

HCH Community Discussion: Maximizing ARPA Health Center Funding

April 19, 2021 Council Staff

- On March 25, White House announced \$6.1 billion for community health centers
- 1,376 health centers have received a one-time funding award for a 2-year performance period (until March 2023)
- Purpose of funds: Respond to/mitigate the spread of COVID-19 and enhance health care services and infrastructure
- HRSA Question and Answer Sessions:
 - Thursday, April 8
 - Wednesday, April 28, 2:00-3:00 EST
 - More information
 - Slides

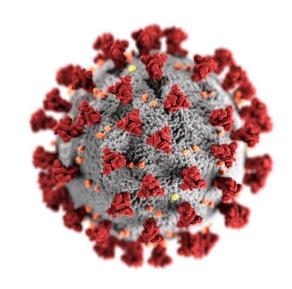
NHCHC Issue Brief:

Using HRSA Health Center Funding from the ARPA to Improve Systems of Care for People Experiencing Homelessness



C19 Eligible activities:

- C19 Vaccine capacity: vaccine administration, outreach, enabling services, supplies and equipment, vaccine administration workflows and clinical support, vaccine management and distribution, personnel, training, data systems and reporting, health information interoperability, adverse events monitoring, hours and availability, develop and deploy digital tools
- C19 Response and treatment capacity: testing, hours and availability, develop and deploy digital tools, personnel, laboratory, treatment, care coordination, workflows, interoperability, reporting, supplies and equipment, outreach, enabling services, and contact tracing



Other eligible activities (**bolded items** = activities most directly related to community partnerships):

- Maintaining and increasing capacity: personnel, immunization (other than C19), facilitating access, <u>broadband</u>, <u>telehealth</u>, training and education, develop and deploy digital tools, cybersecurity, equipment and supplies, electronic health record, <u>recuperative care</u>, behavioral health, <u>community partnerships</u>
- Recovery and stabilization: pent-up demand, patient registries, <u>virtual care</u>, <u>care transitions and coordination</u>, <u>outreach</u>, <u>facilitating access</u>, <u>population health and social determinants</u>, patient engagement, workforce well-being, training, continuity of care, strategic planning
- Infrastructure, minor alteration/renovation (A/R), mobile units and vehicles: general physical infrastructure improvements, facilitating access, <u>virtual care access</u>, team-based care, physical distancing, HVAC, <u>mobile unit</u>, <u>vehicles</u>. (Note: Up to \$500,000 may be used for minor A/R projects, with no single A/R project totaling \$500,000 or more in federal and nonfederal funds.)



American Rescue Plan Act: More Detail from HRSA on Select Items

Community Partnerships: Establish and strengthen community partnerships and referrals for housing, child care, food banks, employment, education counseling, legal services, and other related services.

Recuperative Care [aka medical respite care]: Provide or support short-term health services to individuals recovering from an acute illness or injury. Such services do not include health services provided in lieu of or concurrent to hospitalization, skilled nursing, or other residential health care.

Population Health and Social Determinants: Enhance or update patient population and community needs assessments; update strategic plans, policies, and procedures to reduce disparities in access, care delivery, and clinical quality measures; expand or develop new partnerships with social services organizations that can address identified social determinants of health; and develop or enhance the data infrastructure necessary to track and close social service referral loops.

Care Transitions and Coordination: Support transitions in care settings and coordination with health care and public health partners to address changing needs by enhancing workflows, updating telehealth plans, and enhancing health information and data exchange capacity.



Opportunities:

- Responses to COVID-19: continue/strengthen testing, PPE, vaccines, etc.
- Clinical care: equipment, supplies, temp staffing, training, etc.
- Supportive housing: expand service capacity
- Recuperative/medical respite care & alternate care sites: expand/start programs, strengthen services, make non-congregate care permanent
- **Telehealth and broadband:** establish access points at homeless service sites
- Mobile health: reach more service locations
- Transportation: add vehicles, increase access to services
- Outreach to unsheltered: greater/deeper engagement of most vulnerable

Our Collective Challenge:

How do we use an unprecedented amount of funding to improve "the HCH model of care"?

What systemic improvements are possible in your community so it's in a better place when this pandemic is over?

Need for Quick Action: Health centers have 60 days to indicate how to use these funds (~end-May)



American Rescue Plan Act: Funds for Health Centers - Initial Feedback from the Field

- Updating space in light of COVID-19
- Telehealth
- Start-up funds for medical respite care program
- Construction repairs, renovations to clinic
- Repairs and renovations to housing units for patients
- Wellness/mindfulness clinic
- LGBTQ clinic or programs
- Anti-racist activities
- Services in housing programs

- Mobile Health Units
- Develop/strengthen community partnerships
- Shelter health
- Mobile dental units
- Developing CAB
- Hiring temp staff for C19 testing, vaccinations, etc.
- EMR
- Hiring consultants
- Strategic planning
- Dental services



American Rescue Plan Act: Discussion Questions

- 1. How are you planning to use this one-time funding opportunity?
- 2. What conversations are you having with your CoC, local health authority, housing providers, medical respite programs, or other community partners to determine how this funding might pair well with other funding streams?
- 3. What additional information would be helpful for you to have in your decision-making process?
- 4. How can the Council best support this process for you?
 - Schedule another large-group discussion?
 - Hold smaller, more topic-driven discussions?
 - Other?





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National Health Care for the Homeless Council







National Institute for Medical Respite Care









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