

The Health Care for the Homeless Program

April 2021

For nearly 30 years, the Health Care for the Homeless (HCH) program has been a part of the larger community health center program, authorized under Section 330 of the Public Health Service Act. Community health centers are funded and regulated through the Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services (HHS) and are community-based organizations that provide comprehensive low- or no-cost health care to underserved populations. HCH programs are a “special populations” category of health centers that are required to serve predominantly people experiencing homelessness. These programs meet all the same regulatory requirements of other health centers, but with the additional statutory requirement to provide substance abuse services. By statute, Health Care for the Homeless programs receive 8.7% of health center program funds. Funding for the community health center program comes from a combination of discretionary funding, appropriated by Congress each year, and mandatory funding from the Community Health Center Fund.

In 2019:

- **300 HCH Grantees provided health care in ~2,500 service sites**
 - **1 million patients and 5.6 million clinic visits**
 - **85% patients live at or below poverty**
 - **34% patients uninsured ([wide state variability](#))**

Services Provided

HCH programs provide comprehensive care in an outpatient setting:

- Primary care
- Mental health treatment
- Substance use disorder treatment
- Dental care
- Case management
- Outreach/transportation
- Enrollment/benefits assistance
- Supportive housing services
- Health education
- Translation services
- Preventive care

During the COVID-19 pandemic, HCH programs have provided outreach, testing, vaccines, and health care services to people experiencing homelessness, who are at high-risk for COVID-19 infections.

Program Structure

HCH programs have varying organizational structures. Some are stand-alone HCH programs, 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. Health clinics, mobile vans, shelter-based clinics, street outreach, and drop-in centers of various sizes are all common among HCH grantees.

Clinical and Support Services Workforce

An extensive workforce is the cornerstone to HCH programs, which includes:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurses/certified nurse midwives
- Laboratory/x-ray personnel
- Dentists/dental hygienists
- Psychiatrists
- Clinical psychologists
- Social workers
- Mental health therapists
- Addiction counselors
- Optometrists/vision care personnel
- Case managers
- Outreach workers
- Transportation staff
- Community health workers
- Peer specialists

Model of Care

Because poor health causes and prolongs homelessness, HCH programs actively try to remove barriers to accessing health care by using a trauma-informed, harm reduction approach that focuses on client-centered goals. Ultimately, HCH programs endeavor to provide the highest quality, most comprehensive, and culturally competent outpatient care possible for a population struggling to meet basic daily needs. HCH programs are also heavily invested in supportive housing programs (often serving as the medical/service provider) and medical respite care programs (which offer a safe hospital discharge venue to those with nowhere to rest and recuperate). These types of programs offer a more stable environment for vulnerable people to receive services, recover from illness, and create a path for permanency.

Important Funding Sources for HCH Programs

- HRSA Health Center Program
- HRSA Ryan White funding
- HRSA National Health Service Corps
- SAMHSA Projects to Assist in Transition from Homelessness (PATH)
- Medicaid / Medicare
- Philanthropy and private fundraising