CCHS Health Care for the Homeless Co-Applicant Governing Board

WEDNESDAY, NOVEMBER 16, 2016
11:00AM-12:30PM
597 CENTER AVENUE
SUITE 150
MARTINEZ, CA 94553
WELCOME
Meet and Greet

PLEASE HELP YOURSELF TO LUNCH.

WE WILL TAKE THIS TIME TO INTRODUCE YOURSELF TO THOSE THAT YOU DO NOT KNOW IN THE ROOM.
Health Care for the Homeless Program
Health Care for the Homeless (HCH) Program

Our mission is to reach out and serve homeless adults, children and families of Contra Costa County by providing accessible, culturally sensitive services in order to promote wellness, prevent illness and to provide care when needed so that ultimately, we may improve the health status of this vulnerable population.

HCH provides health services to those who meet the federal definition of homelessness or at risk of homelessness.
Who Qualifies as Homeless?
According to HRSA (this is different from the HUD definition)

- Those that lack a fixed, regular, adequate nighttime residence.
- Those whose primary nighttime residence is in a shelter, welfare hotel, transitional housing or street.
- Those that are “doubled-up” without their name on a lease/mortgage, coach surfing, etc.
# Types of Services Provided by HCH

- HCH Ambulatory Clinics in local CCHS Health Centers
- HCH Walk in Mobile Clinics
- Medical Outreach Team
- Respite Care
- HCH Behavioral Health Services
- HCH Dental Clinics
- Eligibility Services
- Linkages to Care
- Health Education Classes
- Outreach Services
- Consumer Advisory Board
Health Services Provided

- Health Screening
- Urgent/Acute Medical Care
- Coordinate and Manage Chronic Conditions
- Immunizations
- Pregnancy Testing
- Tuberculosis Screening
- Medical Outreach to homeless encampments
- Medi-Cal Eligibility Assistance
- Referrals to primary care, specialty care and to obtain birth certificates and identification cards
HCH TEAM

- Medical Director
- Program Director
- Nurse Program Manager
- Planning and Policy Manager
- Family Nurse Practitioners (FNP)
- Registered Nurses (RN)
- Community Health Workers (CHW)
- Licensed Clinical Social Worker (LCSW)
- Dentist
- Registered Dental Assistant (RDA)
- Consumer Liaison
Homeless Population Served

- Total number of homeless or at risk of homelessness living in Contra Costa County in 2015 = 3,500 individuals that identified as homeless or at risk for homelessness (Point in Time Count Data).

- The number of homeless patients served by the Health Care for the Homeless Program in 2015
  - Visits = approximately 6,000
  - Unduplicated Homeless Patients = 2,796
Board Member Application

Please take this time to fill out the board application form if you have not already.
HCH Co-Applicant Governing Board

- Health Resources and Services Administration (HRSA) Federally Mandated Governing Board.
- The Health Centers Program’s implementing regulations set forth specific governing board requirements for health centers which are funded under Section 330(h) Public Health Services Act Health Care for the Homeless grant.
Contra Costa County Health Services Department (HSD) has applied for and received a grant from HRSA pursuant to Section 330(h) of the Public Health Service Act to support the planning for and delivery of services to medically underserved populations, including the homeless.

The grant funds support the HSD Health Care for the Homeless Program.
The following slides summarize the functions and authorities that must be performed by the designated Governing Board “Board” for the Health Center Program. This may be the Public Agency Board if it meets all membership and authority Requirements or a co-applicant Board that meets Requirements.
Direct vs. Co-Applicant

- Public center may be structured in two different ways to meet the program requirements (direct or co-applicant arrangement).
  - **DIRECT:** Public agency itself meets all of the requirements of the section 330 program directly
    - No special considerations are needed
  - **CO-APPLICANT ARRANGEMENT:** Public agency with co-applicant governing Board—collectively the two meet all section 330 requirements and are considered the public center
  - The vast majority of Public Centers operate with a co-applicant Board
Co-Applicant Roles

- “Health Center”/”Public Center” = public agency and co-applicant board

Co-Applicant Governing Board
- Complies with all Section 330 composition & selection requirements
- Maintains key authorities and final approvals regarding the 330 project

Public Agency (Contra Costa County Board of Supervisors)
- Licensed provider (typically)
- May establish general financial management and control systems
- May establish personnel policies
- May employ management team/staff, including CEO

Co-Applicant Agreement defines roles of Public agency and Co-Applicant Board
- HRSA approved agreement with the County Board of Supervisors.
Co-Applicant Board Composition

- Size: at least 9 but no more than 25 members,*.
- Patient members shall be representative of the community in which the center's service area is located*
- No more than one half (50%) of the non-patient board members may derive more than 10% of their annual income from the health care industry.*
- No board members shall be an employee of the health center or an immediate family member*
- CEO may serve only as non-voting ex-officio member*

*Currently * indicates requirements that do not apply to Homeless or Public Housing centers but adhering to these is strongly preferred by HRSA and the requirements may be applied to all health centers.
HCH Co-Applicant Governing Board

The mission of the board is to oversee, guide and assist the Program in its efforts to deliver high quality health care to a diverse and medically underserved community. The Co-Applicant Board will use its skills, expertise and life experience to make the policies and operational decisions which will provide the best benefit to the Program and clients.
The Co-Applicant Board is the consumer- and community-oriented board that provides guidance and oversight of the Health Care for the Homeless Program included in the HRSA scope of the project.

The Board is necessary because the County cannot independently meet all applicable HRSA governance requirements.

The Co-Applicant Board shall set priorities and policies for the Program, assist the Program in promoting its goals, provide input and feedback to generally assist in development, implementation, and evaluation of the Program, and serve as the governing board of the Program, carry out out the responsibilities detailed in Article 3 (in coordination with the HSD and County Board of Supervisors).
The Co-Applicant Board shall generally set the policies and priorities for the Program. At the same time, the County is a public entity. Therefore, the County Board of Supervisors retains authority over the County’s general fiscal and personnel policies and decisions.

Because the Co-Applicant Board retains decision-making authority on duties and authorities beyond the general types of fiscal and personnel policies, the co-applicant arrangement shall allow for the Co-Applicant Board and HSD to work collaboratively in the exercise of governance responsibilities.
Co-Applicant Board Responsibilities

Article 4:

A. Selection, retention, dismissal and performance evaluation of the Program Director.

B. Working collaboratively with the Program and the HSD in the exercise of the Co-Applicant Board’s governance responsibilities and to ensure that the program requirements and grant conditions, related federal statutes, rules, and regulations, and other Federal, State, and local laws and regulations;

C. Reviewing the scope and availability of services to be delivered, including selecting services beyond those required in law to be provided, and the location and hours of operation of the Program;
Board Responsibilities Continued

D. Reviewing and setting financial priorities of the Program, developing the Program’s annual operating and capital budgets, approving the Program budget covering all Program, and reviewing and accepting any appropriations made available by the County Board of Supervisors;

E. Setting general policies necessary and proper for the efficient and effective operation;

F. Evaluating the effectiveness of the Program in making services accessible to the Program’s target populations;
G. Setting and reviewing separate policies and procedures for hearing and resolving grievances relating to the Program;

H. Setting and reviewing separate policies and procedures for ensuring quality of care under the Program, including any quality audit procedures;

I. Approving grant applications and other documents necessary to establish and maintain the Program, including being identified as a co-applicant and individual governing board members as may be required in relation to future grant applications;
Board Responsibilities Continued

J. Requesting, being apprised of, and reviewing financial reports and audits relating to the Program;

K. Making the Co-Applicant Board’s records available for inspection at all reasonable times as required by law;

L. Filling vacancies, selecting voting members by majority vote, and removing voting members as permitted by these Bylaws;
M. Engaging in long-term strategic planning, including regular updating of the Program’s mission, goals, and plans;

N. Providing bi-annual reports to the HSD Joint Conference Committee providing updates on the Program;

O. Adopt the fee schedule for services rendered to the Program’s target populations and approve the policy for discounting charges (i.e., a sliding fee scale) for the Program’s target populations based on the client’s ability to pay for said services.
Article 5:
The County Board of Supervisors shall maintain the sole authority to set general fiscal and personnel policy, such as:

- Internal control procedures to ensure sound financial management
- Purchasing policies
- Standard employee selection
- Performance review
- Dismissal and evaluation
- Employee compensation including wage and salary scales, benefits, position descriptions and class
- Employee grievance procedures and equal opportunity practices.

The Co-Applicant Board may not take any action which is inconsistent with or which alters the scope of any policy set by the County Board of Supervisors on fiscal or personnel issues.
Dr. Wendel Brunner – Perspective Board Chair

- Past Contra Costa County Health Services Director of Public Health since 1989
  - Providing expertise to the Health Care for the Homeless Program for longevity of the Program.
- Led efforts to adopt the nation’s first anti-smoking ordinance in 1984, a “zero tolerance” domestic violence plan in 2000 and the fight against child asthma, HIV/AIDS and industrial pollution.
- Past member of the Contra Costa County Public & Environmental Health Advisory Board (PEHAB)
HCH Co-Applicant Governing Board Website

http://cchealth.org/healthcare-for-homeless/governing-board.php

On this site you will find:

- Meeting Schedule
- Meeting Agendas & Minutes
- Co-Applicant Board Roster
- Governance Description
- Latest News
- Co-Applicant Bylaws & CCHS Agreement
- Data & Evaluation
- Join the Board Information & Application
Future Items

ADOPTION OF CURRENT PROGRAM BUDGET

ADOPTION OF HCH PROGRAM SLIDING FEE SCALE
Standing Meeting Day, Time & Location Discussion