The background features abstract, overlapping green geometric shapes in various shades, creating a modern and professional look. The shapes are primarily triangles and polygons, some with thin white outlines, set against a white background.

# Board Requirements and Beyond: How to Build an HCH Board that Meets Requirements and Exceeds Expectations

NHCHC Learning Lab

June 24, 2017

# Board Requirements & Beyond: How to Build an HCH Board that Meets Requirements & Exceeds Expectations

June 24, 2017 | Washington, DC

## *Agenda*

- ▶ 8:30: Welcome & Introductions of All Participants: 15 mins.
- ▶ 8:45: Why Have a High-Functioning Board? The Roots of the Health Center Program (Jenny)
- ▶ 9:00: HRSA Compliance: 30 mins. (David and Jenny)
- ▶ 9:30: Three Types of HCH Boards: Case Studies & Pro Tips: 30 mins.
  - ▶ Standalone HCH: Albuquerque Health Care for the Homeless (Albuquerque, NM)
  - ▶ Public Entity: Alameda County Health Care for the Homeless (Oakland, CA)
  - ▶ Jointly Funded CHC: Unity Health Care (Washington, DC)
  - ▶ Jointly Funded CHC: Alabama Regional Medical Services (Birmingham, AL)
- ▶ 10:10: *Break: 15 mins.*
- ▶ 10:25: Defining a High-Performing Board: 40 mins. (Vince Keane)
- ▶ 11:05: What Makes HCH Boards Unique:
  - ▶ Social Justice: 10 min. Jenny
  - ▶ Consumer Involvement: 10 min. Amy
  - ▶ Transparency & Public Participation in Governance: 5 min. David
- ▶ 11:30: *Break: 10 mins.*
- ▶ 11:40: Small Groups by Corporate Structure: 20 mins.
- ▶ 12:20: Speed Technical Assistance Q&A: 10 mins.
- ▶ 12:30: *Adjourn*

# Definitions and Acronyms Used

- ▶ Federally Qualified Health Center (FQHC)
- ▶ Community Health Center - Health Center - Grantee
- ▶ Section 330 Grantee
- ▶ Non-federal entity
- ▶ Public Entity - Public Center -
- ▶ Governing Board - Board of Directors
- ▶ Consumer Advisory Board
- ▶ Co-Applicant Board
- ▶ Waiver
- ▶ HRSA/Bureau of Primary Health Care (Bureau)

## Funding by Population Type

- ▶ Section 330(e)-General Population
- ▶ Section 330(h)-Healthcare for the Homeless
- ▶ Section 330(i)-Public Housing Primary Care
- ▶ Section 330(g)-Migrant/Seasonal Health Centers

# Why does a Community Health Center Have a Governing Board?

## Reason #1

### Roots of Federal Health Center Program 1965-75:

#### Community-based Health Care:

*“The health center model that emerged targeted the roots of poverty by combining the resources of local communities with federal funds to establish neighborhood clinics in both rural and urban areas around America. It was a formula that not only empowered communities to establish and direct health services at the local level via consumer-majority governing boards, but also generated compelling proof that affordable and accessible healthcare produced compounding benefits.”*

Watch some video clips:

<https://vimeo.com/118063052>

Jack Geiger

# Core Elements of Community Health Centers

- ▶ Located in High-Need Areas
- ▶ Provide Comprehensive Services
- ▶ Ensure Services to All
- ▶ Accountable in Performance and Operation
- ▶ **Governed by Population they Serve:**

Health centers are governed by patient-majority boards that represent people served at the center and ensure accountability to the local community.

The goal is to have a board of directors that is diverse to ensure a broad range of perspectives and good dialogue, and who collectively have the values, competencies, and commitment required to govern the health center effectively.

# Why does a Community Health Center Have a Governing Board?

## Reason #2

Compliance with HRSA health center requirements.

All health center, including 330(h) and Public Entity Health Centers must follow all HRSA 19 Program Requirements, including governance.

HRSA Draft Health Center Compliance Manual (see Chapters 19- 20):

<https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf>

# Board Responsibilities & Requirements

- ▶ HRSA Policy Information Notice 2014-01
  - ▶ “Health Center Program Governance”  
<http://bphc.hrsa.gov/programrequirements/policies/pin201401.html>
- ▶ Hold **monthly** meetings and maintain records/minutes verifying board functioning
- ▶ **Approve** applications for health center grants and Changes In Scope.
- ▶ Approve the annual health center **budget** and audit
- ▶ Long term **strategic planning** (including regular updating of the health center’s mission, goals and plans as appropriate)
- ▶ **Evaluate** the health center’s progress in meeting its annual and long-term goals

# Board Responsibilities & Requirements

- ▶ Selecting **services** provide by health center, including location and mode of delivery.
- ▶ Determining **hours** during which services are provided at the health center sites
- ▶ Approving the selection/dismissal and evaluate performance of the health center's **CEO/Program Director**
- ▶ Establishing **general policies and procedures** for the health center that are consistent with the health center program requirements.
- ▶ **Privileging/Credentialing** of health center providers

# Board Responsibilities & Requirements

## Board Composition

- ▶ 51% of members of the board must be individuals served by the health center
- ▶ Patient board members must have accessed the health center in the past 24 months, and represent the population served by the health center in terms of race, ethnicity, sex and housing status.
- ▶ No more than  $\frac{1}{2}$  of the non-patient representatives may derive more than 10% of their annual income from the health care industry
- ▶ No board member shall be an employee of the health center or an immediate family member of an employee. The Program Director may serve only as a non-voting ex-officio member of the board.

# HCH Grantees within Jointly Funded Projects (330(e)+ (h))

Jointly-funded CHC's are not allowed governance waivers.

Health center Board must have majority of health center consumers.

At least one member must represent homeless target pop.

Avoid solo HCH consumer becoming token:

- ▶ Include more homeless reps on Board
- ▶ Maintain active Consumer Advisory Board
- ▶ Create Active CAB, linked to Board
- ▶ Peer Mentoring processes to support Board members

# 330(h) Homeless Project Governing Boards

## NHCHC HCH Board Composition Quick Guide 2015

**Consumer Majority Governing Board?:** Majority of board members have lived experience of homelessness and/or are current patients of health center.

### **HRSA Governance Waiver for Standalone 330(h) programs:**

**Governance waivers** are available because the circumstances of many homeless persons' lives make active participation on a Governing Board very difficult.

**Provided in SAC with good cause and acceptable alternative strategy.**

In applying for a waiver, however, an HCH project must establish plans for obtaining guidance from the homeless people it is intended to serve.

# 330(h) Homeless Project Governing Boards

## NHCHC HCH Board Composition Quick Guide 2015

**Board Composition** can include a mix of:

- ▶ Establishing a **Consumer Advisory Board (CAB)**, made up of consumers, which provides advice to the Board of Directors in a regular, formal way.
- ▶ Including some **consumers on the Governing Board** (even if not a majority).
- ▶ Conducting regular **focus groups** to learn from consumers.
- ▶ Distributing **questionnaires**, “patient satisfaction surveys” suggestion boxes to HCH patients. *!Suggestion Boxes?!*
- ▶ Representation by advocates who have direct contact with target population.

# Public Entity-based Health Centers

- ▶ What is a Public Entity? Public Agency? Public Center?
- ▶ **Co-Applicant Board**
- ▶ **Co-Applicant Agreement**

# Public Entity-based Health Centers

## Key Responsibilities: Public Agency Vs. Co-Applicant Board

Health Center (Grantee)  
Local Health Dep't/Hospital/etc.

County/City Board of  
Supervisors/Council  
Board of Trustees, etc

- Personnel
- Fiscal Management and procedures

Co-Applicant  
Agreement

Health Center Co-  
Applicant Board

- Health Center Budget approval
- Operations
- Most Policies and Procedures
- Scope of Services
- Select, dismiss, evaluate Project Director

# Why does a Community Health Center Have a Governing Board? Reason #3

Run a Good Health Center!

# What Does It Mean To Govern?

- ▶ 1. Define and Preserve the Mission
  - ▶ Mission statement
    - ▶ Do you understand, commit to and clarify the mission
    - ▶ Do you set goals and objectives to carry out the mission?
- ▶ 2. Make Policy
  - ▶ Board sets the policy; staff carry out the procedures

# What Does It Mean To Govern?

- ▶ 3. Safeguard the Assets of the Health Center
  - ▶ Fiduciary Responsibility
  - ▶ Center Finances, Budget, Annual Audit, Facility
    - ▶ <https://oig.hhs.gov/compliance/compliance-guidance/docs/practical-guidance-for-health-care-boards-on-compliance-oversight.pdf>
  - ▶ Personnel (CEO/ED)
- ▶ 4. Select and Evaluate the CEO
  - ▶ Responsible for day to day operations (delegate)
  - ▶ Clear concise job description (signed)
  - ▶ Evaluate according to the document

# What Does It Mean To Govern?

- ▶ 5. Monitor and Evaluate Center (and Board) Performance
  - ▶ Is the health center meeting the mission?
  - ▶ How does the center know whether its meeting the mission?
  - ▶ What reports does board receive that can base whether the center is meeting the mission?
- ▶ Annual Board Self-Evaluation
  - ▶ Look at board meeting responsibilities
  - ▶ Does the board of directors interact with the CEO/ED, community and each other?
  - ▶ What are the board goals? What are the health center goals?

# What Does It Mean To Govern?

## ▶ 6. Strategic Planning

- ▶ 1-3 year plan
- ▶ Emphasis on STRATEGY, less on PLAN
- ▶ Keep an eye on the future and preparing for it?
  - ▶ Expansion/Collapse of Medicaid?
  - ▶ Payment changes?
- ▶ Written goals and objectives WITH timelines
- ▶ Implement the plan

## ▶ 7. Tell the Health Center's Story

# Delineation Between CEO & Board

| <b>Board Role</b>                                     | <b>CEO's Role</b>   |
|---|---|
| Develop Mission Statement                             | Communicate Mission Statement   |
| Guide Strategic/Long-Range Planning                   | Implement Strategic/Long-Range Planning   |
| Establish/Approve Policy                              | Implement Policy  |
| Select and Evaluate Qualified Chief Executive Officer | Ensure Timely and Accurate Reporting to Board on Achievement of Organizational Goals and Objectives |
| Evaluate Center Operations                            | Manage Center Operations  |
| Review Quality of Care                                | Monitor Quality of Care   |
| Represent Community Interest                          | Represent Health Center Needs   |

# Great Governing Board Resource from National Association of Community Health Centers (NACHC)

## Health Center Program Governing Board Workbook

*... committed people  
providing leadership and  
oversight to ensure health  
care for their community*



National Association of  
Community Health Centers  
July 2015

### ABOUT NACHC

Established in 1971, the National Association of Community Health Centers (NACHC) serves as the national voice for America's health centers and as an advocate for health care access for the medically underserved and uninsured.

NACHC's mission is: "To promote the provision of high quality, comprehensive health care that is accessible, coordinated, culturally and linguistically competent, and community directed for all underserved populations."

# Helpful Resources

## NHCHC Board Resources

*A Quick Guide on Board Composition for Health Care for the Homeless Projects:* <http://www.nhchc.org/wp-content/uploads/2015/01/hch-board-composition-quick-guide-final-formatted.pdf>

*A Quick Guide on Consumer Engagement in Governance of HCH Projects:* <https://www.nhchc.org/wp-content/uploads/2016/11/quick-guide-on-consumer-engagement-formatted.pdf>

Archived Webinar: Consumer Involvement in Governance:

<https://www.nhchc.org/2014/03/webinar-consumer-involvement-in-governance/>

Archived Webinar: Public Entity Co-Applicant Arrangements:

<https://www.nhchc.org/2013/02/public-entity-hch-grantees-and-co-applicant-arrangements/>

## Consumer Advisory Board Resources

Consumer Advisory Board Manual: [http://www.nhchc.org/wp-content/uploads/2011/09/NCAB\\_Manual-rev-Jan10.pdf](http://www.nhchc.org/wp-content/uploads/2011/09/NCAB_Manual-rev-Jan10.pdf)

Summary of HCH Consumer Governance Requirements:

<http://www.nhchc.org/wp-content/uploads/2011/09/ConsumerGovernSumm.pdf>

# Helpful Resources (External)

## HRSA Governance PIN

<http://bphc.hrsa.gov/programrequirements/policies/pin201401.html>

HRSA Draft Health Center Compliance Manual (see Chapter 19-20):

<https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf>

## NACHC Governance Materials

- ▶ <http://www.nachc.org/trainings-and-conferences/governance/>
  - ▶ NACHC Health Center Governing Board Workbook
  - ▶ NACHC Public Centers Governance Monograph 2014
  - ▶ Create an account with NACHC (free) to download resources

# FRAMEWORK FOR VIBRANT HCH BOARDS



Vincent Keane  
Unity Health Care DC

NATIONAL HEALTH CARE FOR  
HOMELESS CONFERENCE  
JUNE 24, 2017

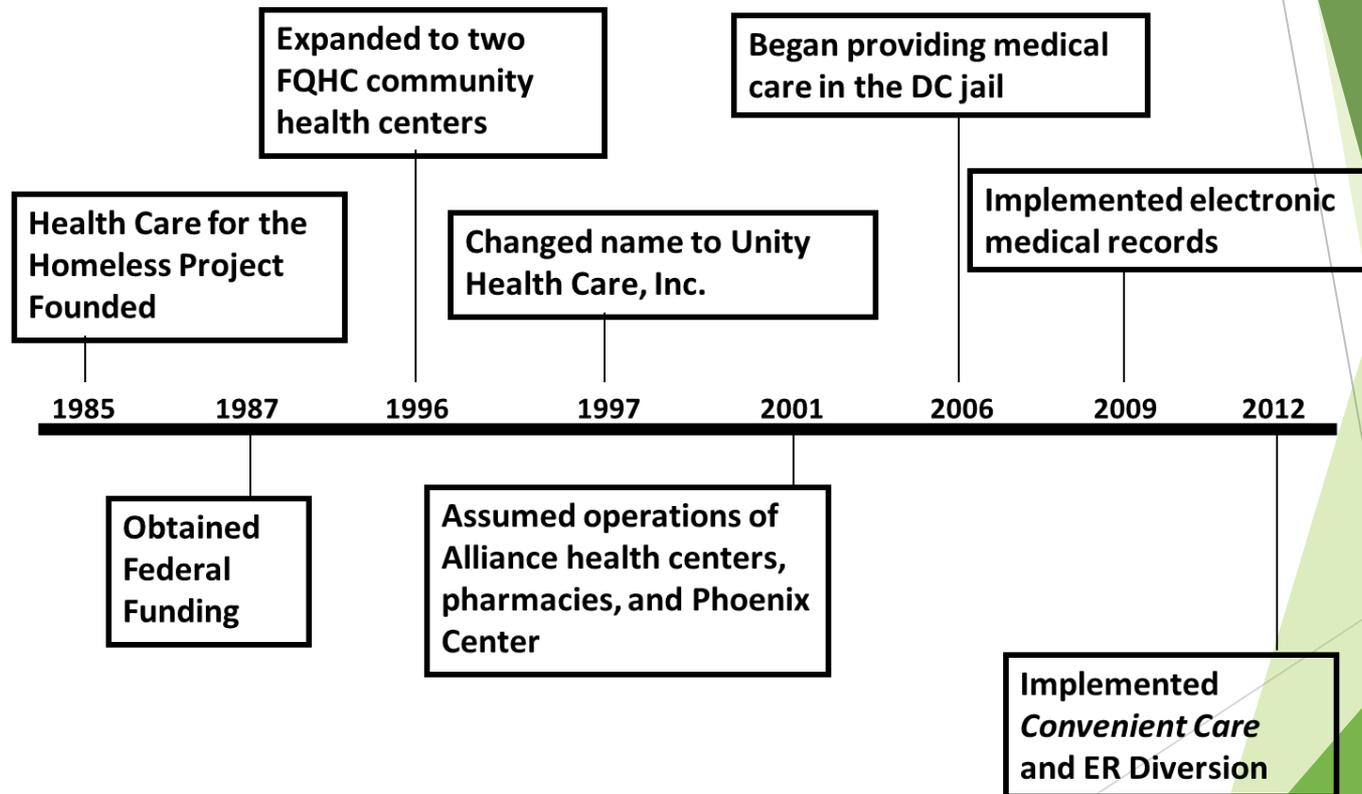
LEARNING LAB

MAKING BOARDS GREAT  
AGAIN!

# Unity's Mission, Vision, and Values

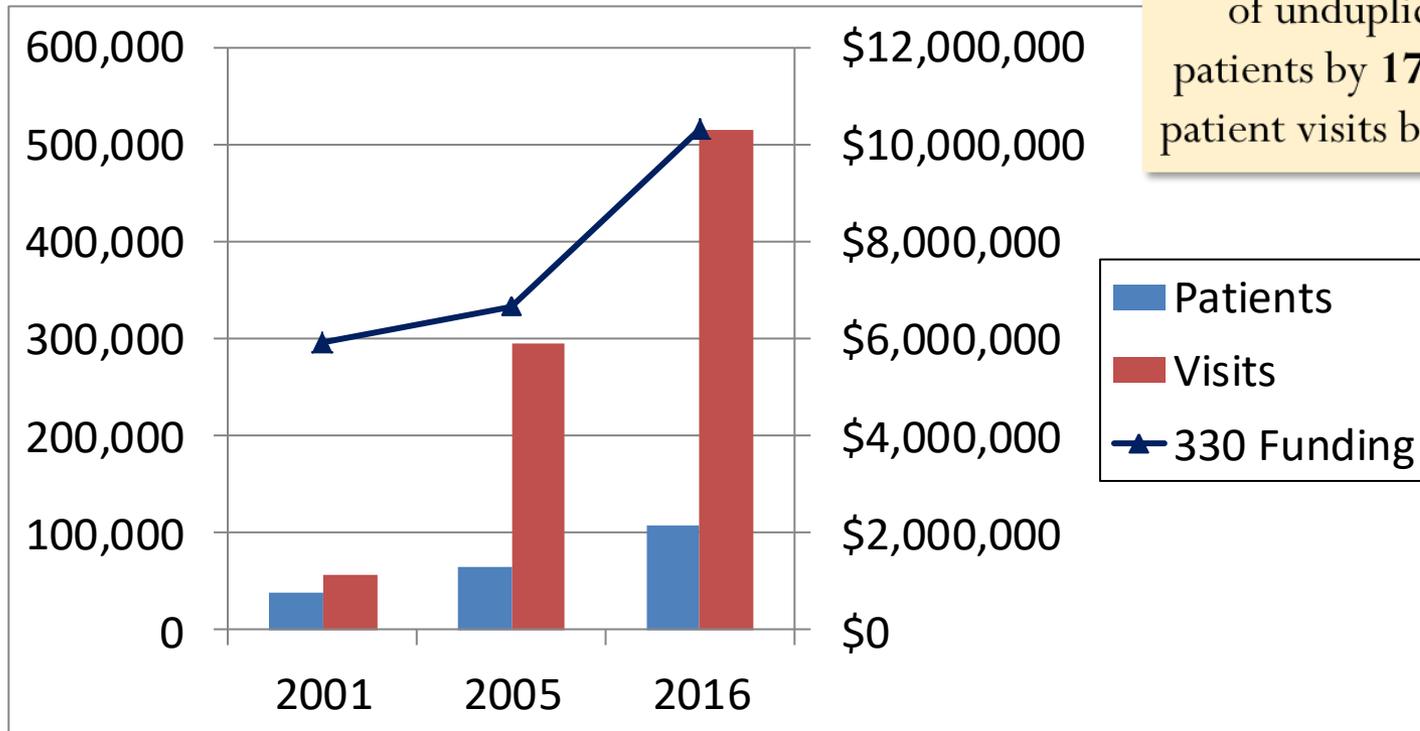
- ▶ **Mission:** Promoting healthier communities through compassion and comprehensive health and human services, regardless of ability to pay.
- ▶ **Vision:** Unity Health Care will be recognized as the health care provider and employer of choice by establishing a culture that champions patient centered-care, promotes staff engagement, embraces the latest technology, and pursues community partnerships and strategic alliances.
- ▶ **Values:** Unity Health Care will strive to create a model of Service Leadership in our relationships with each other, our patients and stakeholders. This model will challenge us to embody the qualities of: Listening ❖ Awareness ❖ Empathy ❖ Healing ❖ Respect ❖ Accountability.

# Unity has a long history in DC



# Unity's Growth

Since 2001, Unity has only had a **52%** increase in our 330 grant award but have increased the number of unduplicated patients by **175%** and patient visits by **800%**.



# Our Patients

**106,853 Patients  
Served in 2016**

**10%** of Unity's Patients Are Homeless

**69%** are Black/ African American

**18%** are Hispanic/Latino

**72%** have incomes below the poverty level

**62%** have Medicaid coverage

**16%** are Uninsured

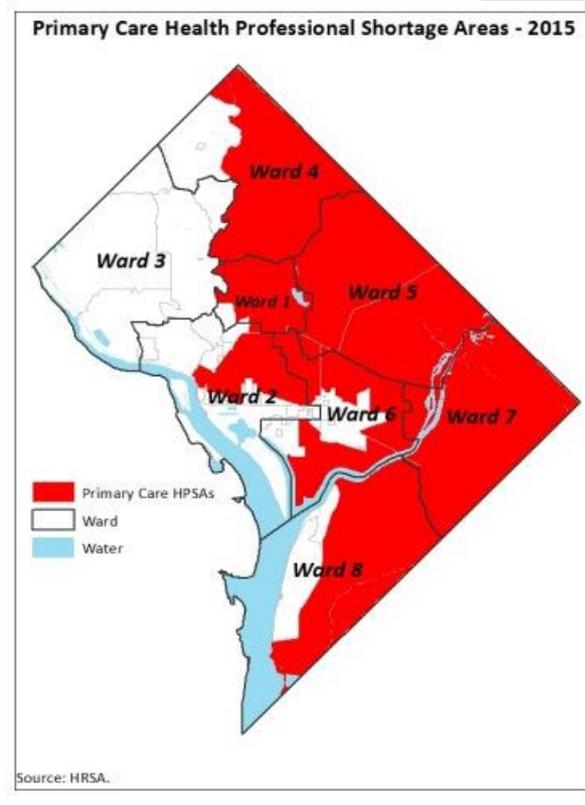




# Key Health Statistics

- 91% of adults have health insurance
- 15% of DC residents do not have a usual place of care
- 36% of outpatient ED visits\* are from residents in wards 7 and 8 in 2014
- 30% of all ED visits are considered ambulatory care sensitive or could be prevented if patient accessed proper preventative and primary care services

*\*Outpatient ED visits are when a patient is treated and released; Outpatient ED Numbers do not include UMC*



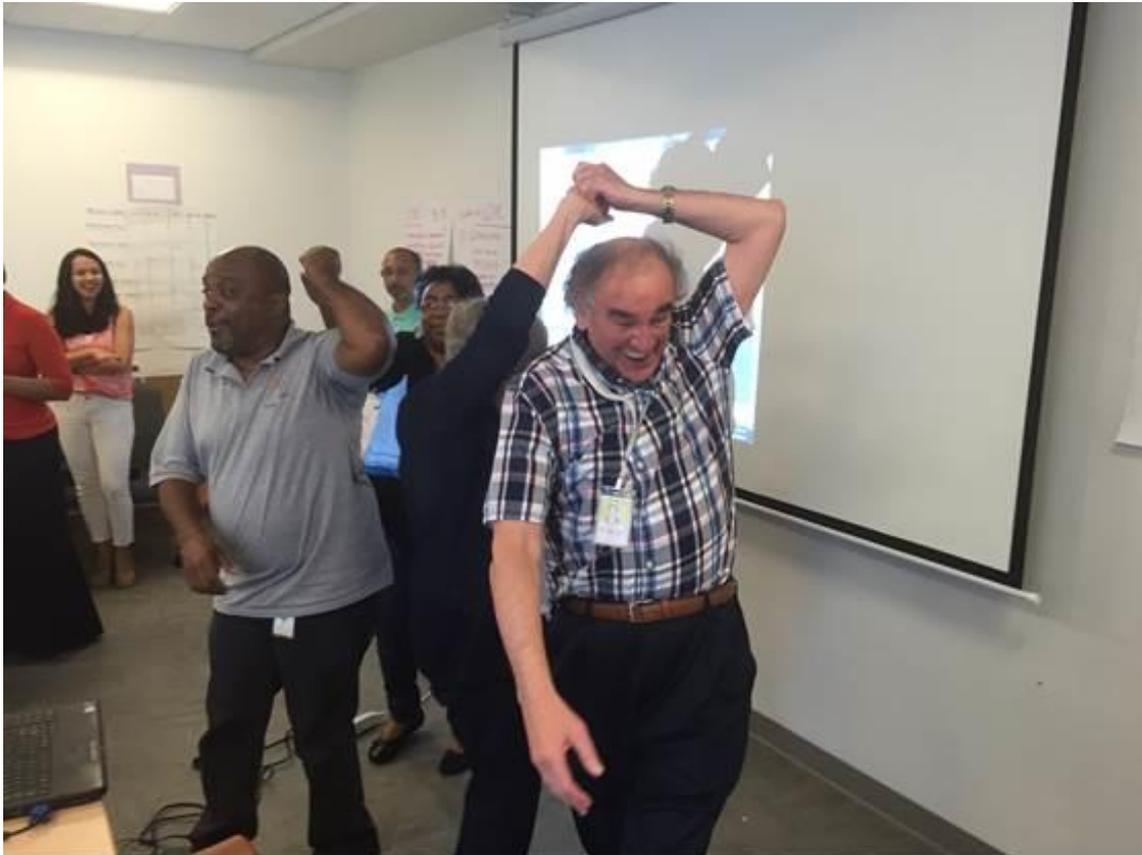
# WHAT ARE THE SIGNS OF A HIGH PERFORMING BOARD?

- ▶ They must be engaged





TO BE FULLY ENGAGED YOU  
NEED TO HAVE FUN!





# TO BE FULLY ENGAGED YOU HAVE TO HAVE TRUST



# OTHER EVIDENCE THAT A BOARD IS HIGH PERFORMING!

- ▶ Agility to foster dissent
- ▶ Willingness to address/resolve conflict
- ▶ Clear understanding of the respective roles of Board and management
- ▶ Everyone needs to leave EGO's at the door
- ▶ Chair/CEO relationship
- ▶ Individual accountability
- ▶ Annual Board self evaluation

# HIGH PERFORMING BOARDS WILL REGULARLY BE INTROSPECTIVE - ASKING:

- ▶ What values will guide our decision making?
- ▶ What is strategic - and what is operational?
- ▶ What are the deepest aspirations that we have for the mission of the organization that we govern?
- ▶ Being a Board member is a unique privilege and responsibility

REMEMBER TO HAVE FUN!



# Small Group Discussions

- A. 330(h) Only
- B. 330(h) within a larger 330(e)
- C. Public Entity

- ▶ What are you lacking?  
What do you doing well?  
What is low-hanging fruit to accomplish?
- ▶ What will need a lot of work?  
What do you have to do soon?
- ▶ How to work to support our social justice mission?
  
- ▶ What haven't we talked about?
- ▶ What to share with the larger group?
  
- ▶ What are your questions?

# How to Build an HCH Board that Meets Requirements and Exceeds Expectations

## Presenters:

- ▶ Jenny Metzler MPH, Albuquerque Health Care for the Homeless Program 505-7671184  
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