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OUR MISSION

Housing Works’ Mission is to end the dual crises of homelessness and chronic illness through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts.

We’re committed to ending the AIDS epidemic and addressing the related conditions that affect our communities. In addition to treating clients holistically, we fight policies—at the city, state, national and international level—that continue to marginalize communities at risk.

Housing Works Community Healthcare fosters good health and positive social change through empowerment, innovation, and collaboration. We provide high-quality integrated medical care and other essential services that improve individual and overall community well-being.

OUR HISTORY

In 1990, five members of the powerful social movement ACT UP dedicated themselves to serving one of New York City’s most neglected populations—the tens of thousands of homeless men, women, and children in New York City living with HIV and AIDS. They believed that housing is a form of healthcare, as important in the fight against AIDS as drugs; people can’t get healthy if they’re spending their energy finding a place to sleep every night.

In the 28 years since its inception, Housing Works has served almost 50,000 clients. Its outreach has expanded beyond HIV/AIDS to Hepatitis C and other chronic diseases. Successfully battling these chronic diseases takes more than a drug regimen. We know that our clients must also have access to stable housing, regular healthcare, and a community that understands and serves their needs. We’ve been providing that care, compassion and community with unflagging energy. Now, we seek to expand our outreach and serve more marginalized groups who are not getting the services they need and deserve, including people of color, LGBTQ individuals, homeless people and families, and those challenged by mental illness and substance use.

We’re committed to the populations we serve leading healthy, productive lives.
OUR VALUES

Our core values support our mission of fostering good health and positive social change for our community. They guide our actions as we serve our constituents and help us evaluate our performance now and as we position ourselves for growth.

**High Performance:** We strive for excellence in all our endeavors.

**Stronger Together:** We work as one to tackle—and achieve—the impossible.

**All In:** We’re bold, direct, and relentless as we strive to improve individual and community health.

**Membership:** We go the extra mile for others every day, and we celebrate and have fun throughout the healing process.

We work as one to tackle—and achieve—the impossible.
MOVING FORWARD TOGETHER

OUR FOUNDATIONAL PRINCIPLES

To continue to serve our populations and provide the life-saving services they need, we have identified three foundational principles that will bolster our work.

Communication: Enhancing and intensifying our communication strategy, both internally and externally, will reinforce our story, thus helping us secure additional funding and attract more clients, volunteers, staff and board members.

Our story is complex and layered; it includes our clients’ stories as well as the stories of our staff, volunteers, boards, donors and the community at large. We must use every voice to share our narrative and open the hearts and minds of all segments of society.

We’ll tell our story clearly and engagingly, explaining complex social justice issues in a digestible way, and reporting on progress and performance against our mission. We’ll position ourselves as a true pacesetter and innovative thought leader, inspiring behavior change and strategic alignment from all stakeholders.

Advocacy: In addition to providing concrete and immediate resources like housing and healthcare, we also advocate for the long-term welfare of our clients. We champion human rights and social justice causes to expose and dismantle the structural inequities that perpetuate the poor health of the people we serve.

We’ll increase discipline in our advocacy efforts, improve transparency and sharpen our messaging. We’ll deepen involvement with our staff and boards to help them fully understand, appreciate and contribute to the powerful advantage of advocacy.

Adaptation: The external environment is rapidly changing. As we look to the future, specifically the next three years, we believe that the environmental forces facing our mission and business will require us to re-focus and re-double our efforts to meet our goals.

For example, value-based payment, a “pay for performance” system that ties reimbursement to the achievement of specific goals and outcomes, is coming. This will disrupt how we provide services and change how we’re evaluated, as we’ll have to quantify outcomes and provide measurable data to health plans and New York State.

We are prepared to continue to fight for the disadvantaged and chronically ill in new ways and on new frontiers.
**MOVING FORWARD TOGETHER**

**OUR FOUNDATIONAL PRINCIPLES continued**

**Headwinds—Tackling the expected and unexpected**

- **Shifting Healthcare Landscape:** The Affordable Care Act, Medicaid and Medicare are threatened. Value-based payment is coming, holding health care providers accountable for both the cost and the quality of care we provide.

- **Funding Pressures:** Revenue diversification is necessary and can be difficult. We have several successful entrepreneurial businesses that reduce our dependency on external funding, and we need to identify, test and implement additional ventures.

- **Emerging Technology:** Technology is advancing at breakneck speed. Harnessing new systems can help us to increase efficacies, reduce cost and improve outcomes, but we must be diligent about the cost versus benefits.

- **Marketing and Communication Complexity:** Our marketing and communication efforts need refinement and bolstering, to secure funding, keep our stakeholders informed, and attract additional clients.

- **Hiring is Tough:** Attracting strong, qualified new staff can be difficult. We must find already well-trained and experienced people and provide training and development to quickly season more junior employees.

- **Stronger Staff:** To remain competitive, we need to strengthen our Boards, employee base and volunteer staff. We need better onboarding, training and communication to help us remain competitive and on the cutting edge of our field.

- **Margin and Mission:** We’re currently financially stable, but that’s not a guarantee for the future—margin is as important as mission. We must continue to monitor and manage expenses and find ways to increase our client base.

- **Size and Scale:** Size helps bring economies of scale, so we must grow to remain competitive. We have to increase our market share in healthcare, housing, case management, and other services.

Our strategic plan outlines a clear vision to guide Housing Works from 2019 to 2021 to expand the capacity and influence of our organization, transform the lives of our clients, and build upon and broaden our robust advocacy for marginalized people.

We must prepare to operate in this new world with efficiency and agility.
OUR STRATEGIC OBJECTIVES

To compete effectively on this new playing field over the next three years, we’ve defined three strategic objectives or focus areas for our work. These are:

1. **Our People:** Building a diverse and engaged leadership base

2. **Our Programs:** Expanding our services to meet client needs and realize scale

3. **Our Preparedness:** Using our proven model of entrepreneurship and experimentation to diversify revenue streams and expand our footprint

Within each of these areas, working with our Boards and staff, we’ve established:

- **Goals:** mile markers along the journey to achieving the objective
- **Tactics:** planned interventions that advance the objectives
- **Metrics:** specific, verifiable outcomes that enable us to track our success and see our progress clearly

OUR PEOPLE: Building a Diverse and Engaged Leadership Base

People are the backbone of any organization, and the need for leadership is the same across private and public organizations. Good leadership means engaging people to accomplish something extraordinary together. However, because non-profits like Housing Works rely on the skills and dedication of both paid and unpaid people to fulfill their missions, we require a different kind of leadership to guide and motivate our staff, volunteers and Board members. We have to demonstrate a “social return”—a social good or value that serves as the inducement for the engagement and initiative of all of our human resources.

At Housing Works, we believe our staff should reflect the diverse nature of the populations we serve. Diversity is an important issue for any modern business. But it’s not enough to hire a diverse population; everyone needs to feel like they are truly welcome, safe and free to be themselves in the workplace.

A sense of belonging and inclusion ensures that all employees, regardless of their background and experiences, have equal opportunities and can create a more successful future together with their employers. When people are comfortable and...
can express themselves in an authentic way, they are more likely to perform better, which increases engagement and contributes to the organization as a whole.

To gain these benefits, we have to change how we recruit, interview and promote. We need to explore our own implicit bias, to ensure it does not impact our decisions. We’re also committed to upgrading our onboarding, training, development and metrics to ensure that the people working with us are highly skilled and have clear measures for performance.

**Goals, Tactics and Metrics: People Leadership**

**Goal 1:** Develop staff and Board diversity that reflects the populations we serve

**TACTICS:**
- Establish a current baseline for the diversity (ethnicity, race, gender, age) of our staff and Boards
- Invest in talent management software for recruitment, training, development, productivity and retention tools for staff and volunteer leadership, and to build a database of qualified and diverse candidates
- Working with outside Board development agencies, increase diversity on all volunteer Boards; create diversity scorecard based on recommendations of consultants

**METRIC:**
- Increase ethnicity, racial, gender and age diversity by 20% over current baseline by year-end 2021

**Goal 2:** Increase employee productivity through technology

**TACTICS:**
- Deploy technology-enabled employee self-service training
- Roll out new intranet (enabled for mobile devices)
- Improve new employee onboarding procedures to help staff become productive quickly
- Introduce SLACK or similar communication tools
- Roll out Key Performance Indicators (KPIs) to ensure accountability for all metrics across the agency
- Establish a management review process to hold people accountable for their KPIs

**METRICS:**
- Reduce new employee ramp-up time to peak efficiency to 15 days from day one
- Executive team and VPs have agreed-upon KPIs and are rolling out to their areas

**Goal 3:** Become an “employer of choice”

**TACTICS:**
- Chose and implement an employee satisfaction survey tool by December 2019
- Monitor and respond to employee feedback on surveys
- Use survey output to refine recruitment, onboarding, training and development
- Shift staff to incentive-based/outcome-based compensation
MOVING FORWARD TOGETHER

**Goal 4: Develop a culture of inclusion**

**TACTIC:**
- Implement training and culture change initiatives around implicit bias by year-end 2019

**METRIC:**
- 100% of staff and Boards participate in implicit bias training by year-end 2020

**Goal 5: Develop and enhance Board knowledge**

**TACTICS:**
- Introduce Board effectiveness training and coaching
- Develop and deploy metrics/dashboard for Board members to self-assess individual and group performance

**METRICS:**
- 100% of current Board members participate in training by year-end 2019
- 100% of Board members sign an annual letter of commitment that outlines expectations and responsibilities

**TACTIC:**
- Establish baseline of participation in meetings and committees
- Initiate an annual Board engagement survey; use output of Board engagement survey to refine expectations, accountabilities and training

**Goal 6: Improve coordination and communication between Inc. and subsidiary Boards**

**TACTIC:**
- Implement a complementary roll-up Board that includes representation from subsidiary Boards on an Inc. Board

**METRICS:**
- Housing Works, Inc. Board implementation completed by year-end 2019
- HW Inc. Board contributes to company performance by demonstrating good internal dynamics, aligning with Housing Works priorities and strategies, identifying emerging issues/crises and advising on strategy, and maintaining good relationships internally and with Housing Works leadership (CEO, COO)

**METRICS:**
- Attendance at Board meetings for all Boards is at 80% by year-end 2020
- 100% of all Board members participate in at least one Board committee in a two-year tenure

**TACTIC:**
- Train Board and Community members on major donor fundraising

**METRICS:**
- Board members focus on fundraising and give/get commensurate with their capacity
- Community members commit to increase community engagement hours

METRICS:
- Turnover decreases from 30% to 25%, by EOY 2021
- 100% of all Board members participate in at least one Board committee in a two-year tenure
Goal 7: Have Boards be self-sustaining, recruiting and replacing members to ensure fresh thinking and independence

TACTICS:
• Refine membership terms, edit/refine bylaws and enforce term limits
• Use Executive Committees as a testing environment for new Board leadership
• Create a Board development committee to recruit and train new members

METRICS:
• Boards have orderly turnover, adhering to term limits
• Committees are fully staffed

OUR PROGRAMS: Expanding services to meet needs and realize scale

Effectively serving our population requires that we focus, simultaneously, on clinical outcomes, costs of care, and the client experience—the “triple bottom line.”

People with chronic conditions often require more health services, therefore increasing their interactions with the health care system.

We’re committed to providing services that wrap around our clients with a whole-person mindset. By capturing the total client experience, sharing information and bundling services, we can drive efficiencies and continue to remove the barriers our clients face in obtaining necessary and life-enhancing assistance. And by realizing scale, we can increase our market share and ultimately produce better outcomes for our target populations while managing the cost of care.

Maximizing payment streams, continuous compliance, and robust quality improvement programs are demanding undertakings for community-based organizations. Given Housing Works’ client population and our history of developing and scaling innovative health interventions, the coming changes in Medicaid reimbursement present both opportunities and challenges. Housing Works has been actively preparing for this paradigm shift and is ready to implement systems to leverage its unique position in the healthcare landscape, thus ensuring its long-term financial viability.

Goals, Tactics and Metrics: Programs

Goal 1: Align programs, service delivery and data collection with value based payment model

TACTIC:
• Increase percentage of clients in wrap-around services
MOVING FORWARD TOGETHER

METRICS:
• 80% of housing clients in our primary care (currently 75%)
• 60% of clients in our non-medical services in our primary care (currently in the 50% range)
• 90% of our primary care clients in our care coordination (PC + 1) (currently 62%)

TACTICS:
• Support the creation of cross-functional “horizontal” teams that bring together clinical and case management staff around shared outcomes
• Develop new clinic operational standard and train new operations staff

METRICS:
• Cross-functional teams in place by September 2019
• HRSA, HEDIS, UDS, and ETE outcomes tracked/recorded in agency dashboards (attached as Appendix I)

TACTICS:
• Leverage current data collection systems and implement new technology enabled tools
• Create new dashboards that measure outcomes, total cost of care, and client experience
• Launch telemedicine pilot and other technology solutions that increase access

METRIC:
• Measure using HRSA, HEDIS, and ETE outcomes (attached as Appendix I)

Goal 2: Increase participation in PrEP, Undetectables, HEP C and Medication Assisted Treatment (MAT) programs in line with our deep commitment to ending the epidemic of chronic diseases that affect our populations

TACTICS:
• Bring healthcare to the Bailey House buildings
• Promote our innovative model of service
• Develop a PrEP Center of Excellence

METRICS:
• 95% of clients enrolled in The Undetectables Program virally suppressed by December 2021
• 80% of all HIV-positive clients virally suppressed by end of 2021
• Additional 500 clients “cured” (sustained viral response) of HEP C (2019 through 2021)
• In December 2021, 2,000 clients actively enrolled/prescribed PrEP (not cumulative, but at that time)
MOVING FORWARD TOGETHER

• 415 clients on MAT for opioid use disorder by 2021 (currently 235 clients)

Goal 3: Achieve the scale required to fully benefit from value based payment

TACTICS:
• Successfully complete Bailey House merger
• Plan and launch expanded housing initiatives for individuals with multiple co-morbid conditions
• Use lessons learned from Bailey House to vet future partners

METRICS:
• Bailey House merger complete by mid 2019
• Within 24 months, increase combined number of housing units from 650 to 800 (scattered site or master lease) OR identify and secure parcel for building of equivalent number of units
• Develop a target list for new partners by year-end 2019
• Initiate no less than two new housing projects annually, 2019 through 2021

Goal 4: Expand services and new innovative programs to existing client population for identified health and wellness needs (smoking cessation, sexual wellness, etc.)

TACTIC:
• Finalize toolkits for smoking cessation and sexual wellness, and refine to ensure programs are easily scalable (e.g. complete training curriculum, resource guides, screening inventories, etc.)

METRICS:
• Smoking cessation: Increase number of clients counseled and treated by 20% per year (current base is 1,274)
• Sexual wellness: Increase sex-positive HIV prevention and care in all locations by year-end 2019

OUR PREPAREDNESS: Use our proven model of entrepreneurship and experimentation to diversify our revenue streams and expand our footprint

To remain successful and get ready for the future, we need to create new, sustainable, synergistic, and profitable sources of revenue to fund overhead and program expenses not covered by payers. We need to look beyond the Thrift Stores and Café/Bookstore to

We are committed to creating new social enterprise businesses that will help cover our overhead, while offering services and capabilities that clients and the community need and want.
new social enterprise revenues, developing new activities and events and setting clear financial goals. Where we can, we should seize the opportunity to acquire or merge with other culturally aligned organizations to expand our geographic footprint to increase market share, reduce cost, accumulate assets, enhance our staff talent bench, and address potential gaps in agency services and capabilities that clients need.

Goals, Tactics and Metrics: Preparedness

**Goal 1:** Establish a new business incubator; develop a process to evaluate new business opportunities

**TACTIC:**
- Use the current business improvement model to test new businesses, including a cannabis café, wellness centers, financial services, “nimble store” model, and new neighborhoods; evaluate housing development through a similar entrepreneurial lens

**METRIC:**
- Test one new model annually and measure against established metrics (and appropriate adaptation thereof)

**Goal 2:** Drive business through our expertise in Technical Assistance

**TACTIC:**
- Expand sales of the e-iCare psychosocial case management system

**METRIC:**
- By 2020, e-iCare breaks even; in FY 2021 and 2022, e-iCare makes $500k in profit

**Goal 3:** Become owners in a provider-led Accountable Care Organization (ACO)

**TACTIC:**
- Transition from FFS to value based payments through innovative contracting networks

**METRICS:**
- As owners, contribute to the development and launch of community based ACO (Accountable Care Organization) and contract for total cost of care of HIV Lives by first quarter 2020
- Through our ownership in Engage-well IPA, participate in “Level 1” contracts, three payers, and three “Level 2” contracts by end of 2019

**TACTICS:**
- Offer consulting services to other FQHCs
- Conduct educational sessions about our expertise in entrepreneurial business at appropriate conferences to position ourselves as thought leaders

**METRIC:**
- Secure three consulting clients by 2021
Goal 4: Focus on major gift raising

TACTIC:
- Develop naming opportunities, especially housing-related opportunities; offer a new, compelling table of gift opportunities

METRICS:
- "Sell" at least one naming opportunity by year-end 2021
- Initiate capital campaign feasibility study

TACTIC:
- Focus on estate gifts via expanded direct response program

METRIC:
- Secure one estate gift per year with a minimum value of $50,000

Goal 5: Launch “rapid response” advocacy-based fundraising program

TACTIC:
- Quick response to timely topics/issues via digital campaigns and technology-enabled fundraising, including video, podcasts and other emerging platforms

METRICS:
- At least one rapid response campaign per quarter
- Revenues of at least $5K per campaign

TACTIC:
- Explore digitally enhanced telethon-like fundraising drives

METRICS:
- Develop and test prototype by June 2019
- Conduct one drive per year that raises at least $25,000
Appendix One: HRSA, HEDIS, UDS, and ETE outcomes

HRSA Chapter 19: Board Authority

Note: This chapter contains language that was revised based on the Bipartisan Budget Act of 2018. View the revisions. (PDF—583 KB)

Appendix: Board Authority (HRSA)

Section 330(k)(3)(H) of the PHS Act; 42 CFR 51c.303(i), 42 CFR 56.303(i), 42 CFR 51c.304(d), and 42 CFR 56.304(d); and 45 CFR 75.507(b)(2)

Requirements

- The health center must establish a governing board that has specific responsibility for oversight of the Health Center Program project.
- The health center governing board must develop bylaws which specify the responsibilities of the board.
- The health center governing board must assure that the center is operated in compliance with applicable Federal, State, and local laws and regulations.
- The health center governing board must hold monthly meetings and record in meeting minutes the board’s attendance, key actions, and decisions.
- The health center governing board must approve the selection and termination/dismissal of the health center’s Project Director/Chief Executive Officer (CEO).
- The health center governing board must have authority for establishing or adopting policies for the conduct of the Health Center Program project and for updating these policies when needed. Specifically, the health center governing board must have authority for:
  - Adopting policies for financial management practices and a system to ensure accountability for center resources (unless already established by the public agency as the Federal award or designation recipient), including periodically reviewing the financial status of the health center and the results of the annual audit to ensure appropriate follow-up actions are taken;
  - Adopting policy for eligibility for services including criteria for partial payment schedules;
  - Establishing and maintaining general personnel policies for the health center (unless already established by the public agency as the Federal award or designation recipient), including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices; and
  - Adopting health care policies including quality-of-care audit procedures.
• The health center governing board must adopt health care policies including the:
  – Scope and availability of services to be provided within the Health Center Program project, including decisions to subaward or contract for a substantial portion of the services;7,8
  – Service site location(s);9 and
  – Hours of operation of service sites.

• The health center governing board must review and approve the annual Health Center Program project budget.10

• The health center must develop its overall plan for the Health Center Program project under the direction of the governing board.

• The health center governing board must provide direction for long-range planning, including but not limited to identifying health center priorities and adopting a three-year plan for financial management and capital expenditures.

• The health center governing board must assess the achievement of project objectives through evaluation of health center activities, including service utilization patterns, productivity [efficiency and effectiveness] of the center, and patient satisfaction.

• The health center governing board must ensure that a process is developed for hearing and resolving patient grievances.

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

a. The health center’s organizational structure, articles of incorporation, bylaws, and other relevant documents ensure the health center governing board maintains the authority for oversight of the Health Center Program project, specifically:
  – The organizational structure and documents do not allow for any other individual, entity or committee (including, but not limited to, an executive committee authorized by the board) to reserve approval authority or have veto power over the health center board with regard to the required authorities and functions;11
  – In cases where a health center collaborates with other entities in fulfilling the health center’s HRSA-approved scope of project, such collaboration or agreements with the other entities do not restrict or infringe upon the health center board’s required authorities and functions; and
  – For public agencies with a co-applicant board;12 the health center has a co-applicant agreement that delegates the required authorities and functions to the co-applicant board and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project.
b. The health center’s articles of incorporation, bylaws, or other relevant documents outline the following required authorities and responsibilities of the governing board:

- Holding monthly meetings;
- Approving the selection (and termination or dismissal, as appropriate) of the health center’s Project Director/CEO;
- Approving the annual Health Center Program project budget and applications;
- Approving health center services and the location and hours of operation of health center sites;
- Evaluating the performance of the health center;
- Establishing or adopting policy related to the operations of the health center; and
- Assuring the health center operates in compliance with applicable Federal, State, and local laws and regulations

c. The health center’s board minutes and other relevant documents confirm that the board exercises, without restriction, the following authorities and functions:

- Holding monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and functions;
- Approving the selection, evaluation and, if necessary, the dismissal or termination of the Project Director/CEO from the Health Center Program project;
- Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue;
- Approving the Health Center Program project’s sites, hours of operation and services, including decisions to subaward or contract for a substantial portion of the health center’s services;
- Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken;
- Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs; and
- Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management, and ensuring appropriate follow-up actions are taken regarding:
  - Achievement of project objectives;
  - Service utilization patterns;
  - Quality of care;
  - Efficiency and effectiveness of the center; and
  - Patient satisfaction, including addressing any patient grievances.
d. The health center board has adopted, evaluated at least once every three years, and, as needed, approved updates to policies in the following areas: Sliding Fee Discount Program, Quality Improvement/Assurance, and Billing and Collections.\textsuperscript{15}

e. The health center board has adopted, evaluated at least once every three years, and, as needed, approved updates to policies that support financial management and accounting systems and personnel policies. However, in cases where a public agency is the recipient of the Health Center Program Federal award or designation and has established a co-applicant structure, the public agency may establish and retain the authority to adopt and approve policies that support financial management and accounting systems and personnel policies.

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

• The health center board determines how to carry out required responsibilities, functions, and authorities in areas such as the following:
  - Whether to establish standing committees, including the number and type of such committees (for example, executive, finance, quality improvement, personnel, planning).
  - Whether to seek input or assistance from other organizations or subject matter experts (for example, joint committees for health centers that collaborate closely with other organizations, consultants, community leaders).
  - How often the Project Director/CEO performance is evaluated.

• The health center determines how to set quorum for board meetings consistent with state, territorial or other applicable law.

• The health center board determines the format of its long-range/strategic planning.

• For public agencies with co-applicant boards, the co-applicant board and the public agency determine how to collaborate in carrying out the Health Center Program project (for example, shared project assessment, public agency participation on board committees, joint preparation of grant applications).
Footnotes

1. The governing board of a health center operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act is exempt from the specific board authority requirements discussed in this chapter. Section 330(k)(3)(H) of the PHS Act.

2. For public agencies that elect to have a co-applicant, these authorities and functions apply to the co-applicant board.

3. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

4. Boards of organizations receiving a Health Center Program award/designation only under section 330(g) may meet less than once a month during periods of the year, as specified in the bylaws, where monthly meetings are not practical due to health center patient migration out of the area. 42 CFR 56.304(d)(2).

5. See Chapter 15: Financial Management and Accounting Systems for more information on the related requirements.

6. See Chapter 9: Sliding Fee Discount Program for more information on the related requirements.

7. See Chapter 4: Required and Additional Health Services for more information on the requirements associated with providing services within the HRSA-approved scope of project.

8. See Chapter 12: Contracts and Subawards for more information on the requirements associated with such arrangements.

9. See Chapter 6: Accessible Locations and Hours of Operation for more information on the requirements associated with health center service sites and hours of operation.

10. See Chapter 17: Budget for more information on the requirements of the Health Center Program project budget.

11. This does not preclude an executive committee from taking actions on behalf of the board in emergencies, on which the full board will subsequently vote.

12. Public agencies are permitted to utilize a co-applicant governance structure for the purposes of meeting Health Center Program governance requirements. Public centers may be structured in one of two ways to meet the program requirements: 1) the public agency independently meets all the Health Center Program governance requirements based on the existing structure and vested authorities of the public agency’s governing board; or 2) together, the public agency and the co-applicant meet all Health Center Program requirements.

13. The governing board of a health center is generally responsible for establishing and/or approving policies that govern health center operations, while the health center’s staff is generally responsible for implementing and ensuring adherence to these policies (including through operating procedures).

14. For more information related to the production of reports associated with these topics, see Chapter 18: Program Monitoring and Data Reporting Systems, Chapter 15: Financial Management and Accounting Systems, and Chapter 10: Quality Improvement/Assurance.

15. Policies related to billing and collections that require board approval include those that address the waiving or reducing of amounts owed by patients due to inability to pay, and if applicable those that limit or deny services due to refusal to pay.