

EXPANDING HEALTH CENTER SERVICES TO SUPPORTIVE HOUSING SITES

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USING HRSA'S EXPANDED SERVICES SUPPLEMENTAL FUNDING TO PROVIDE OR EXPAND SERVICES IN SUPPORTIVE HOUSING

Permanent supportive housing programs have gained increased recognition over the last 20 years as a cost-effective model that improves housing stability and health outcomes. Federally Qualified Health Centers (FQHC) – particularly Health Care for the Homeless (HCH) projects – play an important role in administering these types of programs. FQHC practitioners who are experienced in the care of homeless people understand the service models that most effectively address the multiple and complex needs of this population and are equipped to provide a comprehensive range of supportive housing services. These services include outreach, engagement, medical care, behavioral health care, case management, and life skills training. Permanent supportive housing programs also provide Health Centers with an opportunity to offer services to individuals who are frail and unable to make trips to the Health Center site. The expanded services supplemental funding recently announced by the Health Resources Services Administration (HRSA) presents a unique opportunity for Health Centers to provide or expand services in supportive housing.

How much is available to Health Centers?

HRSA will award between \$270 million and \$335 million through formula-based supplements to existing section 330-funded Health Centers to increase access to preventive and primary health care services to individuals who are uninsured, isolated or medically vulnerable. This funding is made available through the Affordable Care Act, signed into law on March 23, 2010, which provides \$11 billion to Health Centers over the next 5 years.

Each health center grantee will receive a base amount of \$175,000 and an additional \$4.00 per health center patient, as exhibited on the 2009 UDS submission, plus an additional \$10.00 per health center uninsured patient, as exhibited on the 2009 UDS submission. The due date for applications is January 6, 2011.

Funding requirements

An applicant may propose up to six (6) projects in an application. All applicants must propose one "Expanded Medical Capacity" (EMC) project and may submit no more than one of each of the five "Service Expansion" (SE) project types (oral health, behavioral health, pharmacy services, enabling services, and vision care).

Expanded Medical Capacity (EMC) funding

Applicants must propose to spend at least two-thirds of their funding request to expand medical capacity at sites within the health center's current approved scope of project.

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In order to receive EMC funding, a health center must show that the EMC project will increase the number of new, unduplicated patients who will visit their clinic. Strategies to expand medical capacity may include, but are not limited to, hiring medical providers,¹ expanding hours of operations, and/or expanding existing health center services.

EMC funds may be used to pay for medical providers who are part of an outreach team. Medical outreach teams are generally made up of a medical provider and a case worker who are trained in outreach and engagement strategies. They can be sent out to supportive housing sites to serve individuals who are too frail to visit the health center and have not been previously engaged in services. Case workers can be added to outreach teams using the expanded services funding explained below.

When hiring a medical provider, part of the medical provider's time can be dedicated to the non-revenue generated work that is needed for the provision of integrated, multidisciplinary care (e.g. 80% direct care/billable visits, 20% to team meetings/care coordination activities).

Service Expansion (SE) funding

Applicants can propose to spend up to one-third of their funding request to expand oral health, behavioral health, pharmacy, enabling, or vision care services. Service expansion funding (as opposed to EMC funding) offers more opportunities to provide services in supportive housing and can be used to serve existing patients. Consider the following to include in your application:

- Propose to add a behavioral health clinician and case worker to your medical outreach team
- Implement a short term or long term intensive case management program for supportive housing residents (to include health education, patient navigation, and self-management goal setting)
- At congregate housing sites, create support groups around health related topics (e.g. smoking cessation, self-management goal setting)
- Invest in transportation staff or transportation vouchers to help patients who live in supportive housing gain access to the health center
- Create a "Wellness Coordinator" position situated at the FQHC whose role would be to serve as a liaison between the supportive housing sites and the FQHC to coordinate medical visits, assist with follow-up and to convene case conferencing on an as needed basis.

Where can I get more information?

- Expanded Services Supplemental Funding Announcement and Instructions: <http://www.hrsa.gov/grants/apply/assistance/expandedservices/>
- For Technical Assistance, contact Juli Hishida, National Health Care for the Homeless Council, at 615-226-2292 or jhishida@nhchc.org

¹ Medical providers are defined as primary care physicians, nurse practitioners, physician assistants and certified nurse midwives. It is important to note that this definition does not include pharmacy, oral health, behavioral health, or vision staff.