

# HEALTH CARE FOR THE HOMELESS PROGRAM

FACT SHEET

MAY 2011

## Background

The Health Care for the Homeless (HCH) program [authorized in Section 330(h) of the Public Health Service Act] makes grants to community-based organizations in order to assist them in planning and delivering high-quality, accessible health care to people experiencing homelessness. The HCH Program is a competitive grant program, funding primary health, mental health, addiction, and social services with intensive outreach and case management to link clients with appropriate services.

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 2002, Congress reauthorized the HCH program and 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, which is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA). By statute, the HCH program receives 8.7% of the total Health Center appropriation.

In 2010, the Patient Protection and Affordable Care Act (PPACA) [amended by the Health Care and Education Reconciliation Act (HCERA)] provided \$11 billion to Health Centers over the course of five years from 2011 to 2015. Using these investments, HCH programs will expand both services and locations to enable more individuals to receive care. Expanding existing capacity will further help meet the complex health needs of individuals experiencing homelessness, which often include both acute and chronic disease. The living conditions found in overnight shelters or on the street often exacerbate existing health conditions or create new ones, and complicate medical treatment plans. Increasingly, HCH programs are linking medical and case management services to residential programs such as medical respite and/or permanent supportive housing. Combining health services with housing has been found to stabilize health, reduce emergency department and other high-cost service utilization, and improve overall functioning and integration back into community.

The National Health Care for the Homeless Council, funded by HRSA through a Cooperative Agreement and by private funds, works to break the links between poor health and homelessness, improve outcomes of health care interventions, reduce health disparities, and promote best practices in homeless health care through training, technical assistance, research, education and advocacy.

**NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL**  
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Health Care and Housing Are Human Rights



## HCH Program Requirements

Required primary health services include:

1. Basic health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology; diagnostic laboratory and radiologic services; preventive health services; emergency medical services; and pharmaceutical services as may be appropriate for particular centers
2. Substance abuse treatment and referrals to providers of specialty services, including mental health services
3. Patient case management services
4. Services that enable individuals to use the services of the health center (including outreach, transportation, and translation services)
5. Education of patients regarding the availability and proper use of health services

## Patients Served & Funding Levels for Health Centers and HCH Grantees

	FY06	FY07	FY08	FY09	FY10	FY11*
<b>Homeless Served</b>	828,570 (CY06)	930,589 (CY07)	933,929 (CY08)	1,018,084 (CY09)	TBD	-
<b>CHC funding</b>	\$1.8 billion	\$1.9 billion	\$2.0 billion	\$2.1 billion	\$2.1 billion	\$2.6 billion
<b>HCH funding (8.7%)</b>	\$155 million	\$174 million	\$176 million	\$187 million	\$187 million	\$225 million

\* Note: FY11 levels include the funding levels stipulated in the health reform law.

## 2009 Program Highlights

- HCH projects ensure access for individuals experiencing homelessness to primary care and related services through integrated systems of care.
- The HCH program currently funds 208 grantees in all 50 states, the District of Columbia, and Puerto Rico.
- Health Centers served 1,018,084 men, women, and children who were experiencing homelessness; HCH projects served 827,519 of these patients. Of those receiving care at an HCH project, 56 percent of patients were male, and 80% were age 20 to 64.
- 91% of HCH clients in 2009 were living at or below the federal poverty level, and 66% had no public or private health insurance.
- 38.8% of patients served by HCH projects lived in homeless shelters; 13.7% lived in transitional living facilities; 20.8% were living doubled up in hotels/motels, apartments, or other housing; and 9.3% lived on the street.