Using Data to Demonstrate Impact on Health Care Access

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Health Care for the Homeless (HCH) health centers play a critical role in the U.S. health care system by providing comprehensive, patient-centered care to individuals experiencing homelessness—a population that faces complex health and social challenges. As essential safety-net providers, health centers with HCH programs work to reduce barriers to care, improve health outcomes, and promote general wellbeing across communities. To further support these efforts, this report highlights the operational performance, economic impact, and continued value of HCH centers in advancing access to quality care for some of the nation's most vulnerable populations.

Designed to provide actionable insights through a comprehensive data analysis, this report not only helps HCH programs strengthen performance and improve care delivery but also illustrates the value and financial impact these centers have on the populations they serve and the broader health care system. By leveraging data-driven strategies, HCH programs can advance their mission to provide high-quality care to individuals experiencing homelessness.

Table 1. Economic Impact of HCH Health Centers

12,003	**12,947**	**24,950**
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$1,814.7 M	**$2,678.4 M**	**$4,493.1 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$109.1 M	**$433.7 M**	**$542.8 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

The data in Table 1 highlights the substantial economic contributions of HCH health centers in 2023. Collectively, they support nearly 25,000 jobs—12,003 directly within health centers and an additional 12,947 in related sectors. Their operations generate a total annual economic impact of $4.49 billion, including $1.81 billion in direct health center spending and $2.68 billion in broader community spending. In addition to driving job creation and economic activity, HCH centers contribute significantly to public revenue, generating an estimated $542.8 million in annual tax revenues—$109.1 million at the state and local level and $433.7 million federally. These figures underscore the vital role HCH programs play not only in delivering care but also in strengthening the overall economy.

Table 2. Summary of Median HCH Data

		TOTALS - Section 330 and Look Alike			
Data		**2020**	**2021**	**2022**	**2023**
Financial Audits		278	268	215	217
UDS Data		299	299	299	301
Key Financial Metrics (Median)	**Target**	**2020**	**2021**	**2022**	**2023**
Operating Margin	> 3%	2.60%	7.50%	5.10%	3.00%
Bottom Line Margin	> 3%	4.70%	12.00%	6.70%	5.40%
Personnel-Related Expense as Percentage of Operating Revenue	< 70%	71.60%	66.90%	68.70%	69.00%
Days Cash on Hand	> 60 Days	87	105	107	88
Days in Net Patient Receivables	< 45 Days	36	37	36	37

Key Productivity Metrics (Median)	2020	2021	2022	2023
Physician Visits per Physician FTE	2,368	2,347	2,364	2,336
Non-Physician Provider Visits per Non-Physician Provider FTE	2,102	2,088	2,057	2,104
Dental Visits per Dental Provider FTE	1,206	1,534	1,520	1,591
Mental Health Visits per Mental Health Provider FTE	980	1,015	973	955
Substance Use Disorder Visits per Substance Use Disorder FTE	676	648	667	685
Medical Patients per Medical Staff FTE	259	250	252	252
Dental Patients per Dental Provider FTE	569	662	655	682
Mental Health Patients per Mental Health Provider FTE	224	226	216	213
Substance Use Disorder Patients per Substance Use Disorder Provider FTE	118	121	127	126
Non-Provider Medical Staff per Medical Provider FTE	1.87	1.95	1.93	1.94
Enabling Services Staff per Total Provider FTE	0.48	0.51	0.54	0.57
Fiscal & Billing Staff per Total Provider FTE	0.27	0.29	0.29	0.29
Patient Support Staff per Total Provider FTE	0.76	0.78	0.78	0.79
Administrative, Facilities, and Patient Support FTEs as Percent of Total FTEs	35%	35%	36%	36%
Key Operations & Utilization Metrics (Median)	**2020**	**2021**	**2022**	**2023**
Operating Revenue per Patient	$1,323	$1,445	$1,470	$1,567
Operating Expense per Patient	$1,284	$1,295	$1,388	$1,506
Operating Revenue per Patient Visit	$315	$330	$319	$326
Operating Expense per Patient Visit	$305	$307	$301	$327
Total Clinic Visits	43,391	49,368	53,324	56,217
Total Virtual Visits	12,336	8,686	6,653	5,126
Total Visits	57,563	62,061	64,239	63,855
Growth Rates (Median)	**2020**	**2021**	**2022**	**2023**
Patient Growth Rate	-8%	5%	2%	3%
Visit Growth Rate	-10%	7%	1%	4%
FTE Growth Rate	1%	6%	3%	4%

Table 2 highlights the financial and operational performance of HCH programs over a four-year period, offering insights into both resilience and ongoing challenges. Financial metrics show that while operating and bottom-line margins generally exceeded or approached targets, they declined slightly in 2023, suggesting growing cost pressures. Operating expense per patient increased from $1,388 in 2022 to $1,506. Personnel-related expenses hovered near the 70% benchmark, reflecting the labor-intensive nature of care delivery within HCH models. Productivity metrics remained stable across provider types, with slight improvements in dental and non-physician provider visits, indicating steady service delivery reflective of an increase in clinic visits. Operational metrics such as operating revenue and expenses per patient and per visit continued to rise, signaling increased investment in care delivery but also pointing to higher per-capita costs. Notably, virtual visits declined year-over-year, suggesting a shift back to in-person care. Taken together, these indicators suggest that health centers are sustaining a steadily increasing demand for services amid rising costs.

Table 3. Staffing Mix at HCH Programs by Urban/Rural location in 2023

	Rural Homeless Health Centers	Urban Homeless Health Centers	All Homeless Health Centers
Staffing Mix	**2023**		
Medical Services	3,452	25,386	**23,838**
Dental Services	701	5,027	**5,728**

Mental Health Services	603	5,098	**5,701**
Substance Use Services	82	992	**1,074**
Vision Services	27	354	**381**
Pharmacy Services	391	2,247	**2,638**
Enabling Services	729	8,942	**9,671**
Quality Improvement Services	137	1,176	**1,313**
Facility & Non-Clinical Support Services	3,742	27,607	**31,349**
Other Professional	361	4,401	**4,762**
Totals	**10,225**	**81,230**	**91,455**

In 2023, Health Care for the Homeless (HCH) programs employed a staffing mix comprising both health professionals and support staff to address the complex needs of individuals experiencing homelessness (Table 3). This staffing mix included primary care physicians, nurse practitioners, physician assistants, nurses, social workers, mental health counselors, substance use counselors, case managers, outreach workers, and community health workers. Each member of the interdisciplinary team contributed unique expertise and perspectives, allowing HCH programs to deliver comprehensive and integrated health care services tailored to their patients.

While Table 3 outlines the current staffing distribution at HCH programs by urban and rural locations, further analysis reveals important geographic differences. Urban HCHs account for nearly 89% of the total workforce, while rural HCHs make up just 11%. This may reflect differences in patient volume, funding access, and provider availability, with rural programs often facing persistent recruitment challenges. Additionally, rural HCHs appear to have a higher proportion of facility and non-clinical support staff relative to clinical providers. Compared to the broader Community Health Center (CHC) network, HCH programs, particularly in urban areas, employ a larger share of enabling services staff, mental health professionals, and substance use disorder providers, underscoring their focus on integrated, wraparound care for vulnerable populations. These variations emphasize the need for continued workforce investment, especially in rural areas, to ensure that all individuals experiencing homelessness have access to comprehensive, interdisciplinary care regardless of geography.

Recommendation: HCH programs should consider an investment in building and sustaining interdisciplinary care teams that integrate medical, behavioral, and enabling service providers. This approach ensures that care is coordinated and responsive to the complex physical, mental, and social needs of individuals experiencing homelessness.

Table 4. Revenue Mix of HCH Programs between 2020- 2023

	All Homeless Health Centers			
Revenue Mix by Location	**2020**	**2021**	**2022**	**2023**
Net Patient Service Revenue (Collections)	**65.6%**	**65.6%**	**67.4%**	**67.2%**
BPHC Grants	**22.1%**	**23.2%**	**22.7%**	**20.7%**
State and Local Grants	**8.0%**	**7.7%**	**7.3%**	**8.3%**
Other Federal Grants	**3.1%**	**2.2%**	**1.6%**	**1.8%**
Other Revenue	**1.2%**	**1.3%**	**1.0%**	**2.0%**

In 2023, HCH programs relied on a diverse blend of funding sources to support their operations and provide critical health services to individuals experiencing homelessness (Table 4). A significant portion of revenue still came from federal funding, particularly through Health Care for the Homeless Program grants administered by the Health Resources and Services Administration (HRSA), although the percentage of total funding from federal sources dropped by two points compared to the previous year. State and local governments also played an important role by contributing financial support, often in

partnership with local health providers and community-based organizations. In addition to public funding, private foundations, philanthropic contributions, and individual donors offered essential backing—often helping to launch innovative programs and fill service gaps. However, it is important to note that despite the importance of these grant sources, reimbursements from Medicaid, Medicare, and other third-party payers for care delivered to eligible patients provide over two thirds of revenue for HCH programs.

Table 5. Patients by insurance type at all HCH Programs between 2020 - 2023

	All Homeless Health Centers			
Patients by Insurance/Payer Category	**2020**	**2021**	**2022**	**2023**
Self-Pay Patients = Uninsured	24%	23%	21%	20%
Medicaid Patients = Medicaid	50%	52%	54%	55%
Medicare Patients = Medicare	9%	9%	9%	9%
Privately Insured Patients = Privately Insured	16%	16%	16%	16%

Patients served by HCH programs rely on a range of insurance options to access health care, reflecting the varied backgrounds and situations of individuals experiencing homelessness (Table 5). A significant number of HCH patients are either uninsured or underinsured (20% in 2023). The majority, over 55% in 2023 depended on Medicaid. Additionally, 9% of HCH patients in 2023 qualified for Medicare, particularly older adults, or those with disabilities. For those not eligible for public insurance, HCH programs often offer services on a sliding fee scale or at discounted rates based on income. Many patients also turn to community health centers, free clinics, or charitable organizations that provide care regardless of insurance status. Private insurance, employer-sponsored plans, and veterans' benefits are other options for those who have access to such resources.

Over the past few years, HCH programs have made notable progress in reducing the percentage of uninsured or self-paying patients, dropping from 24% to 20% between 2020 and 2023. During the same period, the share of Medicaid patients increased from 50% to 55%, alongside a rise in the number of privately insured patients. This shift is likely influenced by Medicaid expansion in several states and greater subsidies for plans offered through the health care marketplace. However, because many individuals in the homeless population were already eligible for Medicaid prior to the expansion, it is possible that part of the increase resulted from enhanced efforts to assist patients with enrollment and re-determination. Further investigation is needed to determine the specific factors driving these trends.

Recommendation: Given the evolving insurance landscape, HCH programs should consider prioritizing proactive enrollment support for Medicaid and marketplace coverage. Strengthening outreach, eligibility assistance, and annual redetermination efforts, and retention strategies can help ensure patients maintain continuous coverage and access to essential services.

Table 6. Savings to Medicaid and the Overall System

22%	**$1,280.4 M**	**$1,842.7 M**
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

Table 6 underscores the significant financial impact HCH centers have on both Medicaid and the broader health system. For Medicaid patients, HCH centers help lower health care costs by 22%, resulting in savings of approximately $1.28 billion. This reduction in costs not only benefits Medicaid but also contributes to a broader savings of $1.84 billion across the entire health system. By providing high-quality, cost-effective care, HCH centers not only improve health outcomes for individuals experiencing homelessness but also reduce the financial burden on public and private health care systems.

Recommendation: Policymakers and health system leaders should consider prioritizing funding support for HCH programs, recognizing their proven role in reducing unnecessary health system costs. Investing in comprehensive, preventive, and integrated care for individuals experiencing homelessness yields substantial returns for both Medicaid and the broader health care system.

Table 7. Health Center Organization Growth and Expansion, All HCH Programs

	All Homeless Health Centers							
FQHC Organization Growth and Expansion	**2020**	**2021**	**2022**	**2023**	**2020-2021 Growth Rate**	**2021-2022 Growth Rate**	**2022-2023 Growth Rate**	**2020-2023 Growth Rate**
Organizations	299	299	299	301	0.0%	0.0%	0.7%	0.7%
Service Sites	3,988	4,125	4,299	4,473	3.4%	4.2%	4.0%	12.2%
Patients	7,824,516	8,250,111	8,280,582	8,782,760	5.4%	0.4%	6.1%	12.2%
Total Visits (Clinic and Virtual)	32,655,736	34,773,769	34,938,877	40,397,889	6.5%	0.5%	15.6%	23.7%
Clinic Visits	23,743,240	26,629,868	28,418,004	34,679,993	12.2%	6.7%	22.0%	46.1%
Virtual Visits	8,912,496	8,143,901	6,520,873	5,717,896	-8.6%	-19.9%	-12.3%	-35.8%
Clinic Visit as a % of Total Visits	72.7%	76.6%	81.3%	85.8%				
Virtual Visit as a % of Total Visits	27.3%	23.4%	18.7%	14.2%				

The rapid expansion of telehealth during the pandemic underscored its potential to increase access to care, especially for underserved populations and individuals in remote locations. Since then, virtual visits have become a key element of today's health care landscape, providing patients with greater convenience and flexibility while helping providers improve efficiency and reach.

In line with these trends, HCH programs have achieved steady and strategic growth over the past four years. While the total number of organizations remained constant with only a modest increase from 299 to 301 between 2020 and 2023, the number of service sites expanded significantly, rising by 12.2%. This suggests that rather than adding new organizations, existing HCH programs have focused on scaling their infrastructure to broaden access to care.

During this same period, the total number of patients served also grew by 12.2%, indicating that this site expansion translated directly into increased care access. Notably, total visits rose by 23.7%, outpacing patient growth and suggesting that utilization per patient is increasing. This trend may reflect the growing complexity of patient needs, improved patient retention, or the expansion of behavioral health, specialty care, enabling services, and chronic care management.

The data also show a dramatic increase in clinic-based visits, up 46.1% since 2020, paired with a 35.8% decrease in virtual visits. While telehealth proved essential during the global health crisis of 2020, the decline in virtual visits may signal a transition back to in-person care as public health restrictions ease and digital access challenges persist among people experiencing homelessness. These shifts underscore the ongoing need to align care delivery models with patient preferences, access limitations, and funding structures.

Recommendation: To improve access and continuity of care, HCH programs should integrate telehealth as a core service delivery model. Particularly for populations with mobility limitations or geographic barriers. Ongoing investment in digital infrastructure, patient engagement, and staff training will help maximize the reach and effectiveness of virtual care. To extend their reach and meet patients where they are, HCH programs should prioritize investment in mobile health units as a complement to fixed and virtual service delivery models. Mobile services can provide essential primary care, behavioral health, and care coordination directly in shelters, encampments, and community settings which helps to close access gaps for individuals who face significant barriers to visiting traditional clinics or engaging with telehealth.

Table 8. Median Mix of Visits by Practice Type at all HCH Programs between 2020 – 2023

	All Homeless Health Centers			
Median Practice Mix	**2020**	**2021**	**2022**	**2023**
Medical Visits as a Percentage of Total Visits	67.4%	65.0%	64.3%	63.0%
Dental Visits as a Percentage of Total Visits	8.2%	9.6%	10.0%	10.0%
Mental Health Visits as a Percentage of Total Visits	10.6%	10.8%	10.3%	11.0%
Substance Use Disorder Visits as a Percentage of Total Visits	1.1%	0.9%	0.7%	1.0%
Enabling Visits as a Percentage of Total Visits	3.0%	3.2%	3.5%	4.0%

Table 8 reveals how HCH programs are adapting their care models to better meet the multifaceted needs of individuals experiencing homelessness. While medical visits continue to represent the majority of encounters, their share has declined modestly from 67.4% to 63.0% between 2020 and 2023, reflecting the growing emphasis on whole-person care. Dental and enabling services to have shown steady increases, signaling expanded capacity in oral health and in supportive services that address barriers to care such as transportation and care coordination. Mental health services remain a consistent and vital part of the HCH service mix, making up over 10% of total visits annually. However, substance use disorder (SUD) services continue to comprise less than 1.1% of visits, pointing to persistent gaps in capacity and access. For example, until recently, prescribers of suboxone required a waiver and methadone still requires setting up an Opioid Treatment Program (OTP) and receiving separate regulatory approval from federal, state, and local entities. This underrepresentation may also reflect workforce shortages, limited funding, or stigma-related barriers to care. Another possibility is coding and reporting, as some of these additional services may be addressed during a medical visit. These trends highlight the need for sustained investment and better data in behavioral health, oral health, and enabling services as HCH programs deepen their commitment to integrated care.

Recommendation: HCH programs should adopt a holistic approach to chronic disease prevention and management that addresses concerns such as food insecurity and housing instability, alongside clinical care. Maintaining momentum on quality improvement and data collection initiatives will be essential for sustaining and advancing health outcomes. They should also focus on expanding access to medication-assisted treatment for opioid use disorder, such as suboxone and methadone, and investigate promising practices for alcohol use disorder and other substance use.

Table 9. Change in Select Quality of Care Measures between 2021 – 2022 at all HCH Programs

	All Homeless Health Centers			
Quality of Care	**2022**	**2023**	**2022 vs. 2023**	**2022 vs. 2023**
Percentage of Children Receiving Appropriate Vaccinations by Age 2	27%	25%	**-2%**	**2-point Decline**
Percentage of Patients 3-17 with BMI, Nutrition & Physical Activity Documented	68%	71%	**3%**	**3-point Improvement**

Percentage of Patients 18 and over with BMI & Follow Up Documented (If BMI outside normal)	56%	67%	11%	11-points Improvement
Percentage of Patients Screened for Colorectal Cancer	38%	34%	-4%	4-point Decline
Percentage of Patients 12 and over Screened for Depression and Follow-up Plan Documented (If Positive)	70%	72%	2%	2-point Improvement
Percentage of Patients 6-9 at Moderate to High Risk of Caries Receiving Sealant on First Permanent Molar	52%	53%	1%	1-points Improvement
Percentage of Patients with Controlled High Blood Pressure	61%	63%	2%	2-point Improvement
Percentage of Patients with Diabetes and Hemoglobin A1c Poor Control	32%	30%	-2%	2-point Improvement

Comparing 2022 and 2023 quality care measures, the largest changes were in Percentage of Patients 3-17 with BMI, Nutrition & Physical Activity Documented (3-point improvement), Percentage of Patients Screened for Colorectal Cancer (4-point decline), and Percentage of Patients 18 and over with BMI & Follow Up Documented (If BMI outside normal) (11-point improvement). Most other conditions, however, stayed relatively flat with only minor changes.

An 11-point or similar increase in the BMI + follow-up measure usually reflects two simple but important practice changes by HCH providers: consistently documenting the required follow-up whenever a patient's BMI falls outside the normal range, and ensuring an up-to-date height is entered at each visit so the EMR recalculates BMI and triggers that follow-up workflow.

Many of these indicators are directly related to food insecurity, a major barrier for individuals experiencing homelessness, that hinders their ability to properly manage chronic conditions and adhere to medication regimens. Colorectal cancer is increasing in populations that consume highly processed foods as a high proportion of their diet, such as homeless individuals. Malnutrition can often lead to poor health outcomes and increased health care utilization. HCH programs address these challenges by offering food assistance, nutrition counseling, and medication support. These programs work with their patients to create healthy meals with items available in food pantries and shelf-stable products. Through partnerships with local food banks and social service organizations, HCH programs not only meet immediate needs but also work towards long-term solutions to combat food insecurity, improving health outcomes for their patients.

Recommendation: To support long-term health outcomes, HCH programs should emphasize a comprehensive approach that promotes both the prevention and effective management of chronic conditions. It's also essential that they maintain progress on these critical quality care indicators. To sustain improvements in chronic disease and behavioral health outcomes, HCH programs should continue investing in integrated care and care teams, models that emphasize care coordination, screening, and follow-up. At the same time, renewed focus is needed on preventive care particularly childhood immunizations and cancer screening, in particular colorectal screening, to close gaps exacerbated by the pandemic and strengthen long-term health outcomes.

Conclusion

As this report demonstrates, Health Care for the Homeless (HCH) programs are not only essential to meeting the health needs of individuals experiencing homelessness—they are also vital contributors to a more accessible, cost-effective, and responsive health care system. The data reveals both the positive impact of HCH services and the ongoing challenges that demand thoughtful, strategic action.

Between 2020 and 2023, HCH programs expanded their reach by increasing service sites and patient visits, even as the number of organizations remained largely stable. This growth has been accompanied by rising operational costs and declining virtual visit volumes, underscoring the need for continued infrastructure and workforce investment. At the same time, HCH programs have helped drive substantial health system savings. Lowering Medicaid costs by 22% and generating nearly $1.84 billion in total system-wide savings. These figures affirm the value of investing in integrated, preventive care for individuals experiencing homelessness.

Quality improvement metrics further demonstrate meaningful gains in chronic disease management and behavioral health screening, though areas such as childhood immunizations and cancer screening require renewed attention. The evolving mix of services, including growing investments in dental, enabling, and mental health care, reflects a shift toward holistic, patient-centered models.

Moving forward, health centers can strengthen their reach and effectiveness by continuing to invest in integrated, patient-centered care, by expanding access through coverage assistance, and mobile and virtual services. Including community health workers in workforce reinvestment efforts is cost effective, understanding of the needs and experience of the population, and engages patients in care. It may also would be beneficial to require CHW certifications or training. By remaining committed to quality, innovation, and access, HCH health centers are well positioned to improve outcomes for this vulnerable population while shaping a stronger, more cost-efficient health system for all.

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