

Consumer Advisory Board Manual

FOR HEALTH CARE

FOR THE HOMELESS

PROJECTS

National Consumer
Advisory Board
May 2009





**National Consumer
Advisory Board**

The National Consumer Advisory Board (NCAB) is comprised of individuals who have experienced homelessness and who serve on Consumer Advisory Boards or in similar capacities as advisors to local Health Care for the Homeless projects.

The original manual was written by the late Ellen Dailey, Chair of the National Consumer Advisory Board and Vice President of the Board of Directors of the Boston Health Care for the Homeless Program. This ~~UNISS~~ revision is dedicated to her memory. Gratitude is also due to Reginald Hamilton and National Health Care for the Homeless Council staff and interns who contributed to this edition. Except where otherwise noted, all photographs were taken by Sharon Morrison, an HCH Nurse and Council Trainer from Boston.

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NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

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INTRODUCTION

History of Homeless Program

Passage of the landmark Economic Opportunity Act of 1964 marked the birth of Community Health Centers. In 1965, President Johnson's Office of Economic Opportunity and a part of the "War on Poverty" funded the first two neighborhood Health Center demonstration projects, one in Boston, Massachusetts, and the other in Mound Bayou, Mississippi.

In 1975, Congress authorized the Community and Migrant Health Centers. In 1987, the Congress created a Federal Health Care for the Homeless Program through the Stewart B. McKinney Homeless Assistance Act. Public Housing Public Health Authority followed.

In 1996, the Health Centers Consolidation Act combined all these programs under Section 330 of the Public Health Service Act (PHSA) as the consolidated Health Centers Program. Under this program, we have the only



NCAB members from all over the country meet face-to-face at the National HCH Conference.

health care system designed to be controlled in partnership with patients and including a community governance board with a patient majority or "a patient democracy." In other words, patients "have a say" in how their health care is delivered. The patient-majority governing board is among the five core statutory requirements that every Health Center must meet in order to receive Federal funding.

These Health Centers are located in areas where care is needed but scarce to improve access to care, and are known as Federally Qualified Health Centers (FQHCs). They are open to all residents. Health Centers serve culturally and

linguistically diverse populations that may represent different medical concerns and different language barriers. Your organization must be culturally and linguistically appropriate for the diverse populations your Center serves. Health Centers are a critical component of our country's health care safety net and will continue to be essential for the foreseeable future. Your goal is to help ensure that your health center survives and thrives.

Development of Manual

At the 2003 National Health Care for the Homeless Conference, it was decided that the National Consumer Advisory Board (NCAB) would develop a manual that could be used as a guide for local groups who are beginning to form Consumer Advisory Boards (CABs). This document is the result of that work. The manual is only a guide; nothing is written in cement. It is our hope that the manual will assist consumers in working with senior management and Boards of Directors of Health Care for the Homeless (HCH) projects. We, the NCAB Executive

Committee, have drawn on our experiences developing local CABs to produce this manual.

This manual covers such things as recruitment, meeting management, by-laws/guidelines, and how to make recommendations for changes within your local Health Care for the Homeless program. We hope this manual will be helpful to you. It is also our wish for you to make recommendations to NCAB on things that should be included in future editions. You will find contact information at the back of this manual.

How to Use this Manual

The goal of this manual is to strengthen consumer involvement in HCH projects to help ensure that Health Centers serve homeless people well.

The success of your CAB is directly related to your input. To help you think about important issues to consider when starting and maintaining a CAB, almost every chapter contains places for you to record your thoughts about topics related to the organization and activities of your CAB. We recommend that you answer these questions yourself, and then share your responses with others in your project who are interested in developing a CAB. Sharing ideas together in this way helps build the teamwork necessary to maintain an effective CAB in your HCH project.

One of the things that we want to stress is that there is not one way of doing things. What works for one CAB may not work for other CABs. There are many different ways that local CABs are structured. Many of the recommendations that we make here can be altered to fit your locality. Please use this manual in any way you feel will be helpful.



Members of the NCAB Executive Committee and staff from the National Health Care for the Homeless Council.

CHAPTER ONE WHAT IS A CONSUMER ADVISORY BOARD? WHY SHOULD WE HAVE ONE?

The simple answer to the first question is that a Consumer Advisory Board (CAB) is a group of homeless and/or formerly homeless people who have been brought together to positively affect their local Health Care for the Homeless (HCH) project.

The more complex answer is that consumers need to be proactive in their own lives, which includes health care. It is one of the most important things that we, as a group, can do for ourselves. We should also mention that it is a requirement of the federal government that each HCH grantee have some kind of consumer involvement in order to receive federal funds. Although other options for consumer involvement in governance exist, we believe the strongest approach is organizing a Consumer Advisory Board. The regulations are in the Bureau of Primary Health Care’s (BPHC) Policy Information Notice 98-12, which is provided as an appendix to this manual. Those regulations (and the law) allow HCH projects to obtain waiver of the majority consumer board requirement that applies to all other types of Health Centers. Having a CAB is one way of fulfilling the requirement for consumer involvement in governance under a waiver. CABs are helpful to Health Centers, even if they do not have a waiver, however.



Western Regional Advocacy Project director Paul Boden presents a consumer outreach survey to NCAB members and Council staff.

The mission of a CAB is to:

- a. Be advocates for residents with respect to the services delivered by the Health Center.
- b. Refer individuals with and without health insurance to become clients.
- c. Advise the Center’s Board of Community Feedback about the Health Center.

The Consumer Advisory Board should help your Center recognize its strengths, weaknesses, and challenges facing the organization, as well as opportunities and threats to accomplishing its defined and evolving mission. You should know your Center’s mission and be willing to keep the mission current and relevant for the changing population of the community. Board members serve as community representatives and make decisions on services provided. Active consumer involvement assures responsiveness to local needs.

Write Your Center’s Mission Here:

Sample Advocacy Agenda Items

- Health Care reform
- Improved access to housing
- Improved access to resources
- Better partnerships with other organizations
- More effective public education HCH issues

See a sample Advocacy Agenda at www.hchmc.org/AdvocacyAgenda2006.html

In deciding to form a CAB, it is important to make sure that the CAB will be able to work closely with the management of the HCH project. In some localities, it is the HCH Executive Director or a senior staff member who decides to form a CAB; in others, a consumer takes the first step. The most important thing at this stage is that the people involved work well together. It is beneficial to the program to have a group of consumers who will both assist in developing an advocacy agenda, (the list of policy issues the program has chosen to work on), and provide advice on how health care is delivered by the project. Also remember that the CAB is an advisory group only and it does not make decisions about the day-to-day workings of the program.

NCAB believes that it is important for the CAB to be autonomous. The CAB must be able to make its own decisions and recommendations. The CAB must develop its own guidelines/by-laws, and while the governance board of your HCH should approve this document, we don't believe that the governance board should be able to make substantial changes to the document. However, that is a decision each CAB must make on its own. Developing guidelines/by-laws will be discussed more in the next chapter.



Amy Grassette, HCH consumer from Massachusetts, testifies at a congressional briefing in June 2007.



Donna Smith, national advocate for health care reform, speaks at the National HCH Conference in June 2008. Photos by Ansell Horn.

CHAPTER TWO RECRUITMENT, MEMBERSHIP, AND THE DEVELOPMENT OF GUIDELINES

Once you have decided to start a CAB, there are several decisions that must be made before recruitment can begin. These are just a few of the issues that must be decided early. The response to each of the bulleted items will determine your next steps.

- How large should the CAB be?
- Who is eligible to sit on the CAB?
- Should anyone other than consumers be voting members of the CAB?
- What kind of support will the HCH project be able to give?

How large should the CAB be?

The size of your CAB is important. NCAB recommends that you start relatively small. It is always possible to add people, but very difficult to go in the other direction. If you are in an urban center, then your CAB may be larger than one in a rural area.

We believe that a smaller CAB of seven or nine people is a good place to start. Such a number is big enough to be representative of the population that your Center represents, and an uneven number of CAB members will prevent a tie in voting.

Ask Yourself:

How many consumers does our project serve?

What is the smallest number of members that makes sense for our CAB?

What is the largest number of members that makes sense for our CAB?

Who is eligible to sit on the CAB?

Who can sit on the CAB is also an important issue. The NCAB rule of thumb is that the consumer must be homeless or formerly homeless, and the person must either currently use (and we believe this should reflect the majority of your members) or have formerly used the services provided by the Health Care for the Homeless project. The reason for that last point is important because you can't make recommendations to a program if you don't know its services. NCAB

also strongly recommends that you try very hard to make sure that your CAB is representative of your constituents. If your HCH project includes such services as substance abuse, mental health, and services to families as well as single adults, then you should recruit members from those groups. A CAB cannot adequately represent the entire program if you don't have participation from each of those segments of the population.



Council staff assist NCAB members by providing trainings in public speaking and involving consumers in research projects across the nation.

Some of our users are military veterans, retirees, and employees with insufficient medical insurance. Some are laid off with no insurance, some are living on the streets, some live with relatives, some have no address, some are mentally challenged,

some are drug addicted and/or substance abusers, some are under-educated, some have advanced education, some are single or have no family, and some are families struggling to make ends meet.

At HCH clinics, you can identify interested parties from the various types of consumers who are willing to volunteer as participants on the Center’s CAB. Other participants may be sought from affiliate organizations, such as shelters, treatment centers, veterans programs, faith based organizations, organizations that provide services to homeless persons, migrants, displaced workers, etc.

Ask Yourself:

- What different types of people are represented in our homeless community?

- Where do these groups spend time?

- What shelters and services do these groups use?

A Consumer Advisory Board can be viable if it is composed of persons whose backgrounds represent varying disciplines.

Ideally, the CAB will select several members to serve on the HCH project’s Board of Directors who can understand the mission of the CAB and have the authority to speak on behalf of the CAB. At least one CAB representative is normally a leader, such as the CAB President.

Recruitment is one of the most important things that a CAB does. We have found that it is an ongoing process. Your CAB will lose people along the way, and you will have to

have a process for replacing them. NCAB recommends that you have a Recruitment Subcommittee. Some CABs have an application form that asks for basic information (see sample forms at the end of this manual) that can be kept on file. That way when a new member is needed, they already have a few people ready in the wings.

NCAB suggests that if you use an application form, you have it translated to Spanish, French, or whatever languages you feel are necessary.

Remember that one of the most important recruitment tools that you have available to you are the providers. Doctors and nurses are excellent people to ask for recommendations. In Boston, for example, those are the first people contacted when new members are needed for the CAB.

Shelters and HCH clinics are another good source for potential members. If you post signs in these locations, make sure that applications are available at the sites. It would be up to the CAB members to check those places for completed applications on a regular basis.

CAB Applications May Include:

- What is your name?
- What is an address where you can receive mail?
- What is a telephone number where you can receive messages?
- What services of this HCH project have you used?
- Please list the name, address, and telephone number of a person we can contact as a personal reference:
- What can you contribute as a member of the Consumer Advisory Board?

Remember to have the form translated into languages read and spoken in your area. Be sure to have your application printed in a font style and size that is legible.

Some CABs find it easy to recruit new members; others are frustrated by how often they must recruit new members. One of the things you must remember is that the homeless population is a very transient one. It is very difficult for people who are homeless to make a long-term commitment to the CAB. The formerly homeless members must remember what it was like out there! Most CABs find that they have a core group of dedicated people who attend each and every meeting. Others come and go, and that can be a good thing: It helps bring new perspectives to the CAB.

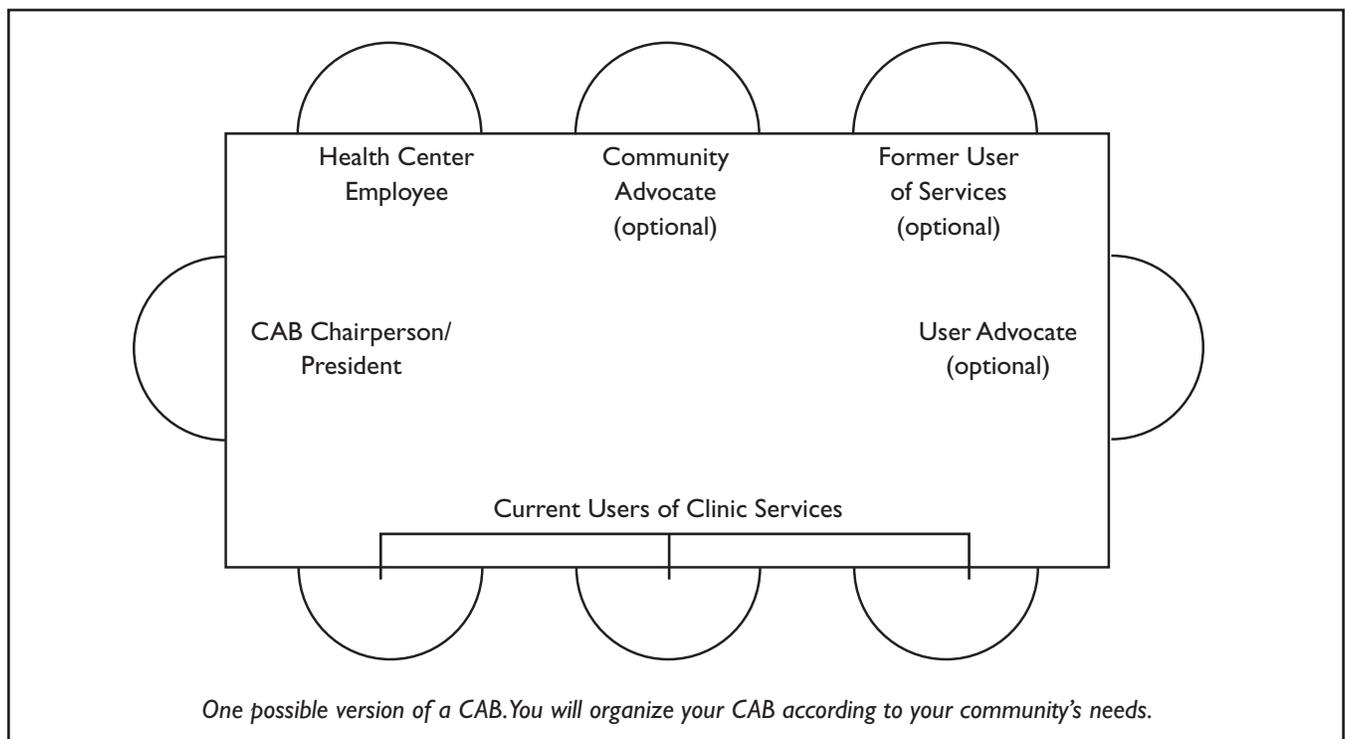
Over the years, experience has given us some potential guidelines about Membership on the CAB, Responsibilities of CAB Members, and CAB Members to Avoid. The next few pages include things we have learned. At the end of the chapter, space is included for you to brainstorm about how these guidelines might affect recruitment and membership guidelines in your own CAB.

Membership on the CAB

Board members are to be either current users or former users of HCH services within the past two years. Associate members are persons from the general community who deal with homeless persons or in partnership with your organization, such as foundations, hospitals, and soup kitchens. There should be a liaison member representing the HCH project’s administrative staff, such as the Executive Director.

All members should be persons who have the best interest of your Center as a priority. Members should not be using the Board as a stepping-stone for personal or political gain. Board members should be reliable enough to attend as many regular meetings as possible; each CAB may determine the minimum number of required meetings that is right for them.

Board members should receive no monetary compensation. Stipends to assist with transportation are an exception as established by the Governance Board. Members may be reimbursed for documented out-of-pocket expenses.



Here are some other guidelines to consider:

- A. The Consumer Advisory Board should include five to twenty-five members.
Members should include:
 1. Health Center Users: Persons who use the Health Center for primary care services.
 2. User Advocates: Persons who are in guardianship of a Health Center user. (optional)
 3. Community Advocates: People who live and/or serve in the service community. (optional)
- B. At least 75% of the CAB should consist of Health Center users or user advocates.
- C. Terms (i.e., number of years) and renewability of terms should be designated in the by-laws.
- D. The CAB membership should be staggered such that no more than 1/3 of the membership is new to the CAB at any given time.
- E. The Health Center Executive Director or Designated Employee should be an ex-officio member of the Board, attend all meetings of the full CAB, and have time on the meeting agenda for updates, comments, and questions.
- F. In order to maintain membership on the CAB, a member should be required to:
 1. Consistently attend CAB meetings (i.e., not miss more than three consecutive meetings).
 2. Maintain participation and conduct that positively contributes to the mission of the CAB.
- G. A member may be removed from the Board by consensus of the Committee.

Responsibilities of CAB Members

- Establish your CAB’s mission and purpose. Maintain a focus on whom you are representing, how to represent their best interests, and what your goals are.
- Designate/elect a chairperson/president. Select a person who is dedicated to the goal and most qualified for the position.
- To the degree possible, provide advice to maintain financial stability at your Center.
- Help monitor whether the Center maintains adequate quality care, a sanitary and pleasant environment, and effective marketing profile.
- Monitor whether the Governance Board and administrative staff are operating within legal and ethical boundaries and maintaining accountability.
- Monitor whether there is an adequate plan to implement goals.
- Be aware of prospective new Board members and evaluate the participation of current members. Remove ineffective, non-participating members.
- Help your Center maintain a positive public persona by working to market the HCH project effectively.
- Monitor how programs are working and evaluate strengths, weaknesses, and changes needed.
- Support your Health Center’s Executive Director and Governance Board.

Ask Yourself:

- Who might serve on our CAB as an advocate from the community?

- What are some advantages of having community advocates on our CAB?

- What are some disadvantages to having community advocates on our CAB?

CAB Members to Avoid

Certain personalities won't lend themselves to serving effectively on your CAB. Here are a few examples:

- The grandstanding board member who uses the board meeting as a soapbox to advance a personal agenda or gain personal recognition.
- The silent member who fails to represent anyone or anything by keeping quiet.
- The NO!! member who is against anything that other Board members support.
- The purse-watching members whose only concern is that the Board spends less money, regardless of the effect on those you serve.
- The single-minded member who came to the Board with one issue to fight for and who continues to burden the Board with that issue at every meeting.

Should anyone other than consumers be voting members of the CAB?

Many CABs have advocates from the local community as members. These are people who are well known in the homeless community, but who are not employees of your HCH project. For instance, on the CAB in Boston, Massachusetts, there were two advocates. One was a public health nurse who is well known to homeless people and the other was an Episcopal priest who has a street ministry. They were full voting members of the CAB and they played an important role. However, some CABs are made up of consumers only. Either way is fine, and your group can make the decision that is best for your situation.

Things to Think About when Organizing a CAB Meeting:

- Where should we hold the meeting?
- When would be the best time for consumers to come to the meeting?
- How can we let consumers know about the meeting?
- How can we obtain taxi vouchers for the meeting?
- Who can help us organize meals for the meeting?
- Where can we reserve shelter space for consumers attending the meeting?

Remember to ask your HCH project liaison for help with these meeting details.

What kind of support will the HCH project be able to give?



NCAB member Reginald Hamilton presents material from the Council's Shelter Health training.

This point is sometimes the most crucial one. It is very important that there be support from the HCH project.

One way the HCH project supports the CAB is by helping organize CAB meetings. In order for the CAB to be most effective, it is essential that you are able to make it as easy as possible for the members to attend meetings. You must have a place to hold the meetings; you must have someone to take minutes and to distribute them; and you must remember to send out reminders about the upcoming meeting.

We have found it beneficial to hold the meetings

at the same place, and on the same day and at the same time each month. Some programs send taxi vouchers to each member the week before the meeting. It would be nice to serve a meal (if possible) at the meetings.

It is also important that the meeting be held at a time that is accessible to homeless people. In some cities, the CAB has an agreement with local shelters so that a bed would be held for a homeless member. If the meeting is held in the late afternoon, this might allow your members to attend without losing a place to sleep that night. We have found that if the Executive Director of your program calls the local shelters, most shelters are happy to accommodate you.

Some programs provide transportation after the meeting. It all depends on what your program can afford to offer. There may be other issues that we haven't discussed, but be sure to bring them to your local HCH; usually things can be worked out.

In one HCH project, the chair of the local CAB meets with the Executive Director's administrative assistant once a month to set the agenda for the following meeting. The week before the meeting, a packet of information is sent to each CAB member. Included in the packet are the agenda minutes from the last meeting, taxi voucher (if appropriate), and the organization's newsletter. The packet helps remind people of the meeting and allows them to prepare questions they may have.

A second way some Health Care for the Homeless projects support CABs is by assigning one or two senior staff members to attend CAB meetings. These people act as the liaisons between the project and the CAB. This is important. It allows for direct communication between the groups. The staffers are not voting members of the CAB. Instead, they take recommendations from the CAB back to the project. They also bring agenda items from the project for the CAB to discuss.

The beginning of this chapter listed four important questions to consider when thinking about recruitment, membership, and the development of guidelines for your CAB. After you have answered the first three questions at the beginning of this chapter, your group will be ready to develop guidelines for your CAB. The development of guidelines (by-laws) is crucial. We have found that guidelines should be short and to the point. You should also



Joe and Cynthia Benson listen to a presentation on respite services.



Antoinetta Stadlman participates in a National HCH Conference workshop session.

remember that they are not written in cement. They can be amended, and probably should be looked at on an annual basis. The box below contains some questions to help you brainstorm about guidelines for your particular CAB.

Your guidelines should contain things like: number of members on the CAB; whether or not there should be advocates; how many officers; and length of terms for both officers and general members. Some CABs have permanent members, and others have term limits. Also, there should definitely be a section on the responsibilities of CAB members, including how the CAB members are expected to conduct themselves. For example, there should be a section that includes procedures for removing a CAB member. In Boston, it is spelled out that what a CAB member does outside of the meeting is not the business of the CAB. However, each member must come to the meetings clean and sober. The member must listen carefully, not interrupt, and follow the consensus procedures at the end of this manual or other decision-making process that the CAB has decided to use. Responsibilities of CAB members is just one part of your CAB guidelines (by-laws) and is covered more fully in the next chapter.

Ask Yourself:

- Should our CAB include community advocates? Why or why not?

- How many officers should our CAB have? What kind of officers should they be?

- How long should CAB members remain members?

- How long should CAB officers stay in office?

- What should be some responsibilities of CAB members?

- When and how should a CAB member be removed?

- What are other issues our CAB guidelines should address?

CHAPTER THREE HOW DOES A CONSUMER ADVISORY BOARD WORK?

This chapter includes some practical information about how CABs work and contains sections on the following topics:

- The Importance of Service
- Working as a Team
- CAB Duties and Expectations
- CAB Dos and Don'ts
- CAB Members' Code of Ethics
- Managing Conflict on the CAB Team
- Questions and Challenges

The Importance of Service

As a volunteer to the CAB your purest motive is service:

- You advocate with the Health Center Administration and Board of Directors on behalf of the consumers.
- You communicate with the community and with the patients.
- You carry out public relations activities.

You are to use the skills and talents you already have to assist the CAB with its appreciation of what the Governance Board and staff should be doing to comply with government regulations, and to improve service delivery or community relations. Apply your general experience and any prior training, but do not be a busy body or know it all.

Working as a Team

Your CAB members must work together as a team and make decisions as a group. It is vital to the effectiveness of the CAB that individual board members act as a team to make the decision process easier.

No matter what your original motivation for volunteering or seeking to be elected to the CAB, once elected or accepted as a volunteer your loyalty must be to the team effort that serves the best interests of the consumers you represent.

Here are some ways to build this team spirit:

1. Listen to other members when they express opinions or ideas.
2. Be clear when expressing your opinion on issues or presenting new ideas.
3. Make friends with your CAB members and get to know their personal interests outside of HCH business.
4. Be willing to inform members openly when you agree with them as well as when you disagree.



The strength of Consumer Advisory Boards is in its individual members.



CAB members work with Health Center staff in Kentucky to raise funds for consumer activities.

5. Learn to distinguish or to separate your position from issue to issue. Because you disagreed with a prior issue or agenda item, do not permit it to interfere with your ability to be agreeable on the next or later issues on the agenda. For example, do not vote against or for an idea simply because you and the person proposing the idea were either supporters or opponents for a prior issue.
6. Respect the opinions of other Board members, especially when you disagree.
7. Do not form voting blocks with other CAB members.
8. Understand there may be times when there is no consensus and a split vote or even no decision results.
9. Leave your disagreements at the meeting.

Over time, experience has taught us that there are some core characteristics and behaviors important to expect from every CAB member. We include them here to share with you what we have learned.

CAB Duties and Expectations

1. CAB members as individuals have no special privileges or authority.
2. CAB members are expected to maintain a high standard of personal conduct.
3. CAB members should exercise good judgment when monitoring or proposing improvement to health care or facilities.
4. CAB members owe allegiance to the HCH Project and can never use information obtained for personal gain.
5. CAB members should be faithful to the organization's mission. They should honestly voice their opinions about how the Administration and Board of Directors are accomplishing the Health Center's mission and ensure the CAB's positions on Board of Directors issues are recorded in the minutes.

Also over time, we have found the following list of "Dos" and "Don'ts" helpful for CAB effectiveness:

CAB Dos and Don'ts

1. Do know the HCH's mission, purpose, goals, programs, and service
2. Do get to know the project's strengths and weaknesses.
3. Do pitch in enthusiastically and willingly.
4. Do make sure you have all the information before expressing an opinion or judgment.
5. Do get acquainted with other board members and the Health Center's Chief Executive Officer (CEO) and staff.
6. Do come to meetings prepared to participate.
7. Do ask questions.
8. Do support the majority even if you disagree.
9. Do support the CEO and staff, and understand that they are operating with limited resources.
10. Do avoid any possible conflict of interest.
11. Do maintain a sense of fairness, ethics, and personal integrity.
12. Don't lose your sense of humor.
13. Don't speak for the Board, unless authorized to do so.
14. Don't ask the CEO or staff for special favors.



2008 Ellen Dailey Award Winner Gary Cobb describes his project to HCH consumers, administrators, and clinicians.

Finally, we have found that creating a CAB Members' Code of Ethics helps us be specific about what behaviors are helpful for the CAB and what behaviors are hurtful to a CAB. Here is a sample list for you to consider adopting or adapting for your own CAB:

CAB Members' Code of Ethics

- I will represent the interests of all people served by this organization.
- I will not use the organization or my service on this Board for my own personal advantage or for the individual advantage of my friends or supporters.
- I will keep confidential information confidential.
- I will approach all Board issues with an open mind, prepared to make the best decision for the whole organization.
- I will not do anything to violate the trust of those who elected me to the Board or those we serve.
- I will focus my efforts on the mission of the organization and not on my personal goals.
- I will not exercise authority as a Board member except when acting in a meeting with the full Board or as I am delegated by the Board.

Managing Conflict on the CAB Team

Conflict that amounts to healthy debate on the pros and cons of issues brought before the Board is good. Conflict that results in alienation of one or more Board members is not healthy and needs to be avoided.

Conflict on the team might occur for a variety of reasons. Some ideas to help deal with conflict are: accept that members of the Board team will disagree; save conflict in the context in which it begins; let the team deal with its own conflicts; and don't take the issue out of the Board meeting.



NCAB members Carol Hall and Amy Grassetto present material from the Council's training, "Integrating Service and Advocacy."

Future teamwork is more important than any single issue. Conflict on any issue must be settled so the Board can move on to many important future issues. Compromise is not defeat. It should be accepted as one of the most significant elements in making your team function properly.

CHAPTER FOUR ADVOCACY: TIPS FOR MAKING YOUR VOICE HEARD

Advocacy is the active support of a particular issue or idea. Advocacy gives people a voice. Individuals, organizations, businesses, and governments can engage in advocacy. Advocacy at its most basic level requires grassroots organizing and mobilizing support for a specific cause. Organizing a CAB for your clinic gives people experiencing homelessness in your community a voice—it is advocacy!

The CAB's role is to advocate for, protect, and advance the civil and human rights of people experiencing homelessness. Advocates can be instrumental in influencing public policy. The CAB must advocate in at least two places: 1) nationally through involvement with the National HCH Council and other HCH projects, and 2) locally in your own center and community.

1. Broadly Throughout the Community: Consumer Participation Outreach

To gain insight into the concerns and needs of HCH clients, NCAB uses a method called "Consumer Participation Outreach" to engage people experiencing homelessness in dialogue about issues important to them.

Using a survey tool created by NCAB, local Consumer Advisory Boards distribute questionnaires to individuals who have endured homelessness in their communities. NCAB uses the gathered information to develop its own advocacy agenda and advises the National HCH Council about the needs and opinions of homeless consumers.

In 2007, CABs helped get survey results from 788 consumers in 19 different cities. The results were compiled and shared with the federal government. Previous Consumer Participation Outreach results can be viewed at www.nhchc.org/advisory.html.

2. Locally Taking Action: Tips for Making your Voice Heard

In Your Health Center Program

- Provide quality consumer representation on Board of Directors by giving input and feedback regarding your clinic's operations, development, and activities and how these objectives impact consumers.
- Conduct patient/consumer needs assessment surveys within your clinic. Client surveys provide administrators with an understanding of client's needs. An example of such a survey is in the "Tools and Resources" section at the bottom of page 27.
- Assist your clinic with public relations. Consumers can provide excellent representation because they offer a unique perspective on the experience of being homeless.
- Encourage consumers to engage in public and civic activities such as voting, attending town hall meetings, take health classes, election campaigns, etc.
- Distribute the HCH Mobilizer action alert from the National HCH Council. View HCH Mobilizers at <http://www.nhchc.org/mobilizer.html>.



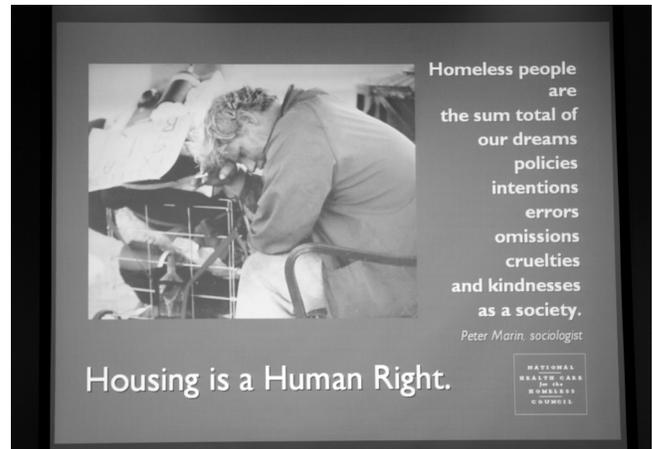
HCH consumers Two Bears and her uncle join HCH staff members to hold a Single Payer Health Care rally in Washington, D.C.

In Your Community

- Promote the advocacy agenda established by your Board of Directors within your local community, state, and Congressional District.
- Work with other homeless service providers to promote a holistic approach to serving the community.
- Contact your local government officials and State and Congressional representatives to tell them about the HCH services. Several methods of contacting your officials include scheduling a meeting, calling, writing a letter or e-mailing.
- Invite government officials to visit your clinic. This is an excellent way to advance the HCH mission and facilitate a better understanding of the role and purpose of your clinic within the community. Be sure to thank your government officials for their time.
- Maintain regular communication with your government officials. Keep them updated on your clinic’s work and advocacy agenda. Send thank you letters when they lend their support. Offer your assistance to them.
- Attend town hall meetings to represent your clinic within your community and to stay informed about the politics within your community.
- Inform the media about any events your clinic is hosting and or is involved in organizing. Send press releases to the local radio stations, newspapers, and television news shows. Any information disclosed to the public must be approved by a liaison or Executive Director.



Joining HCH membership organizations helps us work together for healthy change.



A slide from a presentation on the importance of advocacy in HCH.

Advocacy and your CAB: What are some possibilities?

- What kinds of information would we like to gather from HCH consumers about clinic services?
How would we gather that information? How would we share that information? With whom?
- Who are our local, state, and congressional officials? What issues to they need to hear our opinion about?
How do we contact them?
- What would we gain by inviting a government official to visit our clinic? How would we organize such a visit?
- What regular community meetings meet to discuss issues important to this HCH project?
How can the CAB be involved in those meetings?
- What local events bring awareness to issues important to HCH consumers?
How can the CAB be involved in those events?

CHAPTER FIVE HOW DO CAB MEETINGS WORK?

This chapter includes some practical information about how CAB meetings work, and contains sections on the following topics:

- General Guidelines for CAB Meetings
- Making Motions and Voting
- Meeting Minutes
- Sample Agenda of a CAB Meeting

General Guidelines for CAB Meetings

- Hold a CAB meeting at least once per quarter.
- Start and end the meeting on time.
- Establish the purpose and desired outcome of the meeting. To do this, assign someone to create and distribute an agenda for each meeting. Because each agenda item may require a different type of action, it is helpful if the items are labeled to indicate what action is expected.
- Assign someone to record the minutes of each meeting. That person should also share those minutes with the HCH project liaison within two days.
- Realize that how well the meetings are conducted is a direct reflection of how well the CAB operates. The CAB chairperson should run the meeting by following the agenda and ensuring the CAB is making consensus decisions.
- Keep all CAB members informed, even if they must miss the meeting, by making the meeting's minutes available. Members who are able should attend meetings and be prepared.
- Encourage participation by all members. The meeting rules should clearly set the tone for businesslike and courteous meetings that allow for participation by all members without letting a discussion get out of control.
- Respect each other by having one person speak at a time, not allowing interruptions, making sure everyone has a chance to speak before a decision is made, and asking someone to summarize the discussions.
- Come to a consensus decision and support all decisions after the meeting ends.
- Adapt these guidelines according to your CAB's needs.



CABs give members like Sarah Davidson, former NCAB chair, the opportunity to share leadership skills with others.

Decision Making

A specific issue is brought before the CAB when a member makes a “motion,” which is a formal request or proposal for the CAB to take action. The member making the motion simply addresses the Chairperson or presiding officer at the meeting and states, “I move that...” and then states the action the member wants the CAB to take.

For example, “I move that we establish an ad hoc committee to study our Center’s compliance with the current guidelines regarding Americans with Disabilities Act regulations.”

Most motions require that another member agree with the motion by stating that he or she will “second” the motion. Once the motion is seconded, the presiding officer restates it. The Board may discuss the motion, although some motions do not require discussion. Although enough time should be allotted to discuss the motion fully, the presiding officer and other Board members should try to keep the discussion focused and move it toward a decision, in other words a vote.

The basic process is:

1. Move (the motion)
2. Second the motion (the support-needed to consider the motion)
3. Restate (the presiding officer)
4. Discuss, clarify, debate
5. Vote (yes, no, abstain/prefer not to vote)

Once the motion has been discussed, the chairperson or another Board member will “call the question,” that is, ask that the members vote on the motion. Members may be asked to vote by saying “aye” or “nay” (a voice vote), or they may vote by a show of hands. The minutes then indicate that the motion passed, whether the motion passed unanimously, or that the motion failed to pass. Members can also vote individually using either the “roll call” method of calling each individual’s name and recording each vote in the minutes, or the “ballot” method of using a confidential ballot.

When the vote has been recorded, the chairperson will announce that the motion either passed or failed and will then move on to the next item on the agenda. If passed, the vote then becomes policy, which involves implementation by the CAB and communication to the Governance Board and Executive Director, or it may require some sort of follow-up action, either by the designated committee or the full Board.

Formal rules exist for the consensus decision-making process and can be found in Appendix A of this manual, but less formal use of the basic motions can help expedite meeting business.

Some basic motions are:

- Accept or adopt reports of committees
- Amend a motion
- Avoid considering an improper matter
- Choose methods of voting
- Confirm a vote
- Fix an adjournment time
- Limit, extend, or end debate
- Postpone indefinitely
- Postpone to set a time to interrupt
- Question quorum
(enough members present)
- Raise objections
- Reconsider or repeal a vote
- Reconsider a defeated vote
- Request speaker’s consent
- Question facts presented
- Suspend rules temporarily
- Take it from the table
- Table (“kill”) a motion
- Vote
- Withdraw a motion or second



CAB members in Kentucky have a reliable way of communicating with each other during meetings.

Meeting Minutes

The minutes from each monthly meeting should be given to the Health Center liaison within two days. (This person is not present to lead the CAB. The employee is to be present to facilitate communication as a link between the Administration and the CAB.) The minutes should be in a format that adequately communicates the CAB's analysis of patient and community observations and concerns about how the Administration and Governance Board is maintaining the mission of the Center and being a responsible corporate citizen.

Sample Agenda of a CAB Meeting

Time	Presenter	Issue	Action Required
8:00-8:15 A.M.	Refreshments/Get to know everyone	Good and welfare	Call meeting to order
8:15 A.M.	Chairperson - Welcome	Adopt agenda	Attendance sheet
8:20 A.M.	Secretary	Minutes last meeting	Board acceptance
8:25 A.M.	Guests/New Members	Possible addition	Board acceptance
8:30 A.M.	Governance Board Member	Policy update	Information
8:40 A.M.	Chairperson	Report on old business	Response to Board or executive action
8:50 A.M.	Liaison	Update from staff	Information
9:00 A.M.	Committee reports	Consumer Participation Outreach Homeless Persons Memorial Day HCH Day during National Health Center Week	Job assignments
9:15 A.M.	Member	Concerns/Observations	Send to committee or Governance Board
9:20 A.M.	Vice President	HCH Conference Attendance	Select delegate
9:25 A.M.	Secretary	Center or community activities	Future activities
9:30 A.M.	Chairperson	Close meeting/ Schedule next meeting	Adjourn

Communication between members outside of meetings is just as important as during the meetings!

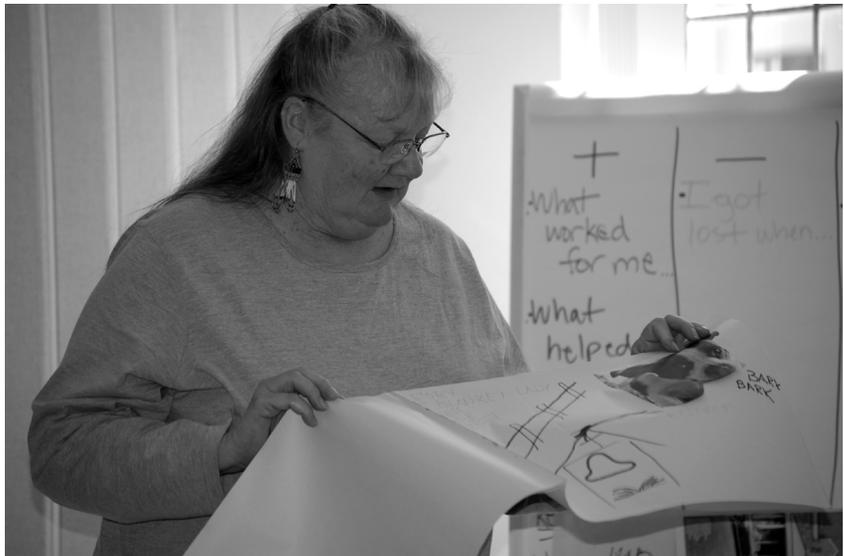
CHAPTER SIX DEVELOPING A STRONG RELATIONSHIP WITH GOVERNANCE BOARDS AND SENIOR MANAGEMENT

Another important part of being a CAB member is to develop some kind of direct relationship with the governance board of your HCH project. In some cases, the chair and vice-chair of the CAB are nominated to the governance board after they have been CAB members for a specific period of time. In other cases, it doesn't have to be an officer of the CAB, but should be a consumer member (not an advocate). The late Ellen Dailey was a member of her local CAB for about ten years, and was a member of the Board of Directors for about four years. This was a permanent seat; it did not change even though she was no longer the chair of her local CAB. It was her responsibility as a consumer to make a report at each monthly board meeting about the activities of the CAB.

NCAB believes that it is most important to develop that relationship between the CAB and the Board of Directors of the HCH project. Having one or more consumer members on the board will assist the CAB in at least two ways:

- Provide direct access to the governance board, and
- Let the program at large understand that having a CAB is an important part of the program.

Another important factor in having consumer members on the governance board is that it allows the board to have a greater understanding of what consumers are thinking. We believe that a Consumer Advisory Board can be very helpful to the program by providing new insights. For example, a local CAB made a recommendation that an HCH project should change the name of the clinic that it runs. It was originally called "The Homeless Clinic." The CAB pointed out that there was a group of people who were not utilizing the clinic because they didn't like being labeled homeless. Once the name of the clinic was changed, the number of people utilizing the clinic grew. This was a small thing, but it made a big difference to consumers.



NCAB member Marianne Mallot helps others explore ways to think about 'home.'

In some HCH projects, Executive Directors come to the CAB on an annual basis with a proposed advocacy agenda for the next year, asking the CAB to prioritize the items (as well as make a list of things that should be added). CABs should feel free to make recommendations to senior staff on anything they feel is needed. However, the CAB must understand that its recommendations may not be acted on.

It is important for the CAB to have a mechanism to use if the CAB feels there is an issue that needs discussion, but the HCH project management does not. This is where having a member on the governance board comes in; the CAB could then bring the issue up at a board meeting. NCAB also feels that this is something that should be reserved for important issues. For instance, one local CAB has never had to use this mechanism. If a recommendation is made to senior management and is not acted on, the staff liaison comes back to the CAB with

an explanation why the recommendation was not acted on.

We have found it helpful to invite different people from within the HCH project to make a presentation to the CAB on what they do. It is an easy way for the CAB to become acquainted with the different parts of the project, and it also allows the staff to become acquainted with the CAB. Once this is instituted as a regular agenda item, different departments within the HCH often request to speak before the CAB, especially if they have suggestions for a major change within their department.

Once the CAB has been in existence for a while, we think you will find that both staff and board will utilize the option to ask that the CAB to look at specific issues on a regular basis. This doesn't happen overnight; it takes a while, but it will happen. We can't stress enough that it is imperative that the CAB understand that it is an ADVISORY GROUP, and that your members don't make recommendations or suggestions on staff issues or day-to-day operations. That is for the HCH Executive Director and senior management to do. The CAB serves to make recommendations and suggestions on issues that affect the consumers they represent.

Tips for Communicating with HCH Project Staff

- Inform Health Center liaison of priority of issue.
- Write letter to Executive Director/center management.
- Request audience with Board of Directors.
- Have informed CAB representative on Board of Directors.
- Request department heads attend CAB meetings to discuss concerns and policy.
- Invite the Executive Director to the CAB meeting.
- Invite chairman of the Board of Directors to CAB meeting.

Tips for Meeting with HCH Project Staff

1. Arrange the visit by sending a letter or arranging through liaison.
2. Be prompt, but be patient.
3. Introduce yourself and any person in your group.
4. If you are going in a group, designate in advance who will lead the discussion and what points you wish to make.
5. Keep It Short & Simple (KISS): State why you have come and clearly outline the case for your position on the issue that prompted the meeting.
6. Give examples of how the issues affect the clients/patients/staff of your center.
7. Stay focused on the two or three key messages you want to leave.
8. Answer any questions asked of you, but if you do not know the answer, do not bluff. Promise to get back with the answer promptly.
9. If you have written out your issues, leave a one-page position paper.
10. Do not be disappointed if you end up meeting with staff other than the Executive Director. The Executive Director depends on advice from staff because it is impossible for him or her to be the only driving force on all issues.



CAB members work hard to help maintain the quality of HCH care.

**CHAPTER SEVEN
 MAKING SURE THE CONSUMER ADVISORY BOARD
 REPRESENTS OUR CONSTITUENTS WELL**

Focus groups are one way to make sure your CAB is representing its consumers. One local CAB found that it was able to amass a great deal of information by holding focus groups within the individual parts of the project. They held a meeting with about 15 to 20 people from each part of the HCH project. For example, included were people staying in family shelters; single adult shelter patients currently inpatients at respite; and the street folks who don't use shelters at all. Each of the groups were asked the same questions, although there were some questions that were unique to each group. For example, the street folks were asked if they were bothered by the number of times our Street Team woke them up during the night to see if they needed assistance. (The Street Team was delighted to hear that they welcomed the visits.) Each group was asked if there were services that they were not receiving that they felt the HCH should provide. They were also asked if they felt that they were receiving unnecessary services. The CAB was able to gather a lot of information that was helpful to both the program as a whole, as well as the CAB. We also believe that the consumers felt the CAB valued their opinions.

Another local CAB used a survey distributed to shelters and to patients who came into the HCH clinics. That system did not have as many responses as expected. You may find, however, that it could work for your group. Let NCAB know if you have tried other methods and what your expectations and final responses were.

You will find a "Sample CAB Survey of Health Center Users" on page 27. Use the box below to help brainstorm ideas for developing a user survey for your specific HCH project.

Ask Yourself:

- What services are currently available to consumers in our area? What services or programs do we want to ask consumers about?

- What methods should we use to talk to consumers? Should we visit in person? Create written surveys? Invite people to a meal and discussion?

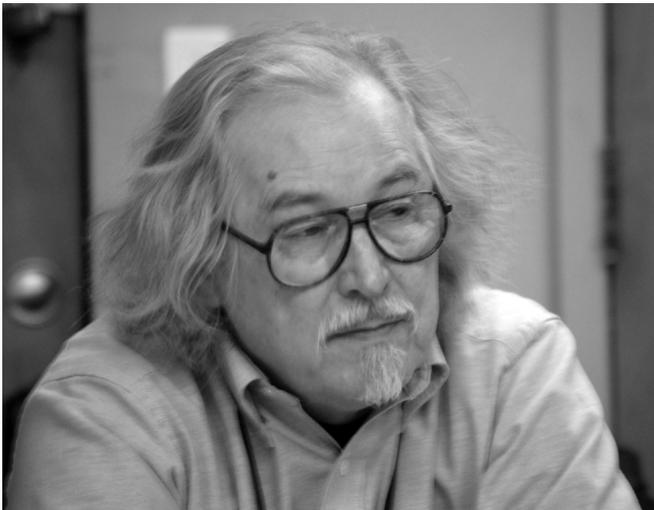
- When should we try to get information from consumers? What are some times to avoid?

- What will we do with the information we collect?

FINAL THOUGHTS

NCAB hopes you will find this manual helpful. Contact us with your ideas and responses. Let us know if you think it has been helpful to you. Are there things we should have covered and have not, or things that should be expanded? Please let us know.

We find it useful to remember that being a member of a CAB, while rewarding, is hard work. You might find it beneficial to go back over the minutes of your meetings and make a list of items that your CAB has addressed and what changes were made because of the CAB's involvement. If you do this on a yearly basis, you will be surprised at the number of changes your CAB has achieved. Remember to congratulate yourselves occasionally. You deserve it!



CAB meetings and projects allow members to share and develop a variety of skills.

CONTACT INFORMATION

Please visit the NCAB website at www.nhchc.org/advisory.html to learn more about the following:

- NCAB's mission
- Ellen Dailey Consumer Advocate Award
- Consumer Travel Scholarships
- Consumer Participation Outreach
- NCAB Executive Committee Members
- Resources about Consumer Involvement in HCH Projects
- Information on how to join NCAB

Send email NCAB at ncab@nhchc.org, and send other correspondence to:
 NCAB via the National Health Care for the Homeless Council
 P.O. Box 60427 • Nashville, TN, 37206

USEFUL WEBSITES

National Health Care for the Homeless Council	www.nhchc.org
Bureau of Primary Health Care	www.bphc.hrsa.gov
HCH Information Resource Center	www.bphc.hrsa.gov/hchirc
National Coalition for the Homeless	www.nationalhomeless.org
National Alliance to End Homelessness	www.naeh.org
National Coalition for Homeless Veterans	www.nchv.org

SAMPLE CAB SURVEY OF HEALTH CENTER USERS

1. Are there services that you are not receiving that you feel should be provided?
2. Do you find the staff to be courteous and professional? Example.
3. What services are most important to you?
4. How would you rate the services provided? Excellent Good Fair Poor
5. Are the doctors answering your questions?
6. Are you able to talk to the clinic staff by telephone? Do you receive calls back from your messages?
7. Is the clinic meeting your expectations? How?
8. Have you had difficulty getting your prescriptions filled?
9. Are the mental health services helpful?
10. Are referrals being scheduled in a timely manner?
11. Are the clinic hours of service reasonable?
12. Do you feel safe going to the clinic?
13. Are you able to schedule an appointment in a timely manner?
14. If you could change anything about the clinic or services provided, what would you change?
15. What do you like most about the clinic?
16. If we were to expand our services outside of the clinic, where would you go?

SAMPLE

CONSUMER ADVISORY BOARD APPLICATION FORM

NAME: _____

ADDRESS WHERE YOU CAN RECEIVE MAIL: _____

TELEPHONE NUMBER WHERE YOU CAN RECEIVE MESSAGES: _____

WHAT SERVICES OF THIS HCH PROJECT HAVE YOU USED?

NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE
WE CAN CONTACT FOR A PERSONAL REFERENCE:

WHAT CAN YOU CONTRIBUTE AS A MEMBER OF THE CONSUMER ADVISORY BOARD?

SAMPLE

CONSUMER PARTICIPATION OUTREACH #3

The National Consumer Advisory Board (NCAB) is a group of consumers of Health Care for the Homeless projects around the country who are providing consumer perspective to key decision-makers on a local and national level. We are part of the National Health Care for the Homeless Council, a membership organization that advocates for homeless people and trains health care providers.

We try to represent the views of many people who are homeless by gathering information through this outreach process. In the past, we have asked about how well people are served by Health Care for the Homeless projects, and have asked for opinions about health care reforms, which have figured in to a report to the Congress. Your input through this outreach process will help NCAB and the National Council shape our work in the coming year.

Thank you for thinking about these issues and for sharing your opinions with us. Feel free to use the back of this sheet for more room to provide complete answers, if you wish.

1. The Federal government is spending an increasing share of its “homeless” money on housing for people who are chronically homeless, defined as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years”.
 - a. Do you fit this definition? Yes No
 - b. Do you feel like this is the most important group of homeless people to focus government resources on? Yes No
 - c. If no, who in the homeless population would be better served by government resources and why?

2. Imagine you woke up tomorrow and you found out that you were going to get permanent housing that you would not need to pay for. What else would you need to successfully stay in that house?

3. What issues are most important for the National Health Care for the Homeless Council to focus on in their policy work?

Please return to NCAB, PO Box 60427, Nashville TN 37206.

SAMPLE

CONSUMER PARTICIPATION OUTREACH #4

This is the fourth in a series of efforts by the National Health Care for the Homeless Council to learn from the experiences of people without homes. We believe that health care is a human right and we work to assure that everyone has access to high quality health care. We know from earlier Consumer Participation Outreach that most homeless people also believe in the right to health care, that health problems often cause homelessness, and that HCH clinics are an important source of care for homeless people.

We have asked local HCH projects and their Consumer Advisory Boards to discuss with homeless people – HCH clients and others – your experiences with health care, and to record your experiences and ideas to help us as we advocate for a better system.

I. ACCESS TO HEALTH CARE

- Have you ever been REFUSED health care that you sought, including treatment for physical health, mental health, dental, or alcohol or drug problems?
- Why were you refused?
- Who refused treatment (hospital, emergency room, community health center, HCH project, private doctor)?
- About how many times has this happened to you?

II. HEALTH AND HOMELESSNESS

- Has being homeless ever caused you to get sick or be injured?
- Has homelessness ever made your health problems worse?

III. HOSPITALS AND HOMELESSNESS

- Have you ever lost your home while you were in a hospital or a treatment facility?
- Have you ever been discharged from a hospital or treatment facility directly to the streets or shelters?
- Have you ever been discharged before you were well and able to be on your own?

IV. SOLUTIONS

- What is the most important thing that could be done to improve homeless people's health?
- What is the most important thing that could be done to end homelessness?

HOW TO JOIN THE NATIONAL CONSUMER ADVISORY BOARD (NCAB)

NCAB is an organization of homeless and formerly homeless people who have been served by Health Care for the Homeless. If you wish to join NCAB, please provide the information below. You will receive the NCAB Newsletter and notices of our meetings, and you will become an Individual Member of the National Health Care for the Homeless Council. You can learn more about us or join online at www.nhchc.org. This information is NOT required for you to be part of the Consumer Participation Outreach.

Name: _____ Date _____

Address where I can receive mail: _____

Address where I can receive e-mail: _____

Number where I can be reached by telephone: (____) _____

Please Return to NCAB, PO Box 60427, Nashville TN 37206-0427

APPENDIX A. The Consensus Decision-Making Process.

(a) Definition of Consensus. Consensus is a process to reach decisions that best reflects the thinking of a body. Consensus places emphasis on thinking with regards to what is best for the organization. Consensus aims to find a proposal acceptable enough that all members can support it and no member opposes it. Consensus is respectful of the views of the individual member while fostering unity of purpose within the corporation. Consensus requires time; active participation of all members; communication skills such as listening, conflict resolution, and discussion facilitation; and creative thinking and open-mindedness. Consensus is not a unanimous vote. A consensus decision might not represent every member's first priority. Consensus is not a majority vote. In a majority vote, only the majority gets something they are happy with; members in the minority may get something they do not like at all. Consensus does not necessarily mean that all members are totally satisfied.

(b) When the Consensus Process Will be Used for Decision-Making. The consensus process will be used for all decisions that will have an impact on the direction of the corporation or conduct of a meeting of the corporation. The formal consensus procedure described below shall be followed for major decisions, as determined by the chairperson of the meeting at which the decision is considered. For decisions of lesser import, a more informal approach may be employed. Under exceptional circumstances, the chairperson may determine it is prudent to forego the consensus process in favor of a majority vote (requiring a two-thirds majority to pass). This may be necessary, for example, when an imminent time deadline must be met and/or the consensus process is not appropriate for a particular decision.

(c) General Guidelines for Participants in the Consensus Process. Listening is the most important element of the consensus process. Listen patiently to all other points of view. Avoid preconceived expectations of what other participants will say or what they mean. Speak briefly and clearly. Keep remarks to the subject at hand. Speak to the body as a whole rather than to individual participants. Attempt to speak only once. Take responsibility for making your opinions known. This may mean stating agreement with what someone else has said, modifying slightly what has been said, or introducing a new perspective. No one should be expected to water down a strong conviction or be silent for the sake of easy agreement. Do not take offense if others disagree with you. Each member brings diversity in temperament, background, education and experience and thus has unique contributions to make to any discussion. Keep the goals and the good of the corporation in mind. This mind-set tends to bring members together and produce creative ideas that are more than least-common-denominator compromises, and frequently leads to innovative solutions that no one had anticipated.

(d) Consensus Decision Steps. A proposal is presented to the body for consensus decision after adequate introduction of a topic or issue. Following the presentation of a proposal, there is discussion and clarification. The chairperson checks consensus with participants; participants are asked to choose one of the following positions:

- (i) Affirm. Affirm indicates active support for the proposal and the belief that it represents the best interests of the corporation.
- (ii) Do not affirm. Do not affirm indicates belief that the proposal is not in the best interests of the corporation, and perhaps may even be harmful. Taking this position, even if held by only one member of the body that is meeting, effectively blocks passage of the proposal.
- (iii) Stand aside. Stand aside indicates a desire for the will of the body to prevail despite personal reasons to abstain from making a proactive decision. Typical reasons for standing aside may include having a conflict of interest or minor reservations about a proposal not significant enough to block consensus. It is helpful for the body to know a members reason(s) for taking the stand aside position. If a large number of members stand aside, it is advisable for the body to explore their reasons before moving ahead.

(e) Procedures when consensus is not reached. If consensus is not reached due to one or more members not affirming a proposal, the following steps may be taken at the chairperson's discretion:

- (i) Further group discussion with the floor given initially to those not affirming the proposal;
- (ii) Second consensus check;
- (iii) Referral of the proposal to a committee for further consideration and possible presentation of alternate proposal at some later date; or
- (iv) Decision by majority vote requiring a two-thirds (2/3rds) majority to pass.
- (v) Tabling of the proposal in the event that the proposal is not affirmed.

**BUREAU OF PRIMARY HEALTH CARE POLICY INFORMATION NOTICE: # 98 - 12
DATE: APRIL 28, 1998**

IMPLEMENTATION OF THE SECTION 330 GOVERNANCE REQUIREMENTS

U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Primary Health Care

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IMPLEMENTATION OF THE SECTION 330 GOVERNANCE REQUIREMENTS

I. Background

Passage of the Health Centers Consolidation Act of 1996 (P.L. 104-299) resulted in a number of revisions to section 330 of the Public Health Service (PHS) Act. The new section 330(j)(3)(H) of the PHS Act requires that all organizations which receive health center funding under section 330 have a governing body which assumes full authority and oversight responsibility for the health center. The governing board must maintain an acceptable size, composition, and meeting schedule. Furthermore, the responsibilities of the board include the authority to control the health center’s budget and major resource decisions, set center policies, and approve the selection and dismissal of the health center program director or chief executive officer.

Community and migrant health centers were subject to governing board requirements under previous legislation. This statute includes, for the first time, governing body requirements for section 330(h) health care for the homeless and section 330(i) health services for residents of public housing grantees.

II. Section 330 Governance Requirements

Section 330(j)(3)(H) stipulates that, in order to receive a health center grant, the applicant must demonstrate that “... the center has established a governing body which...

(i) is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center;

(ii) meets at least once a month, selects the services to be provided by the center, schedules the hours during which services will be provided, approves the center's annual budget, approves the selection of a director for the center, and, except in the case of a public center (as defined in the second sentence of this paragraph), establishes general policy for the center; and

(iii) in the case of the application for a second or subsequent grant for a public center, has approved the application or, if the governing body has not approved the application, the failure of the governing body to approve the application was unreasonable.”

These requirements of the governing body do not apply to an entity operated by an Indian tribe or tribal organization.

Most health centers are private, non-profit corporations. Public entities operating health center programs may meet the governance requirement in either of two ways. The public entity's board may meet health center board composition requirements including having a consumer majority. In this case, no special considerations are needed.

When the public entity's board does not meet health center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.

The statute allows for a waiver by the Secretary for any of the requirements stipulated in section 330(j)(3)(H) of the PHS Act for health centers receiving funds pursuant to subsections 330(g), (h), (i), or (p). Specifically, the statute stipulates:

“upon showing of good cause the Secretary shall waive, for the length of the project period, all or part of the requirements of this subparagraph in the case of a health center that receives a grant pursuant to subsections (g), (h), (i), or (p).”

Thus, the waiver authority applies to grants under the Migrant Health, Health Care for the Homeless, and Health Services for Residents of Public Housing programs, as well as for programs funded under subsection 330(p) in sparsely populated rural areas.

Regulations regarding governing board requirements are set forth in 42CFR§51c.304. These regulations have been and are applicable to Community and Migrant Health Center programs, but not to Health Care for the Homeless and Health Services for Residents in Public Housing programs. However, the regulations serve as a useful framework for all health center programs.

Statutory and regulatory requirements are described in further detail in the BPHC Health Center Program Expectations for the cluster.

Governance requirements for all health center programs will continue to be evaluated and monitored through the Primary Care Effectiveness Review process, the annual review of continuation applications, and other review mechanisms.

III. Implementation

A. Section 330(e) Community Health Centers

The Health Centers Consolidation Act of 1996 includes no legislative changes to governance requirements for section 330(e) as community health centers. For those community health center grantees which also receive funding designated to serve a special population (i.e., section 330(g), (h), or (i)) representation among the consumer members of the governing body should be reasonably proportional to the percentage of consumers the special population group represents.

Community health center governing boards without special population representation should add such consumers or representatives with the next available vacancy(ies). The intent is not to impose quotas on board membership, but to ensure that boards are sensitive to the needs of all of their consumers.

In addition, implementation of one or more of the following options can assist the health center in its assessment of the health service needs of special populations:

- inclusion on the governing body of persons who previously have been health center consumers, but no longer receive services;
- use of a formal advisory board;
- regularly-constituted focus groups comprised of health center consumers who are migrants, homeless, or residents of public housing which advise the governance body on a routine basis; or
- inclusion on the governing body of representatives of other service provider organizations and/or local advocacy groups that have experience in serving these special populations.

B. Section 330(g) Migrant Health Centers

The Health Centers Consolidation Act of 1996 includes no legislative changes to governance requirements for section 330(g) migrant health centers, although it does permit section 330(g) grantees to request “good cause” waivers of the governance requirements. However, the Secretary will only consider a request to waive all or part of the governance requirements from section 330(g) grantees that do not additionally receive funding under section 330 (e) as community health centers. This is because community health centers, with or without funding to provide health services to a special population, are not eligible for a waiver. In addition, migrant health centers that previously complied with governing board requirements will have a heavy burden to satisfy the good cause requirement for a waiver.

Migrant Health Programs (formerly known as migrant voucher programs) do not have to meet the requirements in 42CFR§56.601 for governing board composition. These entities may meet consumer participation for migrant/seasonal agricultural worker representation through advisory councils. Please refer to PIN #94-7, issued February 7, 1994, and PIN # 98-07, issued March 6, 1998, for more information regarding governance activities for the Migrant Health Programs.

C. Section 330(h) Health Care for the Homeless

Section 330(i) Health Services for Residents of Public Housing

As stated previously, the Health Centers Consolidation Act of 1996 includes governance requirements for all section 330(h) health care for the homeless and section 330(i) health services for residents of public housing grantees. Grantees which do not currently meet the governance requirements must immediately come into compliance with the requirements, unless granted a waiver.

The statute permits section 330(h) and section 330(i) grantees to request good cause waivers of the governance requirements. However, the Secretary will only consider a request to waive all or part of the governance requirements from section 330(g) grantees that do not additionally receive funding under section 330 (e) as community health centers. This is because community health centers, with or without funding to provide services to a special population, are not eligible for a waiver.

IV. Waiver Approval

All Section 330(h) and 330(i) grantees must provide the BPHC with a status report describing governance arrangements and, where necessary, a time frame for coming into compliance with the section 330 governance requirements. Any request for a waiver of all or any of the specific governance requirements must include a compelling argument as to why the program cannot meet the statutory requirements, as well as, alternative strategies detailing how the program intends to meet the intent of the statute for appropriate user input.

The status report (including any waiver requests) from each health care for the homeless and health services to residents of public housing grantee and any waiver request from migrant health center grantees must be submitted no later than June 30, 1998 to:

Lawrence Poole
Grants Management Officer
Bureau of Primary Health Care
4350 East West Highway, 11th floor
Bethesda, Maryland 20814

Programs should indicate "Governance Status Report" prominently on the first page of their submission, as well as include the grant number for their health care for the homeless, health services to residents of public housing, and/or migrant health center program.

Any questions regarding this Policy Information Notice should be addressed to Jean Hochron, Chief, Health Care for the Homeless program at (301) 594-4437.

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

**The National Health Care for the Homeless Council operates the
National Consumer Advisory Board under a Cooperative Agreement
with the Health Resources & Services Administration**