

# OPENING DOORS

## Information from the Health Care for the Homeless Program

# Reduced-Price Drugs Help HCH Projects Meet Growing Need

Gail Mraz-Goddard, R.N., doesn't have to think long or hard about the benefits of the federal Drug Pricing Program. The inhalers she used to buy for \$25 to \$28 from a local drug store now cost her \$1.67.

"That's the clearest example of how this program has helped us," says Mraz-Goddard, clinic coordinator of adult services for Health Care for the Homeless (HCH) in St. Paul, MN. "Without free and reduced-price drugs, we couldn't serve the people we do."

### "We Can Be Proactive"

Mraz-Goddard depended on free drugs and small local grants to keep her all-volunteer pharmacy stocked. Though she still relies heavily on free samples from pharmaceutical companies, when that was all she had, Mraz-Goddard says, "We couldn't depend on it. We wouldn't know what drugs we would get, or whether they would be the right dose."

Dave Hoff, Pharm.D., a volunteer pharmacist with HCH in St. Paul, was familiar with the federal drug program from his work as clinical leader of the pharmacy department at Children's Hospital and Clinics of Minnesota. When he began volunteering at HCH, Hoff says, "We were being eaten alive. Even buying the bare minimum of the very basic supplies, we were routinely exceeding our drug budget."

If HCH didn't have the drug a patient needed, the project would buy it from a local pharmacy. This was an expensive way to buy drugs, Hoff acknowledges, but it was still less costly than stocking large quantities of medication. The drugs they did have they rationed carefully.

Hoff put Mraz-Goddard in touch with the Drug Pricing Program several years ago, and today, the project's

*"Without free and reduced-price drugs, we couldn't serve the people we do."*

main pharmacy at the Dorothy Day Clinic is well stocked with simple pain medications, antibiotics, over-the-counter and prescription antihistamines, and plenty of inhalers. "Now instead of patching patients up and sending them back out, we can be more proactive and offer a higher level of care," Hoff says.

### Section 340B of the Public Health Service Act

Section 340B of the Public Health Service (PHS) Act, as created by the Veterans Health Care Act of 1992, allows certain PHS grantees and disproportionate share hospitals to purchase outpatient drugs at a

discount price that is equivalent to the Medicaid rebate amount. Eligible PHS entities include HCH grantees and their subcontractors, Health Services for Public Housing Residents grantees, Community and Migrant Health Centers, Title III recipients and FQHC look-alikes.

### Responsibilities of Participating Programs.

HCH programs that choose to participate in the Drug Pricing Program have two major responsibilities, according to Robert Staley, senior program manager in the Bureau of Primary Health Care's Office of Drug Pricing Program. First, they must ensure that the drugs they purchase at a reduced price are not also subject to a discount under the Medicaid rebate program.

To avoid the possibility of a double discount, eligible *(continued on page 4)*

### In This Issue

*There's no such thing as a free lunch, but free malpractice insurance and managed care training are available to HCH grantees. Information on reduced-price drugs and low-cost lodging is also featured in this issue.*

*If you know of programs that offer free or low-cost items or services for homeless people, please contact Nan Brady at the HCH Information Resource Center, (888) 439-3300, ext. 246.*

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# “America Responds With Love” Houses People in Need

When Richard A. McDonough was a reporter for the local ABC affiliate in Wichita, KS, he uncovered a story about a hotel in North Dakota that provided free lodging, as available, to people referred from a local domestic violence shelter service provider. Sometimes, this was the only way the provider could help a woman who had emergency housing needs.

But McDonough couldn't go on the air with the story, because he would have compromised the safety of the individuals and of the hotel. This is also why he does very little publicity for his nonprofit program called America Responds With Love, Inc., a similar effort originally incorporated as Hotels/Motels In Partnership, Inc. McDonough is the agency's president and chief executive officer and its only employee.

McDonough knows that the secrecy involved makes him sound like he's selling swamp land. "People don't believe this program is real," he says.

Since 1982, America Responds With Love has helped house more than 85,000 people. In 1997, 5,211 nights of lodging were donated by 392 hotels and motels in 227 communities around the nation. A total of 356 local agencies took part. America Responds With Love also runs a companion restaurant program, which fed 416 people in 10 communities last year.

## Individuals with Special Needs

This is how the program works. For \$250 a year, a social service agency gets the name of a local hotel or motel that has agreed to provide at least 10 free rooms a year, on a space-available basis. Many offer an unlimited number of nights, based on availability.

McDonough makes arrangements with the participating properties; all the agencies have to do is use them. The \$250 fee per property, which pays the program's operating expenses, would be an allowable grant expense for Health Care for the Homeless providers, according to HCH Program Director Jean Hochron, M.P.H.

Social service agencies, in turn, agree to use the rooms in blocks of one to three nights for families or individuals who do not need medical attention or other

supervision. What they do need, McDonough says, is a safe place to lay their head. Approximately one-quarter of the 6,354 people housed in 1997 were victims of domestic violence. Nearly half (47%) were children. Most had special needs that could not be accommodated in local shelters.

*“America Responds With Love helps us get more people off the streets.”*

For example, a burn victim in Denver needed daytime bathing facilities that weren't available in any of the local shelters. A California woman who was 8 months pregnant was forced to leave a shelter when a child with German measles arrived. And a homeless man in Oregon was released from the hospital after a bout with pneumonia but refused to use the local shelters. All were given temporary housing in local hotels or motels until other arrangements could be made.

## Rooms for \$3 a Night

The biggest trouble McDonough has is getting social service agencies to sign on to the program. He currently has more than 200 hotels and motels with no local agencies to use them. Some programs, he

acknowledges, may be unwilling to pay the fee when there are no guarantees that rooms will be available when they need them.

This hasn't been a problem for Gregory T. Bunker, executive director of St. Francis House in Sacramento, CA, a counseling and resource center for poor and homeless families. Bunker pays \$1,250 a year for partnerships with what he calls "five of the nicest motels in Sacramento." His agency's total annual budget is \$150,000.

Based on his usage, Bunker estimates the rooms cost him \$3 a night. He contrasts this with the \$600 per room that his agency pays to rent two rooms by the month. America Responds With Love, Bunker says, "helps us get more people off the streets."

Some programs find creative ways to handle the program fee, McDonough says. For example, eight churches in Western Pennsylvania pay \$50 each to cover the fee for the local Salvation Army unit, with \$150 left over to provide food and transportation.

For information on participating facilities in your community, contact McDonough at (316) 683-HOPE, or write to America Responds With Love, P.O. Box 5000, Wichita, KS 67201-5000. ▲

*Opening Doors* is published quarterly by Policy Research Associates under contract to the Health Resources and Services Administration's Bureau of Primary Health Care.

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# Malpractice Insurance Made Easy Under the FTCA

Martin J. (Marty) Bree knows that when he says, “we’re going to take care of you,” health centers are understandably cautious. “People are always skeptical of getting something for nothing,” says Bree, Director of the Center for Risk Management in the Bureau of Primary Health Care (BPHC).

Yet Bree estimates that health centers will save \$15 million in 1998 alone by participating in a program that provides free medical malpractice insurance to qualified health centers and their employees and contractors. “With decreasing revenues and increasing costs, health centers have a difficult time making ends meet,” Bree says. “Eliminating medical malpractice insurance premiums frees dollars that can be used to serve more patients or provide additional services.”

## The Federal Torts Claims Act

Since its enactment in 1946, the Federal Torts Claims Act (FTCA) has been the legal mechanism for compensating people who have suffered personal injury by the negligent or wrongful action of employees of the U.S. government. Under Section 224 of the Public Health Service Act, as amended by the Federally Supported Health Centers Assistance Act of 1992 and 1995, employees of eligible health centers may be deemed to be federal employees qualified for protection under the FTCA.

Eligible health centers include Health Care for the Homeless (HCH) grantees, Community Health Centers, Migrant Health Centers, and Health Services for Public Housing Residents grantees. There is no cost to participating health centers or their providers, and they are not liable for any settlements or judgments that are made. The federal government assumes responsibility for these costs.

To date, 500 of approximately 700 health centers participate in the FTCA program, although Bree sees this number grow daily. “We just approved three new applications this week,” he said in late July.

**The Claims Process.** As of July 1998, 282 claims had been filed against the federal government under this program, and 15 had been settled. The Public Health Service settles a case when a medical and legal review determine that the standard of care was not met, or when there is not sufficient information to defend the case. One of the most common reasons for the latter, Bree says, is incomplete or illegible patient records.

If the matter cannot be settled by administrative review, a claimant has six months to file a lawsuit in federal court. Currently, several trials are pending, according to Bree. Suits against the government are heard without a jury, and no punitive damages are allowed. Health centers and their employees are defended by the U.S. Department of Justice and its assistant attorneys general.

## Frequently Asked Questions

Answers to the following frequently asked questions are based on information supplied by Bree and included in BPHC Policy Information Notices 96-7 and 97-6.

### Q. Who is covered by the FTCA?

A. Health center officers, board members, all employees (full- and part-time), full-time contractors, and part-time (less than 32 1/2 hours per week) contractors who provide family practice, general internal medicine, general pediatrics, or obstetrics/gynecology are covered by the FTCA. Contractors are required to be licensed or certified health care practitioners. Volunteers are not covered under the FTCA.

### Q. What does FTCA cover?

A. Services provided to health center patients within the scope of the approved project and the official duties of the individual qualify for FTCA coverage. Health center personnel and contractors should have a written employment agreement or contract for services that includes a clearly defined job description.

### Q. Does FTCA cover services to non-health center patients?

A. Where physicians are required to be on-call for admissions or emergency room coverage in order to receive hospital privileges, these activities are covered by FTCA. Inpatient care to health center patients is considered part of the continuum of care and is also covered under FTCA.

### Q. What is the extent of the coverage available under FTCA?

A. FTCA coverage is comparable to an occurrence type of malpractice policy (one that covers individuals for any event that occurs in a year they are covered, regardless of when a claim is made) and does not have a specific coverage limit with a monetary cap. Therefore, any coverage limits required by other organizations, such as hospitals, are met.

### Q. Will hospitals and managed care plans accept FTCA coverage?

A. They are required to do so by law. Section 224 of the Public Health Service Act provides that hospitals and managed care plans must accept FTCA coverage or risk losing their ability to receive Medicaid and Medicare reimbursements.

### Q. Can health centers have dual coverage?

A. In general, health centers may not be covered by both FTCA and private malpractice insurance. However,

(continued on page 6)

# Managed Care Technical Assistance/Training Available

You *can* get something for nothing if you are a Federally Qualified Health Center (FQHC). To help health centers compete in the ever-changing health care marketplace, the Bureau of Primary Health Care provides a wide range of free managed care technical assistance and training programs to all FQHCs, including Health Care for the Homeless (HCH) grantees.

## Contract Review

HCH grantees may request on-site technical assistance in any area associated with managed care, including network development, capitation and risk management, marketing and enrollment, and

disease management. One of the Bureau's most popular technical assistance programs is its contract review service. Grantees are encouraged to submit managed care contracts for review and comment.

Expert consultants review the potential impact of the contract in five major areas: risk-sharing, capitation, termination provisions, enrollment and marketing, and other clauses that might be disadvantageous to the health center. An analysis of 32 contracts revealed that 59% lacked a precise list of services that would be covered under the capitation rate, and 31% had capitation rates that were either

inadequate or low. More than half of FQHCs were found to be at risk financially. *Grantees requesting contract review or other assistance should contact Ronald Farhood in the Bureau's Office of Program and Policy Development, (301) 594-4060.*

## Managed Care Training

In cooperation with the National Association of Community Health Centers (NACHC), the Bureau also offers a series of special and ongoing training sessions available to state or regional Primary Care Associations, health center-owned managed care plans, health center networks, or

groups of Bureau-supported programs. Training programs can be tailored to meet local needs.

New training workshops include those on the challenges and opportunities of HEDIS, strategies for cost reduction and patient satisfaction, Medicare contracts, and management information systems. Programs also include those on the financial and legal aspects of contract negotiation, medical management, and managed care networks. *Groups interested in managed care training should contact Teresa Chovan at NACHC, (202) 659-8008, or Ronald Farhood at the Bureau, (301) 594-4060. ▲*

## Reduced-Price Drugs (continued)

programs must submit their Medicaid billing number to the Office of Drug Pricing. Providers may continue to bill Medicaid for discounted outpatient drugs used for Medicaid patients, but they may bill only for their actual acquisition cost plus the state dispensing fee, Staley says. These drugs are then ineligible for the Medicaid rebate.

Second, participants in the Drug Pricing Program must ensure that they do not divert the reduced-price drugs to individuals who are not their patients, to ineligible entities within the same facility, or to excluded services, including inpatient care. Grantees are permitted to include only those patients with whom they

have established a relationship and for whom they provide a range of health care services.

Those health care programs that are part of a larger facility, or that dispense medications for both inpatient and outpatient use, may need to keep separate purchasing and dispensing systems to prove that the reduced-price drugs have been used appropriately. Separate physical inventories are not required, Staley says.

**Responsibilities of the Manufacturer.** Drug Pricing Program participants may continue to buy through a wholesaler, and/or direct from the manufacturer, as they have in the past. They

must let the manufacturer know they are eligible for the 340B discount.

Manufacturers may not single out 340B programs from their other customers by requiring minimum purchases or placing other restrictions on sales. Further, Staley notes, they may not require programs to sign a contract that ensures compliance with the 340B provisions: the enforcement of this law is a federal responsibility.

## How to Sign Up

HCH programs that wish to participate in the Drug Pricing Program must notify the Office of Drug Pricing in writing of their intention to do so, and must submit their

Medicaid billing number at that time. Once found eligible to participate, they can buy discounted drugs beginning the next quarter.

The quarterly deadlines for submitting applications to the Office of Drug Pricing are December 1, March 1, June 1, and September 1. Projects that wish to withdraw from the program must wait until the next quarterly update to do so.

## For More Information

For more information on the Drug Pricing Program, visit the Office of Drug Pricing Web site at <http://www.bphc.hrsa.dhhs.gov/odpp/drug1.htm>, or contact Staley at (301) 594-4353 or (800) 628-6297. ▲

# NEWS FROM THE HCH CLINICIANS' NETWORK

## Network Initiates Studies to Improve Health Outcomes

Identifying current best practices is a first step in measuring and improving the quality of health care for homeless people. The HCH Clinicians' Network is engaged in two such projects, focused on HIV/AIDS and diabetes mellitus. Both these diseases are exacerbated by homelessness and require treatment that differs from that for domiciled individuals.

### HIV and Homelessness Project

To address the special considerations and challenges faced by primary care providers in caring for homeless individuals with HIV, the Network is involved in a collaborative study of HIV and homelessness, under the direction of John Song, M.D. Dr. Song is a Fellow in General Internal Medicine at Johns Hopkins University who volunteers his services at Health Care for the Homeless (HCH) in Baltimore.

Supported by the HIV/AIDS Bureau and the Bureau of Primary Health Care, the project will draw from the experience of HCH clinicians and their clients, from published and ongoing studies, and from expert opinion. Findings will be summarized in a paper to be presented at the National HCH Conference in May 1999.

HIV infection among homeless people is a serious concern. Studies indicate that the prevalence of HIV among homeless people may be as high as 20% in some cities. HIV-infected homeless people are believed to be sicker than their domiciled counterparts, and they have a greater likelihood of dying from AIDS. Their transient lifestyle and the stigma of their disease pose barriers to adequate care.

An Advisory Committee on HIV and homelessness will help Dr. Song compile and analyze information about effective treatment methods and perceived barriers to appropriate HIV care for homeless individuals. The committee plans to survey providers and clients about their experiences, and Dr. Song asks that *Opening Doors'* readers be on the alert for this

questionnaire. He is also interested in learning about any published or ongoing research related to HIV and homelessness. To learn more about the project or to participate, call Dr. Song at (410) 614-1135 or send e-mail to [jsong@welchlink.welch.jhu.edu](mailto:jsong@welchlink.welch.jhu.edu).

### Diabetes Breakthrough Series

The HCH Clinicians' Network, in collaboration with the Michigan Primary Care Association and the Midwest Clinicians' Network, plans to use Breakthrough Series methodology to help reduce health disparities between homeless and domiciled people with diabetes mellitus, and to disseminate treatment innovations to front-line providers. The Breakthrough Series, developed by the Institute for Healthcare Improvement, is a team approach for accelerating learning, innovation, and change.

Funding for this project will be provided by the Bureau of Primary Health Care. Other collaborative partners include the Vanderbilt University Diabetes Research & Training Center, the Tennessee Diabetes Prevention & Control Program, the American Diabetes Association, and the American Association of Diabetic Educators.

Network activities in the diabetes collaborative will focus on developing and distributing **clinical recommendations** for managing homeless diabetic patients, and **patient education materials** appropriate for homeless individuals who are diabetic, notes Project Director Brenda Proffitt. If you have patient education materials or samples of clinical guidelines specific to homeless diabetic patients, please send them to P.O. Box 68019, Nashville, TN 37206. To learn more or to participate in the diabetes initiative, call the Network at (615) 226-2292.

## We're Ready for Your Call

For more information on Network services and benefits, call (615) 226-2292 or visit the Clinicians' Network Home Page at <http://www.nashville.net/~hch>.

# Electronic Funds Transfer Program Offers Choice

A 1996 law requires the U.S. Treasury Department to make most federal payments, excluding tax refunds, by electronic funds transfer (EFT) beginning January 2, 1999. However, proposed final regulations will allow individuals to specify how they want to receive their money.

Specifically, *those individuals who do not sign up for direct deposit of their federal government checks*—which include retirement, disability, Supplemental Security Income (SSI), railroad pension, and veterans' benefits—and those who choose not to open a bank account, *will continue to receive their checks in the mail*. Individuals who would like direct deposit may fill out a form at their local bank, or call the agency that issues their check.

This is a “win-win situation,” according to Mary Ann Gleason, executive director of the National Coalition for the Homeless (NCH). NCH was among a number of advocacy and consumer organizations that urged the Treasury Department to liberalize its original regulations, which would have required most benefit recipients to receive their money by EFT.

## The Benefits

The Treasury Department estimates that electronic transfer will save the federal government as much as \$100 million a year. Electronic payments cost less than 2 cents, compared to the average cost of 43 cents per paper check.

Gleason sees benefits for recipients, as well. Electronic transfer may be safer for many homeless individuals

who have to worry about their checks or cash being lost or stolen. With their money in the bank, homeless people can withdraw only what they need, which makes them “less susceptible to using the money for unhealthy purposes,” Gleason notes. Finally, for those individuals who pay between \$8 and \$15 to a check-cashing service, direct deposit will save them money.

## The Drawbacks

However, direct deposit is not for everyone, Gleason acknowledges. Some individuals may not be prepared for the level of financial literacy that banking involves. Also, many banks may impose maintenance fees on accounts with small balances, and they may charge for use of ATM machines or bank tellers.

In response to the concern about costs, the Treasury Department plans to develop a low-cost account that will be offered through federally insured financial institutions specifically for the electronic receipt of federal payments. Also, Gleason notes that community banks may be willing to set up no-fee checking accounts, similar to those they may have for elderly individuals.

## For More Information

For more information about EFT, visit the EFT 99 Web site at <http://www.fms.treas.gov/eft>. This site includes toll-free numbers for the four federal agencies that issue benefit checks (see <http://www.fms.treas.gov/eft/EDUC/fedpay.html>). ▲

## Malpractice Insurance (continued)

temporary dual coverage is allowable while a project is phasing in FTCA coverage.

### Q. Is the cost of tail and gap insurance an allowable expense?

A. Yes. Health centers may purchase gap or wraparound policies to cover activities that are not subject to FTCA coverage. Tail insurance, which converts a claims-made policy (one that only covers individuals for claims made in the year they are insured) into an occurrence policy, may be a necessary purchase during the transition from private coverage to FTCA.

### Q. Are risk-management services available under FTCA?

A. The Bureau has contracted with the National Association of Community Health Centers to provide risk-management training. This training can be made available to groups of providers at a nominal charge.

### Q. How must savings be used?

A. Savings realized by using FTCA can be applied to any and all activities within the scope of the project.

### Q. How does a health center qualify for FTCA?

A. The center must submit an application to assure BPHC that it conducts a complete and thorough credential check of its providers, and that it has clinical protocols, tracking systems, medical records review, and active quality assurance programs in place. Applications must be resubmitted at the beginning of each new project period.

### Q. Where can I get more information?

A. Each regional office has an FTCA coordinator. Contact your project officer for his/her name. You may also call the BPHC Center for Risk Management at (215) 861-4373. ▲

# HCH INFORMATION RESOURCE CENTER CONNECTIONS

## Innovative Programs Model Ways to Stretch Resources

There are many programs that offer free or low-cost resources for homeless people. From prescription drug assistance programs to surplus government equipment (see the January 1998 "Connections" column of *Opening Doors*), help is available.

Highlighted below are three examples of successful strategies for raising funds and obtaining free materials. What these programs offer and how they operate are as varied as the needs of the people they serve.

### Book Fair for the Homeless

The annual Book Fair for the Homeless, which benefits the Goddard-Riverside Community Center in New York City, has raised more than \$2 million for programs such as day care, Head Start, legal support, and transitional and permanent housing for homeless and underserved people. This week-long event includes dinners held in private homes with contemporary writers in attendance, performances by the Paperbag players, book readings held at schools, a book preview and live auction, and a two-day book fair. Last year, this event helped provide permanent homes for 540 people. *Contact: Goddard-Riverside Community Center, 593 Columbus Avenue, New York, NY 10024, (212) 873-6600.*

### Coats for Kids

Every fall, following the annual Coats for Kids appeal on a local television station in Albany, NY, people drop off winter coats for children at participating dry cleaners, who clean the coats free of charge. Coats are then delivered to a central location, where volunteers sort thousands of coats by size in preparation for distribution to children who need them. *Contact: Albany County Opportunity, Inc., 35 Clinton Avenue, Albany, NY 12207, (518) 463-3175.*

### Linens for a Fresh Start

The Dayspring Center, a shelter in Indianapolis, runs a linen drive year round. Sheets, pillow cases, and pillows, both new and used, are given to people who enter the shelter. When these residents find more permanent housing, they take their linens with them. Dayspring estimates the linen donations are worth more than \$25,000 a year. Dayspring also receives bags of disposable diapers as the "price of admission" at some performances of a local theater company. *Contact: Dayspring Center, 1537 North Central, Indianapolis, IN 46202, (317) 635-6785.*

If you know of programs that offer free or low-cost items or services for homeless people, please contact Nan Brady at the HCH Information Resource Center so that we may feature them in forthcoming issues of *Opening Doors*.

## Musicians Raise Money for Charitable Causes

The WaterWheel Foundation, founded by the alternative rock band Phish, makes donations to various nonprofit organizations, including those that serve homeless people. At their concerts, band members help increase awareness of the organization's needs; funds are raised through the sale of WaterWheel Foundation merchandise.

During Phish's fall 1997 tour, the Foundation's Touring Division raised more than \$40,000. Some of the organizations that benefitted were the Women's Bean Project in Denver, CO; the Philadelphia Committee to End Homelessness, and the Hunger Action Network in Albany, NY. *Contacts: Henry Schwab, (408) 429-2205 or ziggy63@hotmail.com; Mike Hayes, P.O. Box 3532, Homer, AK 99603. Web site: <http://www.phish.net/PhishFAQ/bwaterwheel.html>.*

## How Can We Help You?

For more information, contact Project Coordinator Nan Brady at the HCH Information Resource Center. Toll-free (888) 439-3300, ext. 246 • E-mail: [hch@prainc.com](mailto:hch@prainc.com) • Website: <http://www.prainc.com/hch>



# PROGRAM

# UPDATE

## Outcomes Study Overview Available

*Health Care for the Homeless Outcome Measures: A Chronicle of Twenty Pilot Studies* has been completed by the Bureau of Primary Health Care. Copies will be mailed this month to all HCH grantees and their sub-contractors. In the fall of 1996, 20 Health Care for the Homeless (HCH) grantees received supplemental funding to conduct a variety of studies on process and outcome measures for HCH services. This document is an overview of this initiative, including a summary of each study and observations on "lessons learned" about outcome assessment in a HCH environment. For a copy of the report, please contact Nan Brady at the HCH Information Resource Center, (888) 439-3300, ext. 246, or [hch@prainc.com](mailto:hch@prainc.com).

## Bureau Seeks Consumer Representatives

In the past, the Bureau of Primary Health Care has benefited from the inclusion of homeless or formerly

homeless clients in workgroups and as spokespersons at the annual HCH conference. We would like to expand our list of clients who could participate in these activities in the future. If you know of a client who would be a good candidate for a BPHC/HCH-related workgroup and/or who would be comfortable speaking at a meeting or conference before a large group, please let us know. Send your recommendations to Lori Marks at [LMarks@hrsa.dhhs.gov](mailto:LMarks@hrsa.dhhs.gov) or by phone at (301) 594-4435.

## Public Housing Conference Planned

BPHC's Public Housing Primary Care Program will hold its annual conference November 4-7, 1998, at the Radisson Plaza at Mark Center in Alexandria, Virginia. The focus of this year's conference is "Forging Competitive Strategies for a Changing Marketplace." For more information, contact Bonita Hawkins-Brown, conference manager, at (301) 429-2300 or by fax at (301) 429-2314.



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