
HMA

Meeting the Healthcare Needs of Unhoused People: Services and Responses

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Meet Our Experts



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National Health Care for the Homeless Council



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Health Care for the Homeless

What is the National Health Care for the Homeless Council?

Who We Are

- Since 1986, we have brought together thousands of [health care professionals](#), [medical respite care providers](#), and [people with lived experience of homelessness](#). Our Organizational Members include [Health Care for the Homeless](#) programs, medical respite programs, and housing and social service organizations across the country.

What We Do

- We work to improve homeless health care through [technical assistance](#), [researching](#) and sharing best practices, working for real solutions to end homelessness, and [uplifting voices](#) of homeless individuals.

What You Can Do

- [Learn more about how you can help support our mission.](#)

What is the National Institute for Medical Respite Care?

NIMRC is a special program of the National Health Care for the Homeless Council whose primary focus is on expanding medical respite (or recuperative) care programs in the U.S.

NIMRC advances best practices, delivers expert consulting services, and disseminates state-of-field knowledge in medical respite care.

Launched on July 15, 2020, to respond to and address the growth and expansion of medical respite care.

Have ideas or need technical assistance?
Please reach out to us
through our
“Contact Us” form

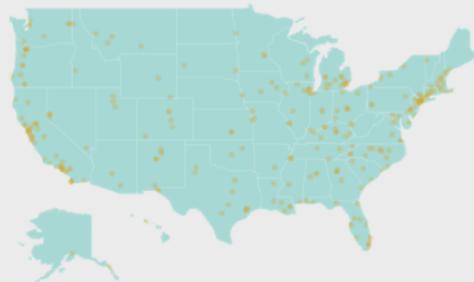
What is Health Care for the Homeless?

WHO WE ARE: The Health Care for the Homeless (HCH) program has been part of HHS's Health Services and Resources Administration (HRSA) [Community Health Center program](#) for 40 years, authorized under Section 330 of the Public Health Service Act. Funded and regulated by HRSA, HCH programs are a “special populations” category of health centers that are required to serve people experiencing homelessness.

PROGRAM STRUCTURE: Some HCH programs are stand-alone health centers focused solely on people experiencing homelessness, while other programs are part of larger health centers, hospital systems, or local public health departments. Service settings include health clinics, mobile vans, shelter-based care, street outreach, and drop-in centers.

300

HCH grantees across the U.S. provide health care in ~ 4,500 service sites



Nearly 1 million patients served through 5 million clinic visits



83% live at/below the poverty line



55% insured through Medicaid
28% uninsured

What is Medical Respite Care?

Medical respite care, also known as recuperative care, is defined as acute and post-acute care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets or in shelter, but who are not ill enough to be in a hospital. While programs vary in size and structure, they all share the same fundamental elements: a short-term, safe place to stay, allowing people experiencing homelessness an opportunity to rest, recover, and heal in a safe environment while accessing medical care and supportive services.

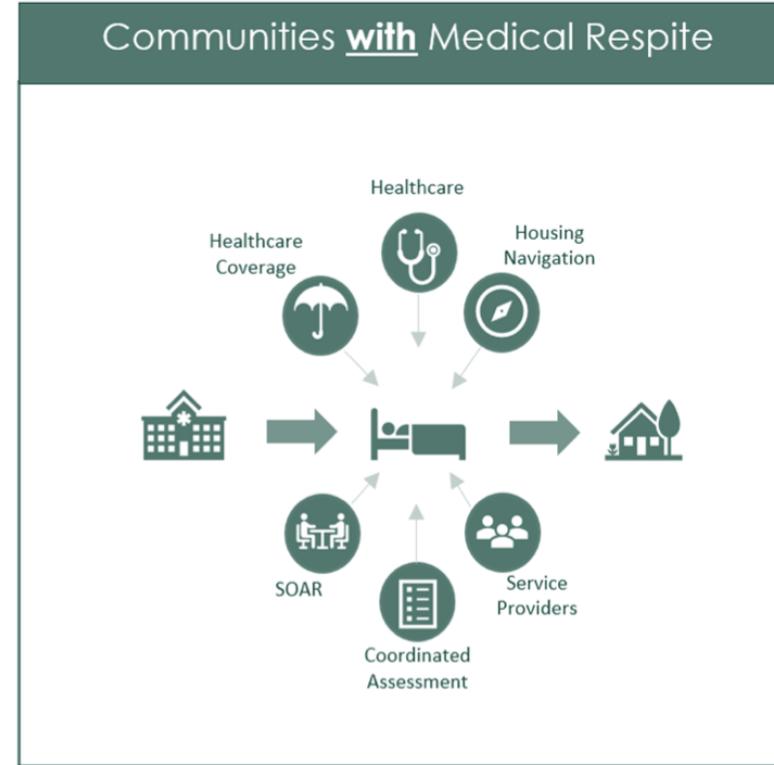
There are critical differences between a discharge to medical respite care and a discharge into a shelter setting, as there is intensive focus on health stability in a medical respite program. Medical respite care also differs from traditional medical model settings by centering on care coordination and connection to community resources, which can maintain the health stability gained during a stay in the program. Medical respite care is uniquely centered between health and housing continuums; thus it requires a distinct approach to care.

Disrupting the Cycle of Homelessness

Figure 1: Depiction of how the process for transitioning a person from homelessness into housing, after hospitalization and **without** medical respite care. In this model, service providers are diligently working to connect clients to services and housing in between hospital admissions.



Figure 2: Depiction of how the process for transitioning a person from homelessness into housing, **with** medical respite after a hospitalization. In this model, service providers are able to efficiently connect the client to services and make progress toward housing during their medical respite stay.



Panel Discussion

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