

Information from the Health Care for the Homeless Program

CHIP and Homeless Children: *Addressing the Challenges and Opportunities*

A new Federal/State partnership called the State Children's Health Insurance Program (CHIP) offers States a landmark opportunity to improve the health of all poor children, including those who are homeless. "There could not be a better first step to ensure access to quality health care for America's children," says Marilyn H. Gaston, M.D., director of the Bureau of Primary Health Care (BPHC).

CHIP, enacted in the Balanced Budget Act (BBA) of 1997 as Title XXI of the Social Security Act, extends to States \$24 billion over 5 years to provide health care

coverage to uninsured children. The program is aimed at those children with family incomes too high to qualify for Medicaid but too low to pay for private insurance.

In the process of implementing CHIP, many States are being challenged to address some of the barriers that hinder access to care for all disadvantaged children by supporting outreach and assuring quality of care. As part of their outreach efforts, States must screen children for Medicaid eligibility and enroll those who qualify. Of 11.3 million uninsured children in this country, more than 4 million are eligible for Medicaid but are not receiving it, according to the latest Census Bureau data.

Under CHIP, States have the option to expand their Medicaid program to cover children up to age 19 with family incomes below 200% of the Federal poverty level, create a separate State program to do so, or use a combination of both approaches. States are required to match CHIP monies at 70% of their Medicaid match rate (but not to exceed an 85% Federal match).

To access CHIP funds, States must submit a child health plan to be approved by the Secretary of Health and Human Services (HHS); those States that choose to expand their Medicaid program must also amend their Medicaid State plan. The program is administered by the Health Care Financing Administration (HCFA), in close collaboration with the Health Resources and Services Administration (HRSA).

A Mixed Blessing

However, some providers and advocates are concerned that State efforts may not be broad enough or deep enough to reach homeless children. Jeff Singer, president and chief executive officer of Health Care for the Homeless (HCH) of Maryland, notes that CHIP is not an entitlement, and States are not required to use any of the dollars available to them.

Further, although States are required to identify and enroll Medicaid-eligible children, some groups are concerned that States may not want to add to their burgeoning Medicaid rolls. "States talk about doing outreach, but the numbers are not matching up to the

rhetoric," says Joan Alker, assistant director of government affairs for Families USA, a nonprofit consumer advocacy group.

Finally, the type of outreach States conduct, including the use of public service announcements and toll-free telephone numbers, may not be adequate to reach homeless families, whose immediate concern is daily survival. "To reach homeless people, we need aggressive and human-intensive approaches to outreach that empower providers and give them the resources they need," Singer says.

A Vulnerable Group

Because of their chaotic and substandard living conditions, homeless children tend to be more sick than even poor, housed children. In particular, children in

(continued on page 3)

In This Issue

Advocates and providers concerned with the health care needs of homeless children must be active and stay informed as States adopt and modify their CHIP plans. This issue features resources to guide their efforts.

A list of resources for children's health care, including articles used to compile this issue, is featured in the HCH Information Resource Center column on page 7.

INSIDE

2 State CHIP Plans

3 CHIP on the Web

6 National Health Service Corps

8 HRSA Update

States Approach CHIP in Unique Ways

As States develop and implement their Children's Health Insurance Program (CHIP) plans, many are adopting specific outreach and enrollment strategies designed to make it easier for families to qualify for health insurance. Examples of three State programs follow. Each of the health care programs mentioned is one of 10 Health Care for the Homeless (HCH) projects that receives supplemental funding to provide primary care and outreach to homeless children.

Shelter Outreach

Maryland is one of 28 States (including the District of Columbia) that have used CHIP funds to expand their Medicaid program. The Maryland Children's Health Program covers pregnant women and children ages 0 to 19 up to 200% of the Federal poverty level (FPL). A family of three would be eligible with an

income at or below \$27,300.

Families who are only applying for medical care may fill out a simple CHIP application that can be dropped off or mailed to local public health departments. The only verification required to apply for CHIP is written proof of pregnancy. Families who also may be eligible for some type of cash assistance must apply for those benefits at a local social services office.

“We advocate for the needs of the homeless children we see.”

Getting the Word Out.

Gwendolyn Richards, a community advocate for Baltimore Health Care Access, a bureau of the Baltimore City Health Department, conducts outreach for the CHIP program in homeless shelters.

“We're looking for people who are falling through the cracks,” says Richards, who is formerly homeless. CHIP applications are also available at drug stores, community centers, school nurses' offices, soup kitchens, and needle exchange programs.

Betty Schulz, R.N., C.P.N.P., a pediatric nurse practitioner with the Mercy Children's Health Outreach Project in Baltimore, carries the CHIP application with her. She and her staff perform health assessments at

shelters, soup kitchens, and transitional housing programs. “We advocate for the needs of the homeless children we see,” Schulz says.

A Single Application

Oregon is among the 13 States that have developed a separate State child health plan. The Oregon CHIP plan covers children ages 0 to 19 between 100% and 170% FPL who are not otherwise insured and who have been uninsured the previous 6 months. The Medicaid and CHIP health benefits are identical, and individuals file a single, 4-page application for both programs, according to Loretta Cole, CHIP project manager in the State Office of Medical Assistance Programs.

Screening for Eligibility.

At La Clínica de Buena Salud (The Clinic of Good Health) in Portland, a local health department eligibility worker screens families one-half day each week. “Any new client has to go through the screening process to see what type of insurance they qualify for,” says Consuelo Saragoza, the clinic's health services administrator. Individuals who refuse the screening (sometimes because they are undocumented) pay for services on a sliding fee scale.

Assistance in 10 Languages

Ten States, including California, have developed a combined Medicaid expansion and separate CHIP program. Medi-Cal for Children, the State's Medicaid pro-

gram, has been expanded to include children ages 14 to 19 with family incomes at or below 100% FPL. In addition, the State has dropped the assets test for those families that fall below certain income limits.

The Healthy Families Program covers children ages 1 to 19 with family incomes that fall between 100% and 200% FPL. Mail-in applications and personal assistance for both programs are available in 10 languages, including Spanish, Vietnamese, and Armenian.

Helping Parents Help Their Children. At the Center for the Vulnerable Child at Children's Hospital Oakland, Project Director Cheryl Zlotnick, R.N., Dr.P.H., and her staff employ an intensive case management model. “One of our big thrusts is to get kids insured,” says Zlotnick. Case managers help parents apply. Most children are eligible for Medi-Cal, Zlotnick says.

A Good Start

Many HCH providers feel, as Schulz does, that the effort to provide health care for children is still in its infancy. “We have an excellent start, but it's only a start,” Schulz says. “We need to have everybody insured.” In the meantime, HCH staff are working closely with their local public health and social services departments to help families understand and access the health benefits for which they are eligible. ▲

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

Bureau of Primary Health Care

Jean Hochron, MPH, Chief
Health Care for the Homeless
Branch
Susan Whitney, Co-Project Officer

Policy Research Associates, Inc.

Deborah Dennis, MA, Director, HCH
Information Resource Center
Nan Brady, Project Coordinator
Susan Milstrey Wells, Editor,
Opening Doors
Linda Ramsey, Graphic Designer
Margaret Hobbs, MSW, Clinical
Consultant

To reach us: (888) 439-3300 or
hch@prainc.com

CHIP and Homeless Children (continued)

homeless families have twice as many upper-respiratory infections and gastrointestinal, ear, and skin ailments than other poor children. Recent research indicates that homeless children also have more behavioral problems, depression, anxiety disorders, and developmental delays. Yet despite their serious, unmet needs, homeless children typically lack a regular health care provider, often relying on hospital emergency rooms as their primary source of care.

Barriers to Care

By income standards alone, nearly all homeless children should be eligible for Medicaid, but substantial barriers exist. Complex eligibility requirements and waiting periods make it difficult for families who are transient to apply. "Health care may not be a priority if you're not housed," notes Jean Hochron, M.P.H., HCH program director.

Although insurance removes financial barriers, homeless families may face language, cultural, educational, and geographic hurdles in accessing their primary care providers. Also, family members who are undocumented or who are fleeing domestic violence may fear any contact with service providers.

Making CHIP Work for all Children

As States develop or amend their CHIP plans, there are a number of ways they can address the special needs of homeless

children. Several of these are highlighted below.

Expand Community-Based Services

Up to 10% of a State's CHIP grant can be used to fund non-benefit activities, including outreach and services to low-income children. This option would allow States to provide direct grants or contracts to community-based organizations, such as HCH programs, that have a history of success in providing services to uninsured children. States should be encouraged to use these funds creatively, Singer notes.

Promote Effective Outreach

Only 26% of families with uninsured children know about CHIP, according to data gathered by HHS. Effective outreach for homeless children means literally taking to the streets, providers and advocates note.

"For homeless children, outreach means identifying eligible families in shelters and on the streets and walking them through the enrollment process," Hochron says. In addition to street outreach workers, homeless families need such enabling services as interpreters, transportation, and case managers. To help providers develop appropriate outreach strategies for vulnerable youngsters, HCFA and HRSA have published *Reaching Our Children: A Compendium of Outreach Models* (see box at right).

Use Available Funding.

There are three options for funding outreach to uninsured children, according to Sara Rosenbaum, J.D., director of the Center for Health Policy Research at the George Washington University Medical Center. Since 1990, State Medicaid programs have been

required to station enrollment workers at all federally qualified health centers (FQHCs) and disproportionate share hospitals to aid low-income children and pregnant women. States may also submit an alternative outstationed enrollment plan to HCFA.

(continued on page 4)

CHIP on the Web

There is a wealth of information on CHIP activities available on the World Wide Web. Material ranges from official HCFA documents to a state-by-state summary of CHIP plans.

- **The Health Care Financing Administration (HCFA).** <http://www.hcfa.gov/init/children.htm> HCFA maintains the official CHIP Web site, which includes information on State plan submissions, letters to State officials, and a State plan map.
- **The Health Resources and Services Administration (HRSA).** <http://www.hrsa.dhhs.gov/childhealth/> HRSA's Focus on Child Health page includes links to, among other resources, a *Compendium of Outreach Models* and a list of CHIP experts.
- **The Children's Defense Fund (CDF).** <http://www.childrensdefense.org> Look on the home page for a link to *CHIP Checkup: A Healthy Start for Children*, a mid-term report on CHIP that includes a state-by-state summary. A complete list of resources is available from the link "Implementing the State Children's Health Insurance Program."
- **The Institute on Child Health Policy (ICHP).** <http://www.ichp.edu/schip/index.html> The Institute features a series of reports, including *What Should a Children's Health Insurance Program Look Like?*, as well as links to related sites.
- **The National Governors' Association (NGA).** <http://www.nga.org/CBP/Activities/SCHIP.asp> The NGA's Center for Best Practices maintains an extensive list of CHIP-related links, including State CHIP plan Web sites and technical assistance providers.
- **Families USA.** <http://www.familiesusa.org/CHILD.HTM> This group's reports include *A Preliminary Guide to Expansion of Children's Health Coverage* and *CHIP Resources for Advocates*.

CHIP and Homeless Children (continued)

Outstationed enrollment services, which are reimbursed at the normal 50% rate for State administrative expenditures, include the receipt and initial processing of Medicaid applications. However, according to a 1997 study by the Center for Health Policy Research, nearly half of all health centers were not engaged in any form of outstationed enrollment.

In addition, the 1996 welfare reform legislation includes a provision to help States assist those families who lose cash assistance but who still may be eligible for Medicaid. For 12 quarters after a State enacts its Temporary Assistance to Needy Families (TANF) plan, it can receive a 90% Medicaid match for outreach and enrollment assistance to this group.

Finally, as noted earlier, States can use up to 10% of their CHIP monies to fund outreach and other non-benefit activities. They receive the enhanced matching rate for CHIP outreach.

Enact Presumptive Eligibility. The BBA gives States the option of granting children presumptive eligibility for Medicaid. Since even a brief waiting period may prevent homeless children from entering the health care system, presumptive eligibility can be an effective outreach tool, according to Bob Reeg, health policy analyst at the National Coalition for the Homeless. To date, Reeg says, only a handful of States have adopted presumptive eligibility.

Include Older Children and Families. The BBA also gives States the option to accelerate the phased-in Medicaid coverage of children under age 19 in families with income up to 100% of the Federal poverty level. In addition, CHIP funds may be used to cover families if States can show it's more cost-effective to do so.

Ease Enrollment Barriers

Because complicated enrollment processes make it difficult for homeless families to sign up for health insurance, HCFA and HRSA officials are encouraging States to streamline the application process in the following ways:

- **Simplify the Medicaid application.** States can shorten the application form, drop the Medicaid assets test for chil-

dren, and limit verification requirements to those that are mandatory under Federal law.

- **Allow mail-in applications.** Mail-in applications eliminate transportation costs, missed work on the part of parents, and the stigma of going to a social services office.
- **Use a single application for Medicaid and CHIP.** Even States with a separate CHIP plan, such as Oregon, may use a single application form (see "States Approach CHIP in Unique Ways," page 2).
- **Grant 12-month continuous eligibility.** The BBA gives States the option to provide individuals under age 19 with up to 12 months continuous eligibility after they are determined eligible for Medicaid, regardless of a change in the family's income, assets, or size. This can prove critical for homeless children, whose unstable living conditions make them prone to falling in and out of enrollment.

Putting the Pieces Together

Whether or not a State's activities under its CHIP plan will be sufficient to include the needs of homeless children "depends on the visibility of our constituencies and their ability to get to the table," Singer notes. State Primary Care Associations and/or Primary Care Offices can help child health advocates identify the key players in their community. Advocates should be prepared to examine and comment on their State CHIP plan, since even those States with approved plans can amend them.

HCH providers have a key role to play, as well, according to Hochron. They should make it a point to be certain that families get the help they need to understand and apply for insurance coverage.

Finally, according to Dr. Gaston, it's important to remember that expanded insurance is only a means to an end—the ultimate goal is healthier children. "It may be expensive to insure these children, but the failure to keep them healthy is very costly," Dr. Gaston says. ▲

Call for Poster Abstracts

The Bureau of Primary Health invites HCH grantees and subcontractors to submit abstracts for posters to be displayed at the 1999 National Health Care for the Homeless Conference, April 29 through May 1 at the Hyatt Regency Washington. For more information, contact Kim Schulman at John Snow, Inc., (617) 482-9485 or kschulman@jsi.com.

NEWS FROM THE HCH CLINICIANS' NETWORK

When someone mentions “the Web,” do you think of ducks or a spider named Charlotte? Are you e-mail literate but Web-challenged? Help is available for Health Care for the Homeless (HCH) clinicians.

“Cyberbuddies” Training

The National Health Care for the Homeless Council has begun a series of Internet training sessions to help HCH projects communicate with each other and to teach Council members how to find professional information via the World Wide Web. To build a team of “certified cyberbuddies” who can help other members learn the basics of Internet use, the National Council’s Project Support Committee and the Communications Committee of the HCH Clinicians’ Network participated in the first on-line help sessions during telephone conference calls in December.

More call-in Internet training sessions are planned for Council and Network officials interested in helping others. In addition, there will be opportunities for hands-on Internet training in a technology room at the National HCH Conference, April 29-May 1 in Washington, D.C. Network members who are uncertain about how to use e-mail, the Web, or the Network discussion board should contact Marsha McMurray-Avila or Pat Post at nhchc@nhchc.org (new address as of February 1, 1999) or call (615) 226-2292, to receive help from a designated cyberbuddy. If you would like to volunteer to help HCH providers become comfortable using the Internet, please let us know.

Top 20 Sites for HCH Providers

As many health care providers are discovering, the World Wide Web is an abundant source of clinical and research information. Accomplished Web surfers can visit libraries and data bases around the world in minutes, with a computer (pentium or faster preferred), a modem (at least 28,800 baud), a phone line, an Internet Service Provider with Web access, and a Web browser (software that can be downloaded free from the Internet).

Are you well equipped for Web travel but don’t know where to go? A good place to start is the following list of HCH providers’ favorite places, each of which includes direct links to other sites of interest.

Health Links:

- American Public Health Association:
<http://www.apha.org>
- AIDS.ORG (ImmuNet): <http://www.AIDS.org>
- Bureau of Primary Health Care:
<http://www.bphc.hrsa.dhhs.gov>
- Center for Mental Health Services’ National Mental Health Services Knowledge Exchange Network (KEN):
<http://www.mentalhealth.org>
- Division of TB Elimination Home Page (CDC):
<http://www.cdc.gov/nchstp/tb/default.htm>
- Healthfinder: <http://www.healthfinder.org>
- Internet Grateful Med: <http://igm.nlm.nih.gov>
- Medscape: <http://www.medscape.com>
- MEDLINEplus: <http://medlineplus.nlm.nih.gov/medlineplus>
- National Network of Libraries of Medicine:
<http://www.nnlm.nlm.nih.gov>
- National Libraries of Medicine: <http://www.nlm.nih.gov>
- Northwest Regional Primary Care Association (NWRPCA) Internet Resource Pages
(for Clinicians: <http://www.nwrpca.org/resource/clinpage.htm>)
(for Administrators: <http://www.nwrpca.org/resource/adpage.htm>)

Links on Homelessness:

- Health Care for the Homeless Information Resource Center: <http://www.prainc.com/hch>
- National Alliance to End Homelessness:
<http://www.endhomelessness.org>
- National Coalition for Homeless Veterans:
<http://www.nchv.org>
- National Coalition for the Homeless: <http://nch.ari.net>
- National Health Care for the Homeless Council:
<http://www.nhchc.org> (effective February 1, 1999)
- National Law Center on Homelessness and Poverty:
<http://www.nlchp.org>
- National Resource Center on Homelessness and Mental Illness: <http://www.prainc.com/nrc>

National Health Service Corps Clinicians Make the Grade

Elissa Guzzardi wanted to make a difference in her patients' lives. After 8 years as a nurse at St. Vincent's Hospital in New York City, Guzzardi completed a nurse practitioner program at Columbia University and went looking for a job with underserved individuals.

That's when a friend referred her to the National Health Service Corps, a program of the Bureau of Primary Health Care (BPHC). The NHSC offers scholarships and a loan repayment program for primary care practitioners willing to work in communities that are medically underserved.

Guzzardi first approached NHSC simply for a list of job openings. Only after selecting a site did she decide to apply for repayment of her loan, something she calls "a very nice perk" of her involvement with the NHSC.

"Everything just fell into place," says Guzzardi, who

is now a family nurse practitioner with the William F. Ryan Community Health Center in New York City, where she is the medical practitioner on a homeless outreach team that provides primary care to family shelters. Finally, Guzzardi says she has the time to do the teaching and follow-up that her patients need.

A Committed Group

The way Guzzardi became connected to the NHSC may be unusual, but her devotion to her patients is not, according to William Murphy, director of special programs and outreach services for the Ryan Center. "The Corps is the first place we go for clinicians," Murphy says. "We can count on them being with us for a specified length of time, and we know they are dedicated to serving the population." Murphy says that many of the NHSC clinicians he hires stay long after

their formal commitment to the program has ended.

The National Health Service Corps was created in 1970 to help develop, recruit, and retain health care professionals for communities that lack adequate access to primary health care. Currently, the NHSC has some 2,400 providers, half of whom are serving in BPHC-funded programs, including community and migrant health centers and Health Care for the Homeless (HCH) programs. About 20 percent of the providers are NHSC scholars, and the rest are in the Federal and State loan repayment programs.

The Scholarship Program.

The NHSC scholarship program provides up to four years of tuition and support for primary care physicians, nurse practitioners, physician assistants, and nurse midwives. In return, scholars agree to one year of service for every year of their scholarship, with a minimum commitment of two years.

When they complete their training, NHSC scholars are given a list of eligible programs with open positions in areas designated by the BPHC as health professional shortage areas (HPSAs). Scholars interview for jobs and must be offered a full-time position at a competitive salary.

Unlike individuals in the loan repayment program, who do not make a commitment to the Corps until they have completed their education, scholars must decide early in their careers that they want to work with underserved

groups. "That's where the dedication and compassion come in," notes Gail Allen, a public health analyst with the NHSC.

Paul Carbone, M.D., a NHSC scholar and pediatrician at El Rio Santa Cruz Neighborhood Health Center in Tucson, AZ, typifies that spirit. "I always knew what I wanted to do," says Dr. Carbone, "and I love the people and the community I serve."

The Loan Repayment

Program. The loan repayment program provides up to \$25,000 a year for two years to repay qualified educational loans for primary care providers, as well as for dentists, dental hygienists, and mental and behavioral health practitioners. Individuals may apply for one-year extensions, with maximum loan repayments of \$35,000 a year. Like scholars, they may apply for positions at sites deemed eligible by the NHSC.

Qualifying for NHSC Assistance

Charles Van Anden, chief of the NHSC Community Support Branch, encourages HCH programs to become involved with the NHSC. "You get a targeted list of clinicians who want and need to be there," Van Anden says.

To list job openings with the NHSC, sites in qualified HPSAs must complete a simple, two-page application available from the program or at the BPHC Access site online; click on the "BPHC Access" link at <http://www.bphc.dhhs.gov>. For more information, call Van Anden at (301) 594-4165.▲

Annual Conference Looks Ahead

The 1999 National Health Care for the Homeless (HCH) Conference, featuring a full two-and-one-half day program this year, will be held April 29 through May 1 at the Hyatt Regency Washington in Washington D.C. In lieu of a separate Policy Symposium, National HCH Council workshops will be scheduled throughout the conference, and a single registration fee will cover the entire program.

This year's theme, "New Solutions to Old Problems," will examine the challenges and opportunities that HCH providers face as the country prepares for the next century. Complete details and registration materials will be mailed to HCH grantees and subcontractors in the coming weeks. For more information about the conference, contact Kim Schulman at John Snow, Inc., (617) 482-9485 or kschulman@jsi.com.

HCH INFORMATION RESOURCE CENTER CONNECTIONS

Resources for Children's Health Care

The following publications address issues surrounding outreach and access to insurance coverage for homeless children:

- Bureau of Primary Health Care. *The Children's Health Insurance Program and Homeless Children: Considerations for the States*, 1997. Available from: HCH Information Resource Center.
- Rosenbaum, S. *The Role of Health Centers in Promoting Access to Medicaid and CHIP Coverage*, 1998. Available from: NACHC, 1330 New Hampshire Ave., NW, Suite 122, Washington, DC 20036. Phone: (202) 659-8008.

Contact the HCH Information Resource Center for the following annotated bibliographies:

- *Health Issues of Homeless Children* (June 1998)
- *Morbidity and Mortality among Homeless and Low-Income Children* (August 1998)

Children's Books on Homelessness

There are some interesting children's books about homelessness. With colorful drawings, photographs, and simple text, these books appeal to homeless children as an expression of their personal experience and to non-homeless children as a way to learn about this sensitive issue. Three examples are listed below.

- Cornerstone Community Outreach Center. *Home Is Where We Live: Life at a Shelter through a Young Girl's Eyes*, 1995. Available from: Cornerstone Press Chicago, 939 W. Wilson, Chicago, IL 60640.
- Martin, C. *Rosie the Shopping Cart Lady*, 1996. Available from: Hohm Press, PO Box 2501, Prescott, AZ 86302.
- Nunez, R. *Our Wish*, 1997. Available from: Institute for Children and Poverty, 36 Cooper Square, 6th Floor, New York, NY 10003.

Free Blankets Available

The Department of Defense's Blankets Program has provided more than four million blankets to more than 500 homeless shelters since 1987. To obtain free blankets for homeless assistance programs, address official correspondence (on organization stationery) to Defense Support Center Philadelphia, 2800 South 20th Street, Philadelphia, PA 19145. Include a brief description of the organization, the number of blankets requested, and the shipping address. For more information, contact Rene Martin at (215) 737-2497.

Call for Materials

The Resource and Tools Exchange at the National HCH Conference, April 29 to May 1 in Washington, D.C., is a great way to share information about your program and learn about others. Consider sending any or all of the following materials:

- brochures
- program descriptions
- clinical/administrative tools
- manuals/training materials
- policies/procedures/guidelines
- publications/newsletters
- fact sheets
- job descriptions

For information about sending bulk materials to the conference, contact Yvonne Wallace at John Snow, Inc. Phone: (617) 482-9485. E-mail: ywallace@jsi.com. The resource room offers a great opportunity for exchanging valuable information. Please share!

Call for Videos

There will be an opportunity at this year's HCH conference to view videos about homeless programs around the country. Substance abuse, needle exchange, and mobile vans are some of the topics that will be presented. If you have a video that provides a look at your program, or if you know of a video that is especially useful for education and/or training, please contact Nan Brady at the HCH Information Resource Center by February 26.

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 • Website: <http://www.prainc.com/hch>



Bureau Accepts Governance Proposals

The Bureau of Primary Health Care (BPHC) is completing its review of governance plans submitted by Health Care for the Homeless (HCH) grantees in response to Policy Information Notice #98-12, which implemented Section 330 governance requirements. In the case of grantees that also receive community/migrant health center funding, the Bureau is accepting plans to add homeless or formerly homeless individuals to the Board of Directors.

Stand-alone HCH grantees must either include homeless or formerly homeless individuals on their governing boards or establish a formal homeless advisory board. They may also implement focus groups and patient surveys. Where programs fall short of having consumer members on the governing board, it is expected that, over time, they will move toward achieving full involvement of homeless or formerly homeless individuals at the highest levels of governance.

Confirmation letters are being mailed to grantees informing them that their governance plans have been

accepted. Grantees should contact their Field Office project officer if they have any questions.

New Dollars for HCH Grantees

On December 14, 1998, the BPHC issued Program Assistance Letter (PAL) #99-09, announcing three new health center funding opportunities for Fiscal Year 1999. Approximately \$3 million of the 1999 health center appropriation has been earmarked for HCH grantees to "strengthen the current safety net." Funds will be targeted to projects that exhibit high need while continuing to exhibit good performance.

Another \$2 million will go to HCH grantees to establish new access points. Finally, some HCH grantees will receive funds to expand current services. Policy Information Notices announcing competitions for the new access points and service expansion funds, and including application instructions, will be available in February. For additional information, please contact Susan Whitney in the HCH Branch, (301) 594-4480 or swhitney@hrsa.dhhs.gov.



Department of Health & Human Services

Health Resources and Services Administration
Bureau of Primary Health Care

Health Care for the Homeless
INFORMATION RESOURCE CENTER

Policy Research Associates, Inc.
262 Delaware Avenue, Delmar, New York 12054

First-Class Mail
Postage and Fees
Paid
DHHS/HRSA
Permit No. G-286