



Health Care for the Homeless (HCH) Governance Structure

Proposal to the SF Health Commission September 21st, 2021

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Introduction



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- The federal McKinney Homeless Assistance Act of 1987 established the Health Care for the Homeless (HCH) grant program
- San Francisco Community Clinic Consortium (SFCCC) applied at the start of the program to participate in the HCH grant with SFDPH and local CBOs collaborating to deliver services
 - SFCCC is the grantee who directly interacts with HRSA
 - SFDPH is a sub-grantee and reports to SFCCC in the HCH program
- HCH typically awards three-year grant terms and conducts a federal audit midway through the grant performance period
- An audit conducted February 23-25th, 2021 by HRSA cited that SFDPH does not conform to several governance structure requirements. We will discuss those and propose corrective action.

HCH Program Overview



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- SFDPH's Health Care for the Homeless program is integrated into its Primary Care, Specialty Care, and Whole Person Integrated Care sites and services to create multiple access points for people experiencing homelessness to seek care
- The federal definition of experiencing homelessness, for this grant, includes people who are:
 - Living outdoors, in vehicles, or in structures not intended to be housing
 - Staying in a shelter
 - Staying with a friend or family member (other than with a parent or child)
 - Currently residing in a treatment or transitional program
 - Living in a Single Room Occupancy hotel without tenancy rights
 - Experiencing any of the above eligible housing categories in the twelve months leading up to an appointment

HCH Program Breadth



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- SFDPH has 34 sites registered through the Health Care for the Homeless grant scope as Federally Qualified Health Centers (FQHCs)
 - Plus temporary Castro Mission and Maxine Hall locations during remodels
 - Locations include on- and off-campus primary care, urgent care, school-based, and shelter-based sites
- FQHC designation through HCH participation makes sites eligible for 340B pharmacy discounts and higher Medi-Cal reimbursement rates
- All visits at Federally Qualified Health Center (FQHC) locations for people experiencing homelessness are considered part of the HCH grant scope, independent of insurance status
- The cost in 2020 to deliver all HCH-eligible outpatient visits was \$15,543,398, and the HCH grant awards \$1,255,850 in federal funds

HCH Funding Structure - 2020



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Funding Source	% of Funding	HCH Budget
HCH Federal Grant	8.1%	\$ 1,255,850
Medi-Cal	8.1%	\$ 1,251,476
Medicare	3.5%	\$ 545,712
Other Public - Managed Care Capitated	9.7%	\$ 1,501,096
Private Insurance	0.1%	\$ 14,252
Patient Fees/Self pay	0.0%	\$ 5,477
Other Federal Grants	1.4%	\$ 224,362
Local Government General Fund	69.1%	\$ 10,745,173
Total Funding for HCH-eligible Services in 2020		\$ 15,543,398

* SFDPH 2020 Uniform Data System Reporting for 1/1/20-12/31/20 grant period, compiled from Tables 8A Financial Costs, 9D Patient Revenue, and 9E Other Revenue

HCH Annual Visits - 2020



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Visit Type	In Person	Virtual	Patients
Physician	11,579	6,086	
Nurse Practitioner / Physician Assistant	8,194	1,974	
Nurse	5,140	95	
Total Medical Care Services	24,913	8,155	8,898
Dentist	659	29	398
Mental Health	1,772	547	753
Substance Use Services	453	0	19
Total Enabling Services	657	235	355
Grand Total – Categories Above	28,454	8,966	
Grand Total – All Visit Types	37,422	10,302	9,552

* SFDPH 2020 Uniform Data System Reporting for 1/1/20-12/31/20 grant period, Table 5 Staffing and Utilization excerpts

Current Issue



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- SFDPH and the Health Commission manage the HCH grant program as integrated into the Department's services in order to create a comprehensive network of care for people experiencing homelessness along with a broader safety net system
- In 2017, the Health Resources and Services Administration (HRSA, the federal funder) released a new, comprehensive Health Center Compliance Manual that elaborated on FQHC governance requirements
- While as a sub-recipient we were uncertain whether some of the governance specifics applied to SFDPH as well as to the direct grantee, SFCCC, during the most recent audit HRSA cited that SFDPH needs to meet them as well

Specific Audit Findings



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- In order to continue to receive Health Care for the Homeless grant funding and maintain FQHC designation at our sites, SFDPH will need to demonstrate compliance with the cited issues below:
 - Federally Qualified Health Center boards must be 9 to 25 members
 - Federally Qualified Health Center boards cannot “permit any other entity, committee, or individual (other than the board) to select either the board chair or the majority of health center board members, including a majority of the non-patient board members.”

Recommendation



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- As a public entity, SFPD and the Health Commission have the option to create a Co-Applicant Board, an option defined in HRSA's Health Center Compliance Manual and also directly in the federal Health Center legislation
- A Co-Applicant Board would allow the HRSA goals of patient input into governance decisions and specific, monthly HCH program oversight to be met while recognizing that public entities often have specific fiscal and personnel authorities that cannot be delegated
- SFPD and the Office of the City Attorney worked with SFCCC and their contracted legal team to prepare a proposal for the Health Commission to create a San Francisco Health Care for the Homeless Co-Applicant Board (SFCAB)

Corrective Action Timeline



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- February 25, 2021: SFCCC notified SFDPH of a potential compliance issue regarding the HCH board composition identified by a HRSA auditor during a virtual Operational Site Visit (OSV)
- May 13, 2021: SFDPH, the Office of the City Attorney, and SFCCC and their counsel met to review options to address the potential finding
- July 7, 2021: HRSA cited both the board size and requirement for autonomous board member selection for SFPDH as a sub-recipient
- By October 5, 2021: SFCCC will update HRSA on progress to resolve this finding. HRSA will either accept the plan as submitted and reinstate compliance, request adjustments, or reject the plan and require a new plan, and full compliance, within 60 days.

Health Commission Resolution



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- The Resolution details the relationships between HRSA, SFCCC, SFDPH, and the Health Commission and notes relevant City Charter provisions
- Taken together, the City Charter and Administrative Code require action by both the Health Commission, through a Health Commission Resolution, and the SFDPH Department Head, through signing a Co-Applicant Board Agreement, in order to create a new Co-Applicant Board that can meet the role and specific structure that HRSA requires to oversee the HCH program
- Key points of the resolution include:
 - Eleven voting members, initial board appointed by the Director of Health
 - One ex officio non-voting member as the Director of Health's designee
 - The majority of voting members shall be individuals who are, have been, or will be served by the HCH Program ("Consumer Members")

SF Co-Applicant Board Bylaws



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- Defines the mission, purpose, and membership structure of the SFCAB
- Major responsibilities of the SFCAB, include (among others):
 - Review of HCH program budgets and priorities
 - Develop and review Quality Improvement / Quality Assurance program
 - Recommend the HCH Program Director to the Director of Health
 - Hold meetings with quorum in every month
- Defines process for SFCAB nominations, applications, elections, elections of officers, and removal of SFCAB members
- Specifies limitations on authority, conflict of interest, committee formation rules, and public meeting requirements

SF Co-Applicant Board Agreement



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- Provides greater detail on the SFDPH side of the responsibilities, and repeats the full SFCAB responsibilities
- Specifies that SFDPH will provide regular site and staff support for the SFCAB meetings, and will maintain the minutes and other records
- States that the term of this Agreement shall commence on the execution of the Agreement for a period of three (3) years or the end of the Section 330 grant project period, whichever is earlier. It can be renewed for additional terms of three (3) years upon renewal of the Section 330 grant and the mutual agreement of the Parties.
- Specifies that either Party may terminate the Agreement upon sixty (60) days written notice to the other Party

Q&A



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- Thank you for your time and attention during this presentation and when reviewing the HCH Co-Applicant Board Bylaws, Agreement, and proposed Health Commission Resolution
- We look forward to answering the Health Commissioner's questions
- We will be back on October 5 to answer any outstanding questions before the Commission votes on this new proposal

Additional Slides Follow



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Health Commission Resolution

City Charter Provisions



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- City Charter Section 4.110 charges the Health Commission, together with the Department of Public Health, with the management and control of the hospitals of the City, emergency medical services, and general preservation, promotion and protection of the physical and mental health of inhabitants of the City
- Charter Section 4.102 sets forth the duties of City Commissions, including the requirement that Commissions deal with administrative matters solely through the department head or their designees
- City Charter Section 4.126 and Administrative Code Section 2A.30 charge the department head with responsibility for the administration of their department, including appointing, disciplining and removal of employees

SF Co-Applicant Board Bylaws

Membership Structure



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- SFCAB Member Structure:
 - Eleven voting members, plus one non-voting member
 - Voting members can serve up to three full four-year terms
 - Six of these members will be HCH Program Consumer Members
 - Five of these members will be Non-Consumer Members with relevant expertise and a commitment to the populations that utilize HCH services
 - Director of Health's designee shall serve as an ex-officio, non-voting member
 - No voting member of the SFCAB may be an employee of the City, or spouse, child, step-child, parent, parent-in-law, sibling, or sibling-in-law of a City employee
 - Members of the CAB shall be City residents
 - Voting CAB members are volunteers and will receive no compensation

SFDPH HCH Population Demographics - 2020 (Federal Demographic Categories)



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Race	Hispanic	Non-Hispanic	Total	Percentage
Asian	37	807	844	8.8%
Native Hawaiian / Other Pacific Islander	5	81	86	0.9%
Black / African American	39	2,357	2,396	25.1%
American Indian / Alaska Native	24	50	74	0.8%
White	235	2,694	2,929	30.7%
More than One Race ^{Part One}	293	426	719	7.5%
Unreported / Declined to report race	2,142	362	2,504	26.2%
Total Patients	2,775	6,777	9,552	

Gender Identity				Percentage
(% based on completed data fields)				
Male				60.7%
Female				32.9%
Transgender Man				0.4%
Transgender Woman				3.0%
Other				1.0%
Chose not to disclose				1.9%

* SFDPH 2020 Uniform Data System Reporting for 1/1/20-12/31/20 grant period, Table 3B Demographic Characteristics