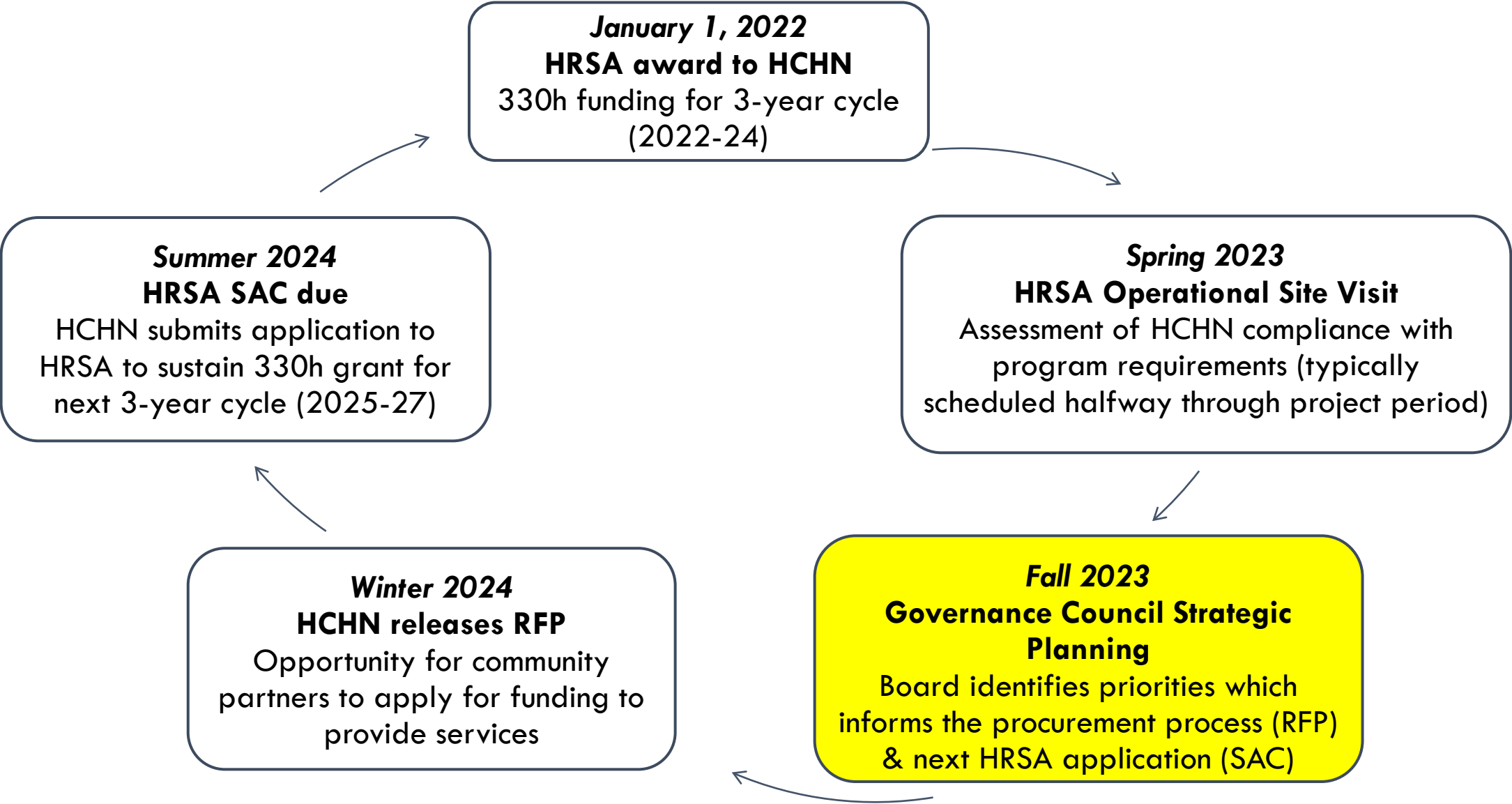
1. Begin strategic planning for the 2025-2027 HRSA 330h Health Center funding cycle.
2. Discuss the current state of the Community from the perspective of the Community Advisory Group.
3. Discuss the current state of the Health Care for the Homeless Network (HCHN) program, including COVID homelessness response efforts and other emerging issues.
4. Identify strategic priorities to inform our next RFP/SAC and other areas for resource development/advocacy.

## Background and Purpose

HCHN receives funding through HRSA's Bureau of Primary Health Care (BPHC), under the Health Center Program, as authorized by Section 330 of the Public Health Service (PHS) Act, specifically a special populations pot of grant dollars reserved for persons experiencing or at risk for homelessness (**330h**).

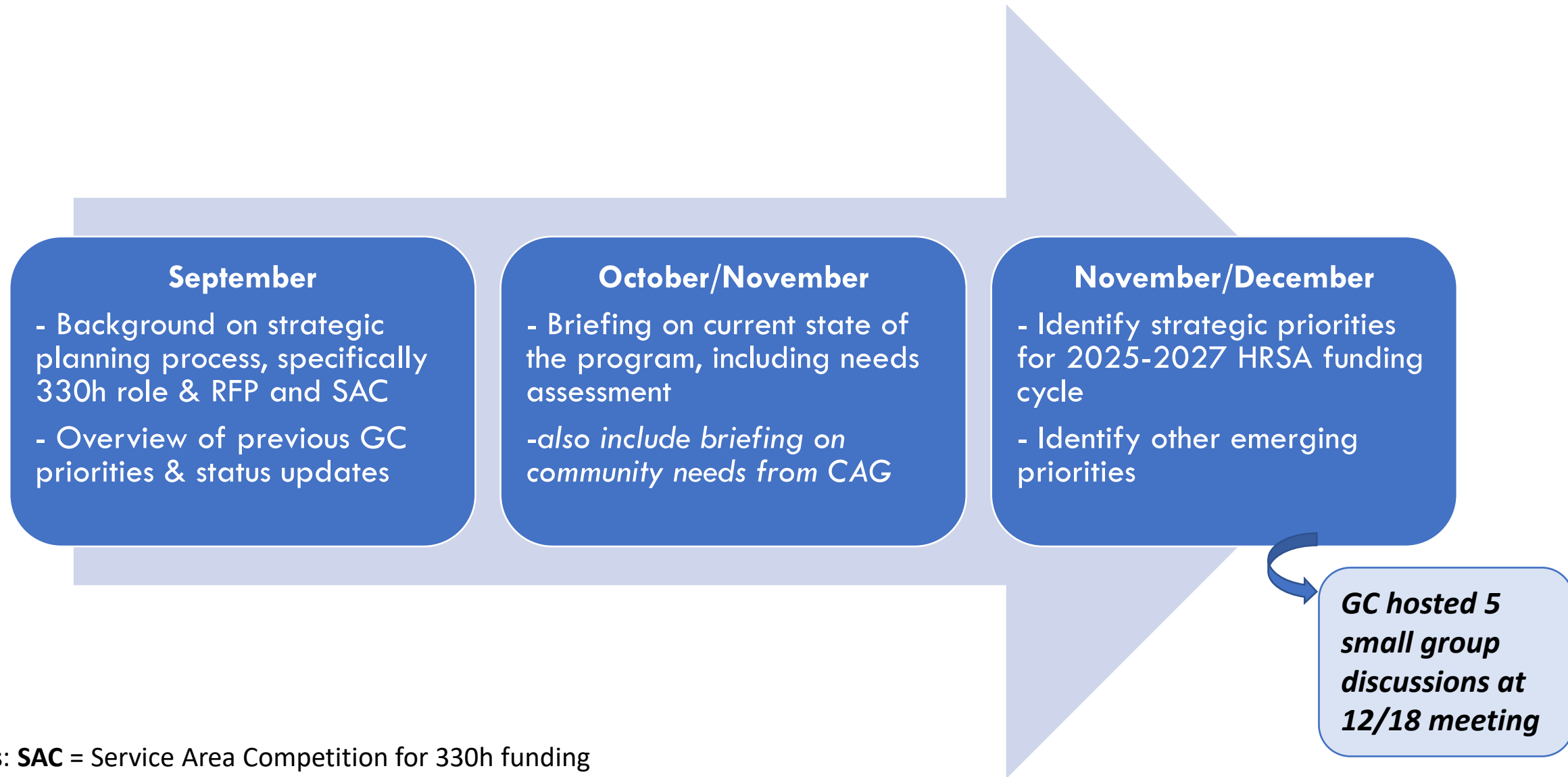
The purpose of this program is to improve the health of underserved communities and populations by assuring continued access to comprehensive, culturally competent, high-quality **health care services, which includes medical, dental, behavioral health (mental health, substance use disorder), and enabling services.**

The Governance Council (GC) is the community-based co-applicant board mandated by HRSA's BPHC to oversee the program. Public Health, as a "public entity grantee," reserves certain general authorities over the status of the health center, fiscal, and personnel matters.



**Acronyms:** SAC = Service Area Competition for 330h funding  
RFP =Request for Proposals for contractors

# 2025-2027 Strategic Planning Process - Proposed Timeline



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# 2025-2027 GC Strategic Priorities

Focus	# of Groups
Expand Medical Respite across the County and provide more spaces to rest, recover, and receive end of life care, with focus on stabilization	4
Expand SUD and overdose prevention services, in alignment with County-wide efforts*	4
Prioritize equity, with explicit focus on racism, sexism, and invisible homelessness	3
Focus on enhancing linkages to medical, behavioral health, and enabling services within healthcare systems, prioritizing patient navigation and warm hand-offs*	2
Reinforce and expand mobile medical capacity*	2
Expand services for older adults (including ages 50+)	2
Reinforce existing programs and expand access for youth/young adults to medical, behavioral health, and enabling services; incorporate peer support and embed in schools	2
Prioritize outreach services, and ensure collaboration between providers to reduce gaps*	2
Raise awareness on the impacts of homelessness with the broader community, with additional focus on how sweeps affect health and hinder efforts to stabilize people	1
Increase consumer and former consumer engagement in planning and evaluation	1
Maintain and expand capacity in South King County, with special focus on services at encampments	1

\* New priority for the GC

# Opportunities for HCHN as Support

Areas	Potential Partners
Behavioral Health (Crisis Care Centers levy)	DCHS BHRD, City of Seattle
Community Partnerships (co-locate services, strengthen landscape, breakdown silos)	FQHCs, HCHN contractors, meal programs, shelters
Disability Rights	City of Seattle – Aging & Disability Services, WA DSHS
Gun Violence	King County Regional Office of Gun Violence Prevention, Lived Experience Coalition
Housing/Shelter Providers (communicable disease management, consultation/best practices, assure health care is embedded)	KCRHA, King County housing/shelter providers, DCHS, City of Seattle
Hygiene, Water & Restroom Access	DCHS, City of Seattle, Environmental Health
Overdose Prevention & Response	King County Overdose prevention programs
Refugee/Immigrant Communities & Asylees	Coalition in progress
Workforce Capacity/Training	Local universities and technical colleges, community partners