



## King County

### King County Board of Health

#### Staff Report

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Agenda item No: 9  
Resolution No: 17-08

Date: September 21, 2017  
Prepared by: John Gilvar

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#### Summary

Retroactive approval of the Health Care for the Homeless Network (HCHN) 2016 Annual Spending Plan submitted to the federal Health Services and Resources Administration (HRSA) as part of Public Health's annual Health Care for the Homeless federal grant application. The spending plan budget was reviewed by the Board of Health in March 2016 as part of the presentation on Board of Health governance functions for the HCHN.

#### Background

The Board of Health is the formal governance board for the Public Health-Seattle & King County Health Care for the Homeless (HCH) grant under section 330(h) of the Public Health Services Act. In May 2016, the Board established a standing advisory committee on the Health Care for the Homeless Network (HCHN), which Public Health manages and which is supported by the HCH grant and other funders. The standing committee:

- Reviews the HCHN annual spending plan that Public Health submits to HRSA as part of its annual grant application;
- Meets jointly with the HCHN Planning Council, Public Health's community advisory body for HCHN programmatic planning and policy, to review and discuss community needs assessments conducted by HCHN; and
- In conjunction with the Planning Council, advises Public Health regarding strategic planning and program performance related to the HCHN scope of services, in particular regarding strategies for partnering with community-based contractors to help HCHN address health care needs within the King County homeless population that are not adequately met by the broader community health care safety net.

In 2017 Standing Committee members were invited to participate, and one or more members attended several of the following meetings:

1. Request for Qualifications (RFQ) Advisory Meeting (2/21/2017) – along with Planning Council members, consumer and community stakeholders, learned about themes from the HCHN Community Needs Assessment, to help guide the development of the RFQ process for 2018.

2. HCHN Planning Council and Board of Health Standing Committee Annual Retreat (3/21/2017) - focused on strategic planning and included a presentation on HCHN data to inform planning.
3. Monthly Planning Council meetings.
4. RFQ Planning meeting (5/31/2017) - with Planning Council members, BOHSC members and staff, and other stakeholders, to review RFQ applications.

In November 2016, HRSA conducted an Operational Site Visit (OSV) to evaluate Public Health's compliance with requirements for Community Health Center and Health Care for the Homeless program grantees. HRSA conducts such visits at regular intervals with all its grantees. In its post-OSV report back to Public Health, HRSA noted that while Public Health staff had briefed the Standing Committee on the 2016 annual spending plan budget that was submitted to HRSA as part of Public Health's annual grant application, it had failed to obtain formal approval of the spending plan budget from the full Board of Health. HRSA indicated that such full board approval needs to be reflected in the minutes of the full board as opposed to those of the Standing Committee. While the Board of Health did not take action to approve the 2016 budget, the budget was presented at the March 2016 meeting as part of a briefing on Board of Health governance functions.

In February 2017, the Board approved Public Health's 2017 spending plan for the Health Care the Homeless federal grant, following review by the Standing Committee. Now, in order for Public Health to come into compliance with HRSA requirements, the full Board needs to formally approve the 2016 spending plan budget as well. The Standing Committee was briefed on this request at a meeting on July 10, 2017. The differences between the 2016 and 2017 spending plans mainly reflect an increase in City of Seattle funding in 2017, in particular for the Mobile Medical Program.

#### **2016 vs 2017 Health Care for the Homeless Network HRSA Grant Scope of Project Spending Plans**

| <b>Revenue</b>                                        | <b>2016</b>         | <b>% of Total</b> | <b>2017</b>         | <b>% of Total</b> |
|-------------------------------------------------------|---------------------|-------------------|---------------------|-------------------|
| PHSKC Patient Services Income                         | \$7,699,360         | 39%               | \$8,149,908         | 39%               |
| State Grants/Funding                                  | \$436,882           | 2%                | \$812,775           | 4%                |
| Local Funding (City, County)                          | \$5,125,825         | 26%               | \$6,029,829         | 28%               |
| Other (United Way, Respite Hospitals, Private Grants) | \$1,645,600         | 9%                | \$1,495,600         | 7%                |
| Federal 330h Homeless Grant                           | \$4,781,458         | 24%               | \$4,781,458         | 22%               |
| <b>Total</b>                                          | <b>\$19,689,125</b> | <b>100%</b>       | <b>\$21,269,570</b> | <b>100%</b>       |

| <b>Expenses</b>                        | <b>2016</b>         | <b>% of Total</b> | <b>2017</b>         | <b>% of Total</b> |
|----------------------------------------|---------------------|-------------------|---------------------|-------------------|
| Patient Services Personnel - PHSKC     | \$8,239,432         | 42%               | \$9,090,572         | 43%               |
| Patient Services Other Costs - PHSKC   | \$1,822,670         | 9%                | \$2,069,396         | 10%               |
| Patient Services Personnel - Contracts | \$7,901,031         | 40%               | \$8,494,888         | 40%               |
| Oversight Administration - PHSKC       | \$1,725,992         | 9%                | \$1,614,714         | 7%                |
| <b>Total</b>                           | <b>\$19,689,125</b> | <b>100%</b>       | <b>\$21,269,570</b> | <b>100%</b>       |

Notes:

(1) PHSKC Patient Services costs reflect Public Health Center, Mobile Medical, and Kids Plus services provided to homeless patients

(2) 2016/17 Contracted Patient Services costs reflect costs for 9 contracted partners to provide services to homeless patients. These contractors are: Country Doctor CHC, Evergreen Treatment Services, Harboview Medical Center, HealthPoint CHC, Neighborcare CHC, Seattle Indian Health Board, University of WA Adolescent Medicine, Valley Cities Counseling and Consultation, YWCA

### **Health Care for the Homeless Network Governance Adjustments Required by HRSA**

In addition to the retroactive Board of Health approval of the 2016 spending plan abudget, HRSA's Operational Site Visit report requires Public Health to make certain adjustments to the way that community oversight is provided to the Health Care for the Homeless Network. HRSA determined that these changes are required in order to bring Public Health into compliance with the update to HRSA's grantee governance policy that occurred in 2014. In meetings in April and May 2017, Public Health staff reviewed the governance requirements that HRSA cited in its OSV report with both the HCHN Planning Council, which serves as the community/consumer advisory body for the program, and the Board's Standing Committee on HCHN. HRSA has requested, and the Standing Committee has approved, that Public Health research and give full consideration to the governance structures of other Public Health departments and other public agencies around the country who are grantees under HRSA's HCH grant program. Specifically, HRSA has asked and the Standing Committee approved, that Public Health consider adopting a governance structure that entails the transfer of formal governance responsibilities from the Board of Health to a co-applicant board, as defined in HRSA's policies on the governance of public entity grantees. Public Health – Seattle & King County are in the process of determining what it will take to make this transition and will report back to the Standing Committee and the full Board of Health as plans are developed.

### **Attachment**

1. Resolution No. 17-05