

# So You Want to Start a Health Care for the Homeless Program

Spring 2021

Since 1996, [Health Care for the Homeless](#) (HCH) has been a designation (among four) within the federal health center program through the Health Resources and Services Administration (HRSA). [About 300](#) of the nearly 1,400 health centers are HCH grantees, sometimes referred to by their reference in the Public Health Service Act, as 330(h). Most HCH programs are part of a parent community health center. Some are programs of public health departments or hospitals. Just over 50 of these 300 agencies are independent not-for-profits that only receive the HCH grant, often described as *standalones*. Health center grantees are automatically Federally Qualified Health Centers, or FQHCs, which is a federal reimbursement designation sometimes used interchangeably with the term *Community Health Centers* (CHC).

Two main avenues establish health centers. First, the [New Access Point](#) (NAP) constitutes funding to create a new service site (e.g., clinic) – it cannot be used to expand services at an existing site and cannot fund a Mobile Medical Unit if applicants lack an existing brick-and-mortar site. Most recent base amounts were \$650,000. HRSA does not fund NAPs on a consistent schedule and, at the time of this writing, has indicated NAPs are not in the offing. Second is the Service Area Competition (SAC), the process by which existing health centers apply for a new cycle of their health center funding and other organizations can compete for that funding. Competing for an existing health center's grant can be difficult, unless the existing grantee is struggling with program compliance; moreover, it can sometimes be contentious.

## Existing Community Health Centers

Organizations that already receive health center funding/designation are by far the best positioned to receive a Health Care for the Homeless grant because they are already mostly compliant with [health center program requirements](#). The only compliance change existing CHCs must make is to provide substance use treatment services. Standalones are eligible for a waiver for the consumer-majority Board requirement, though this does not apply to existing CHCs. HCHs must also report the shelter status of their clients experiencing homelessness, whereas non-HCHs only report the total. From a compliance standpoint, then, HCH is essentially the same.<sup>1</sup>

## Not-yet Health Centers

Eligible health center applicants include private nonprofits, public agencies, universities, hospital systems, and others. The application process should not be underestimated. And once funded, it is a challenge to become compliant with health center program

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<sup>1</sup> But compliance is not the only consideration. The ethos of the Health Care for the Homeless model of care is rooted in a distinct history of person-centered, trauma-informed care. See the [General Recommendations for the Care of Homeless Patients](#).

requirements within the prescribed 120-day time frame. Prospective HCHs should carefully weigh the costs and benefits for this process (see resources below that might help) and consult legal experts. If your agency is not a health center grantee, consider partnering with [your local health center\(s\)](#) on a NAP or SAC.

## Alternatives

The benefits of becoming a HRSA-funded health center extend beyond the initial \$650,000 base grant; health centers are eligible for many supplemental funding opportunities, including the historic investment as part of the [2021 American Rescue Plan](#). Health centers, including HCH, constitute a major component of the U.S. health care safety net. But since NAPs are released inconsistently, and the NAP process is too cumbersome for some, prospective applicants may consider alternative funding sources. Indeed, the majority of [medical respite/recuperative care](#) providers, for example, are not health centers (though many partner with health centers). Additionally, [street medicine](#) providers are most often hospital-based or independent nonprofits. Depending on what level and type of services you hope to provide, consider these non-HRSA funding options:

- [Community Benefit](#) funding from nonprofit hospitals
- Health care-related philanthropic organizations
- Community Foundations
- Partnerships with [Managed Care Organizations](#)
- Grants through the Substance Abuse and Mental Health Services Administration (SAMHSA) such as [PATH](#), [SOAR](#), and [CABHI](#).
- Grants or contracts from state and local governments
- Direct [hospital investment/contracts](#)

## Resources

- [So You Want to Start a Health Center?](#); National Association of Community Health Centers (2019)
- [How to Become a Health Center](#); Health Resources and Services Administration
- [Health Care for the Homeless: A Vision of Health Care for All](#); a history of the HCH program (2016)
- [CHroniCles](#); a project of the RCHN Community Health Foundation and other partners documenting the history of community health centers.
- Request technical assistance from:
  - [National Health Care for the Homeless Council](#)
  - Your state's [Primary Care Association](#)
  - [National Institute for Medical Respite Care](#)