



A Quick Guide *on* Board Composition *for* Health Care *for the* Homeless Projects

Much literature providing general advice regarding the selection, recruitment and responsibilities of Boards of Directors for non-profit agencies is readily available. This body of advice is not repeated in this Quick Guide, which addresses the unique circumstances of Health Care for the Homeless (HCH) grantees within the Health Center Program of the federal Health Resources and Services Administration (HRSA).^[1]

Nor does this guide explore thoroughly the governance requirements described for Health Center Program grantees by HRSA in [Policy Information Notice 2014-01](#). Affected parties should be intimately familiar with PIN 2014-01. Rather, this guide introduces issues that may be of unique interest to HCH grantees, and provides electronic links to relevant documents.

Consumer Majority Boards

Health centers including HCH grantees apply the democratic principle that people affected by decisions should be involved in making those decisions. The authorizing legislation for health centers ([Section 330 of the Public Health Service Act](#)) requires that their Boards be comprised of at least 51% consumers, defined as active users of the health center's services. People with the lived

^[1] Throughout this document, the term "health center(s)" refers to all federal Health Center Program Grantees, and to Federally Qualified Health Center Look-Alikes. Health centers that receive funding to serve a general population are referred to as "Community Health Centers." Those health centers that receive Health Care for the Homeless grants, with or without other health center funding, are referred to as HCH grantees or HCH projects. Health centers that receive both HCH and other health center funding are referred to as "jointly funded" projects. Health centers that receive HCH grants only are referred to as "HCH stand-alones."

experience of homelessness bring to HCH Boards of Directors particular expertise around questions regarding health center's services; service locations; hours of operation; fees, billing and collection policies; and strategic direction.

Historically, attaining consumer majorities on their Boards of Directors has been difficult for many HCH grantees. Competing, survival-level priorities of consumers often prohibit their participation in meetings; transportation to a meeting site may not be available; the culture and procedures of the Boards may be outside the consumer's experience, off-putting, or even demeaning. Efforts to encourage and facilitate consumer participation may include:

- Providing rides, transportation fares, gas money, or child care for meeting attendance.^[2]
- Providing email access or hard copy materials.
- Making arrangements with other agencies to ensure that a consumer does not miss meals or shelter due to meeting timing. Be sure meetings do not interfere with a consumer's job responsibilities. Flexibility is important, as the meeting times may have to be adjusted to meet all members' needs.
- Training ALL Board members in Board responsibilities, decision-making processes, inclusiveness, and boundaries (staff/board role distinctions; confidentiality; behavioral expectations; the limits on board member privileges). Some agencies build training on timely, relevant topics into every Board meeting.
- Creating a culture of inclusion through warm welcomes, invitations to introduce or address issues, patient explanation of technical issues (e.g., legal, medical, financial), and respectful responses to ideas.
- Accepting varying levels of skill, understanding, and cognitive ability as appropriately representative of the population being served.
- As in HCH clinical practice, being trauma-, recovery- and harm reduction- oriented, and being relapse-tolerant.
- Assisting staff in understanding the dual roles that consumers may play, in maintaining appropriate boundaries and confidentiality regarding consumers' clinical issues, and in supporting consumer empowerment.

Careful recruitment of consumer board members is key to their successful participation in and contributions to the work of the Board. Look for potential members who:

^[2] Refer to 45 CFR 75 for allowable costs that may be charged to the grant.

- Are on the agency's current client roster.
- Have expressed interest in agency operations and have pointed out things that can be improved. This may have occurred during the individual's service on a Consumer Advisory Board (see below).
- Are open to and respected by other consumers.
- Impress agency staff with their leadership potential.
- Have served other agencies in a positive, contributing way.
- Have stable living/sleeping arrangements.

Waivers

Despite the advantages of a majority consumer Board, assembling and maintaining an effective majority of people who have been dispossessed and disenfranchised is very difficult. The Public Health Service Act allows waivers of the majority Board requirement for HCH stand-alones. To be eligible for a waiver, according to PIN 2014-01, a stand-alone must document good faith efforts to achieve a consumer majority Board, and the reasons for lack of success. The health center should describe their patient population and the specific details that necessitate the waiver. A waiver application must also document alternate mechanisms for obtaining consumer input, communicating that input to the Board, and assuring Board consideration of the input. An HCH grantee must also continue efforts to recruit HCH consumers to its Board of Directors after receiving a waiver.

Alternate means of incorporating consumers' views into agency decision-making include:

- **Consumer Advisory Boards (CABs).** CABs can provide a safe forum for the expression of consumers' views, an opportunity for consumers to develop their skills for subsequent participation on Boards of Directors, and a mechanism for exercise of consumer power. Many CABs develop projects of their own, such as health fairs, consumer surveys, voter registration efforts, or Homeless Persons' Memorial Day events. Staff services and the sorts of support suggested above in the case of Board participation are typically needed for the successful operation of a CAB. The National Consumer Advisory Board (NCAB), an entity within the National HCH Council, participates in the Council's consensus decision-making as a fully equal component of the organization, and is considered critical to the Council's success. NCAB has published a [Consumer Advisory Board Manual for HCH Projects](#) and other relevant materials available [here](#).
- **Regular surveys, focus groups, and structured interviews with consumers.** Formal, on-going research with HCH consumers can provide useful information to improve the

services and operations of an HCH project. It is important that these be conducted with sensitivity to the power relationship between the provider agency and its consumers, and that participants see the results and ultimate application of the research. [Community-based participatory research](#) will yield the best results, with the added benefit of building the skills of those involved; to this end, HCH grantees can consider inviting CABs to conduct such research; [NCAB's Consumer Participation Outreach](#) surveys are one model for this sort of activity.

- **Suggestion boxes.** Suggestion boxes are a safe way for consumers to provide input, but are of limited utility for exploring questions or building community.
- **Representation by advocates.** PIN 2014-01 allows service providers, community organizers and others who have direct contact with homeless populations to represent the population on Boards of Directors. Trustworthy allies have much to offer to HCH grantees, but should not be a permanent substitute for the voice of people who are directly affected by homelessness and health center services.

Whatever the alternate means of incorporating consumer perspectives into Board decision-making, the avenues for regular communication and consideration of those perspectives must be clear and well-documented. The use and documentation (in by-laws, minutes, policies and procedures) of these additional mechanisms for consumer input is appropriate whether or not an agency has a waiver of the consumer majority board requirement.

HCH Grantees within Jointly Funded Projects

Most HCH grantees operate within the governance framework of Community Health Centers (CHCs); these are referred to as “jointly-funded projects.” CHCs are not allowed governance waivers, and their Boards of Directors must have a majority who are consumers of the overall operation. Among this majority, PIN 2014-01 requires that at least one member be representative of the agency’s homeless clientele.

The challenge in this arrangement is assuring that the HCH consumer does not become a token, lone voice who is intimidated by a group of more powerful people. Approaches to militate against this isolation include:

- Exceeding the minimum HRSA requirement and including more than one homeless representative on the Board of Directors.
- Creating and maintaining an HCH Consumer Advisory Board for which the Board representative speaks.

- Allowing for election of the HCH representative to the Board by the CAB or another group of persons experiencing homelessness.
- Establishing peer mentoring processes within the Board, allowing consumers and other Board members to mentor new Board members.
- Using a formal [consensus decision-making](#) process to assure that each Board member has a truly equal voice.
- Regularly and formally evaluating Board functioning, including measures of Board culture as well as legal and regulatory compliance and fiscal oversight.

HCH Projects within Public Agencies

Some HCH grantees are local Public Health Departments or other government agencies whose governing bodies cannot meet the requirements for Health Centers. In these situations, the public entities must create separate Co-applicant Boards to set health center policy. Co-applicant Boards must meet the composition requirements of other Health Center Boards of Directors. In addition, the Co-applicant Board must retain the ultimate decision-making on duties and authorities beyond general policies that the public agency may retain on fiscal (e.g., purchasing policies and standards) or personnel policies (e.g., employee grievance procedures). Although waivers of the consumer majority requirement are available for public entity HCH stand-alones, Co-applicant Boards provide a meaningful opportunity to create true majority HCH Consumer Boards.

For Further Information

- Be sure to consult [Policy Information Notice 2014-01, Health Center Program Governance](#).
- Consult with the HRSA Program Officer assigned to the HCH grantee.
- Technical Assistance (including additional sample documents regarding these issues) is available from the National Health Care for the Homeless Council at no charge, and may be requested [here](#).
- Guidance for Health Center Boards is available from the National Association of Community Health Centers [here](#).

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