

Using HRSA Health Center Funding from the American Rescue Plan Act to Improve Systems of Care for People Experiencing Homelessness

April 2021

On March 25, 2021, the Biden-Harris Administration [announced](#) a \$6.1 billion investment from the [American Rescue Plan Act](#) for community health centers to respond to and mitigate the spread of COVID-19 and enhance health care services and infrastructure. Subsequently, HRSA identified a wide range of [approved uses](#) for these resources and [distributed](#) the funds to 1,376 health centers, which provide health care and support services to approximately 30 million people (including nearly 1.5 million people experiencing homelessness). In many cases, individual allocations represent a significant level of funding.

The COVID-19 pandemic has left health centers with critical budgetary, staffing, and other programmatic shortfalls that these funds can be used to address. However, the funding also poses a unique opportunity to expand on the partnerships developed during the COVID-19 pandemic and meet broader health care needs. **This issue brief is intended to outline uses of the funding, encourage health centers to collaborate with [Continuums of Care](#) or other community partners (especially those with Health Care for the Homeless programs), and connect multiple funding opportunities in order to improve systems of care for people experiencing homelessness.**

AFTER MEETING IMMEDIATE NEEDS, HOW IS YOUR HEALTH CENTER USING THIS ONE-TIME FUNDING TO PROMOTE LONGER-TERM HEALTH AND HOUSING OUTCOMES FOR PEOPLE WHO ARE HOMELESS?

Connecting Health Center Funding with New Funding for Housing

The American Rescue Act Plan (ARPA), coupled with multiple COVID-19 aid packages over the past year, have yielded unprecedented increases in funding to expand housing and homeless services opportunities. As a result, HUD distributed (or is in the process of distributing) substantial [awards and allocations](#) to states, local governments, and territories for the Community Development Block Grant ([CDBG-CV](#)), Continuums of Care ([CoC](#)), Emergency Solutions Grants ([ESG-CV](#)), [HOME](#) Investments, Housing Opportunities for People with AIDS ([HOPWA](#)), and the Housing Trust Fund ([HTF](#)). The ARPA also allocated [additional funds](#) for emergency rental assistance, housing vouchers, and homelessness assistance. Together, over \$70 billion has been awarded. Access award amounts by grantee [here](#).

These HUD resources are creating opportunities to dramatically scale up prevention and crisis response activities, and expand new permanent housing opportunities, which can also include supportive housing programs. However, these programs will require funding for services in order to be an effective intervention for vulnerable people needing assistance with housing stability. **Health centers that collaborate with local partners can maximize **both** the HRSA health center funding for services as well as the HUD funding for housing.** This not only creates broader system improvements, but also supports better outcomes for clients.

Allowable Uses of American Rescue Plan Act Funding for Health Centers

HRSA outlined a broad range of approved uses for this funding ([more details](#) are available for each item). While all these activities could be used to improve community care, bolded/underlined items indicate areas that most directly strengthen longer-term collaborations with housing/homeless services or recuperative care/medical respite care programs.

- **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
- **Maintaining and increasing capacity:** personnel, immunization (other than C19), facilitating access, broadband, telehealth, training and education, develop and deploy digital tools, cybersecurity, equipment and supplies, electronic health record, recuperative care, behavioral health, community partnerships
- **Recovery and stabilization:** pent-up demand, patient registries, virtual care, care transitions and coordination, outreach, facilitating access, population health and social determinants, 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, virtual care access, team-based care, physical distancing, HVAC, mobile unit, vehicles. (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.)

This list is not exhaustive and self-defined activities may be allowable under “Other” within each category, although all activities must be consistent with the [purpose of the funding](#) and terms of the award. Health centers are encouraged to use the funding to address equitable access to COVID-19 vaccination, testing, and treatment; other COVID-19 and primary health care needs in the service area; and population/social determinants of health that may impact access to care, contribute to poor health outcomes, and exacerbate health disparities.

TIMELINE NOTE:
HEALTH CENTERS HAVE 60 DAYS AFTER THEIR AWARD TO OUTLINE A PLAN FOR THEIR ACTIVITIES (~END OF MAY)

Partnerships & Systems Improvements to Consider

There are many ongoing needs at health centers due to the impact of COVID-19. While the additional funding is one-time only and must be used within the two-year performance period

(through March 2023), health centers might consider how investments can initiate ongoing systemic improvements in service delivery for people experiencing homelessness.

- **C19 Response, to include vaccines:** Expand capacity to respond to the pandemic, through testing, outreach, health education, vaccination activities, and many other services. Strengthen ability to ensure people experiencing homelessness have access to those services, to include those living in emergency shelters, housing programs, non-congregate programs, as well as those living unsheltered.
- **Expansion of clinical services:** Increase capacity to provide mental health and substance use treatment, medication-assisted treatment, primary care, oral health, and other health care services. Improve quality of care by further integrating services with other interventions that address social determinants of health. Using these funds for shorter-term personnel may free other resources for non-approved costs (e.g., capital projects).
- **Supportive services in housing/shelter:** Partner with local Continuums of Care (CoCs) to provide (or co-locate) the clinical and case management services to those living in supportive housing programs, shelters, or other locations. Connecting these funds can more effectively expand supportive housing and improve shelter services by strengthening the health care needed to ensure good client outcomes.
- **Recuperative care & alternate care sites:** Develop and/or expand recuperative care programs (also known as [medical respite care](#)) or at [alternate care sites](#). (See our COVID-19 [issue brief on medical respite care/alternate care sites](#) and a [guide on starting a medical respite care program](#)).
- **Telehealth and broadband:** Identify staffing and/or equipment to start, expand and/or upgrade access to telehealth in shelters, encampments, supportive housing programs, and other housing and service programs. (See our COVID-19 [issue brief on telehealth](#))
- **Mobile health:** Start, expand and/or upgrade mobile services and vehicles needed to reach more community service sites.
- **Transportation:** Acquire additional health center vehicles and expand staffing in order to offer greater transportation options for clients to access care.
- **Outreach to unsheltered:** Expand capacity to provide (or restart) health care and support services to those who are unsheltered living in encampments or other locations. Acquire appropriate equipment to support street medicine in the field (such as tablets, wifi hotspots, etc.).

Looking Ahead

The funding made possible by the American Rescue Plan Act is a vital lifeline for health centers to fill critical resource gaps created by COVID-19. However, after meeting immediate needs, there may still be possibilities for addressing broader community gaps in care. While this is one-time only funding, consider collaborating with [Continuums of Care](#) (or other partners) to identify how multiple funding streams can be combined to improve community-wide systems of care for people experiencing homelessness.