



The Health Care for the Homeless Program:

The Health Care for the Homeless (HCH) program is a part of the larger community health center program, authorized under Section 330 of the Public Health Service Act. Funded through the Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services (HHS), community health centers are non-profit, community-based organizations that provide patient-centered, comprehensive, and cost-effective health care to low-income individuals and families regardless of their ability to pay. Health centers have a variety of program requirements, such as having a majority of the Board's membership made up of health center patients, being located in medically underserved areas, and providing a range of comprehensive medical care, preventative services, and other support services to their patients.

HCH projects are a "special populations" category of health centers that are required to serve predominantly homeless persons. They meet all the same requirements of any other health center with the additional statutory requirement to provide substance abuse services. There are 243 HCH grantees, at least one in every state, with over 2,500 service sites. In 2011, over 825,000 patients were served; 90% of HCH patients are below the Federal Poverty Level and 62% are uninsured.

The HCH Program was first established through the McKinney Homeless Assistance Act of 1987 after the successes of earlier Robert Wood Johnson/Pew Memorial Trust demonstration projects in 19 cities. In 1996, Congress combined HCH, Community Health Centers, Migrant Health Centers and Primary Care in Public Housing within the Consolidated Health Center program. Federal funding for HCH projects is appropriated annually in the Consolidated Health Center account. By statute, the HCH program receives 8.7% of the total Health Center appropriation.

Structure:

HCH grantees have varying organizational structures. Some are stand-alone HCH projects, with all of their services geared towards those experiencing homelessness. Others are part of a larger community health center, hospital, or local health department, with the HCH program as one of many programs. HCH programs also vary in where they deliver their services. Stand-alone homeless health care clinics, mobile vans, shelter-based clinics, and drop-in centers of various sizes are all common among HCH grantees. HCH grantees are located in urban, suburban, and rural areas, as is the problem of homelessness.

Many grantees go well beyond the statutory requirements of medical care and substance abuse services. Mental health services, health education, system navigation, dental services, pediatric and family services, street outreach, housing, employment services, and other support services are all common. These services are provided in a comprehensive, team-based way that seeks to address the interconnected health and social problems faced by most homeless individuals and families. Strong connections in the community for services not offered by the grantee are also common. Health center grants support many of the services provided by HCH grantees, as well as a variety of other public and private funding sources (**see text box**).

Important HCH funding sources

**Health center funding
PATH funding (under SAMHSA)
Mental health & substance
abuse block grants (SAMHSA)
Ryan White funding
Medicaid
Medicare
Private dollars**

Treatment approach:

HCH projects actively try to remove financial barriers such as copays and transportation costs. Other forms of barriers such as punitive measures for missed appointments or lack of strict adherence to treatment are also avoided where possible. HCH providers understand that homelessness leads to difficult choices about food, shelter, and other priorities, making strict requirements hard to maintain.

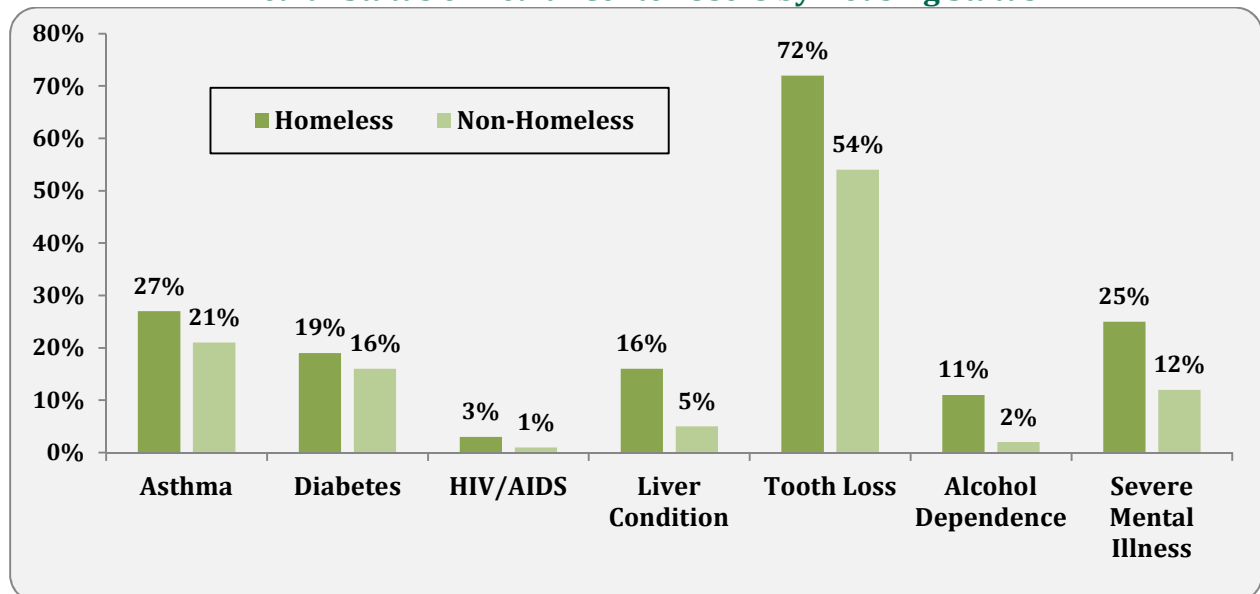
Through experience, the HCH community has learned that **housing is health care**; a stable place to live coupled with health and support services is the best treatment for homeless persons. Beyond this, many clinical approaches to acute and chronic conditions have been adapted to treat those without homes, used regularly by HCH clinicians and compiled by the National HCH Council. HCH clinicians also are aware that homeless persons almost invariably have faced significant trauma in their past and/or while on the streets. Being homeless is a traumatic experience itself beyond any additional violence or deprivation.

Many HCH projects are also involved in innovative treatment models, such as **patient centered medical homes, permanent supportive housing, and medical respite care programs**. These approaches have the potential to lower system wide costs and improve the health and stability of homeless persons. Ultimately, HCH projects endeavor to provide the highest quality, most comprehensive, and culturally competent outpatient care possible for a population struggling to meet basic daily needs.

Connection between Health & Homelessness:

Homelessness is a significant barrier to good health. Poor nutrition, inadequate hygiene, exposure to violence and weather-related illness and injury, increased risk of contracting communicable diseases, and the constant stress of housing instability all contribute to the health issues faced by homeless individuals and families. Without housing, simple cuts become infected, routine colds develop into pneumonia, and manageable chronic diseases such as asthma, hypertension, diabetes, and HIV become disabling, life-threatening and costly conditions. This leads to health conditions and treatment challenges even more difficult than other patients served at other health centers (see figure below). **Homeless persons die on average 30 years sooner than their housed counterpart.**

Health Status of Health Center Users by Housing Status



Source: Lebrun-Harris, L. A., Baggett, T., Jenkins, D. M., Sharma, R., Sripipatana, A., Hayashi, S., Daly, C. A. & Ngo-Metzger, Q. (2012). Health status and health care experiences among homeless patients in federally supported health centers: findings from the 2009 patient survey. *Health Services Research*.