



# California's Health Care for the Homeless Grantees

Who They Are, What They Do, and What They Need

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# Contents

## About the Author

Julie Hudman, PhD, is the managing partner of [Vikasa Health](#), where she leads policy and program evaluations and initiatives to accelerate the utilization of data, processes, and technology to reduce social inequalities and improve health outcomes. She specializes in the intersection of health care, mental health, and homeless services, and was formerly the CEO of a Federally Qualified Health Center in Los Angeles that was a Health Care for the Homeless grantee.

## About the Foundation

The **California Health Care Foundation** is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

## Acknowledgments

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## 3 Understanding the Health Care for the Homeless Program

- Securing Funding
- Structures and Services

## 5 Health Care for the Homeless in California

- HCH Grantees in CalAIM
- Services Provided by HCH Grantees
- Collecting Data
- Looking to the Future

## 11 Conclusion

## 13 Appendices

## 16 Endnotes

Research has shown that experiencing homelessness is devastating for individual health. Compared to the housed population, people experiencing homelessness suffer from chronic disease, serious mental illness, and substance use disorder at disproportionately high rates. Thus, with over 170,000 unhoused residents, California has not only a homelessness crisis but also a health crisis.<sup>1</sup>

A critical avenue for supporting improved health outcomes among people experiencing homelessness in California and around the country are Health Care for the Homeless (HCH) programs. The programs, housed in community health centers and local government entities, serve people who are unhoused and they tailor their services to meet the unique needs of their patients who experience homelessness.

## Understanding the Health Care for the Homeless Program

HCH programs are one of four types of community health center programs authorized under Section 330 of the federal Public Health Service Act and administered and funded by the Health Resources and Services Administration (HRSA).<sup>2</sup> Together, HCH programs, community health centers (CHCs), migrant health centers (MHCs), and Public Housing Primary Care (PHPC) programs provide health care to marginalized populations.<sup>3</sup>

First authorized in 1987, HCH programs were established specifically to serve the unique needs of people experiencing homelessness.<sup>4</sup> Like MHC and PHPC programs, HCH grantees are categorized as special populations funded programs, meaning they do not need to have a client-majority board of directors (unlike CHCs, also known as Federally Qualified Health Centers and Look-Alikes) and are required to offer substance use disorder services.<sup>5</sup>

The Department of Housing and Urban Development (HUD) — the federal agency responsible for national policy and programs that address the country's housing needs — narrowly defines homelessness as lacking a “fixed, regular, and adequate nighttime residence.” However, HRSA's definition is broader and can include people exiting incarceration, transitioning out of institutional treatment, or temporarily “doubling up” in another residence. This is why the number of patients seen by HCH programs may often be greater than the HUD estimate of people experiencing homelessness within a community.

### Securing Funding

HRSA offers two funding pathways for HCH programs, both of which are key to acquiring and sustaining HCH status.

New Access Points (NAP) funding serves as a launchpad by financing the creation of new service sites operated by existing grantees.<sup>6</sup> Each NAP grantee receives a minimum base grant of \$650,000 annually and can apply for one-time funding of up to \$150,000 to defray additional start-up costs. However, NAP grants cannot be used to expand services at an existing site or to support a mobile medical unit, and funding is released without advanced notice. Through Service Area Competition (SAC) funding, on the other hand, health centers in designated service areas compete for funding through a regularly recurring application process.<sup>7</sup> These health centers do not need to be existing grantees, and grants are typically renewed unless there are compliance issues or changes to the service area.

*“Current funding pays for only a fraction of the services required to appropriately care for unhoused people.”*

—Representative of a medium-sized public-private partnership in an urban county

At the federal level, HCH programs are guaranteed 8.7% of all health center program funds, which come from a combination of congressional discretionary funds and mandatory Community Health Center Fund disbursement.<sup>8</sup> Although all HCH grantees receive the annual \$650,000 federal base grant, they often support their services with additional resources from grants, donations, and Medicaid payments. In addition, all HCH grantees are eligible for supplemental funding opportunities, including those offered through the 2021 American Rescue Plan.

Like other health centers, HCH grantees receive payment through the Prospective Payment System (PPS), which offers a predetermined per-visit rate based on the cost of delivering services to Medicaid enrollees and uninsured patients.<sup>9</sup> Since the PPS rate is higher than the typical fee-for-service rate, it is another source of support for these organizations that serve a low-income, high-need population.

Each calendar year, HCH grantees are required to report a core set of information that includes data on patient characteristics, services provided to and used by patients, clinical processes and health outcomes, and staffing, costs, and revenues. These data feed into the Uniform Data System (UDS), which provides standardized information about the performance and operation of health centers delivering health care services to underserved communities and vulnerable populations, including people experiencing homelessness.<sup>10</sup> All HCH-funded health centers must report how many people experiencing homelessness they serve in a calendar year.

## Structures and Services

HCH grantees have several types of organizational structures. Although many are Federally Qualified Health Centers (FQHCs), some are stand-alone programs dedicated exclusively to people experiencing homelessness, while others are embedded

in local health departments or hospitals. Stand-alone HCH programs are permitted to serve stably housed patients, but that group must not exceed 25% of the overall patient population.<sup>11</sup>

HCH programs deliver care in service sites, including shelter-based clinics and drop-in centers, through mobile vans, or on the street, in encampments, and in permanent supportive housing sites. The services they provide include primary and preventive care, mental health services, substance use services, dental care, case management, outreach and transportation, enrollment and benefits assistance, supportive housing services, health education, and translation services. During the COVID-19 pandemic, HCH programs have also provided outreach, testing, vaccines, and other pandemic-related health care services to people experiencing homelessness, who are at a higher risk for COVID-19 infections. Importantly, HCH grantees often continue to provide services as people transition out of homelessness and into secure housing.

Reimbursement for care delivered beyond the walls of a clinic can be complicated, and HCH grantees are often simultaneously navigating multiple funding streams, each with its own rules and restrictions. For instance, although mobile medical units such as vans are considered identifiable service sites by HRSA, care delivered on the streets may not be recognized as legitimate, although new Place of Service Codes technically allow providers to bill insurers for street-based care.<sup>12</sup> As well, the restrictive criteria of PPS models have historically made it so that health centers are reimbursed only for services provided within a brick-and-mortar clinic.<sup>13</sup>

Despite these hurdles, the reach of these programs is substantial. According to the National Health Care for the Homeless Council (NHCHC), 300 HCH grantees in the US provided care at an estimated 2,500 service sites, served over one million patients, and had around 5.9 million clinic visits in 2019. Over

85% of HCH patients were low-income, and 34% were uninsured.<sup>14</sup>

## Health Care for the Homeless in California

HCH grantees occupy a critical space in California's health care safety net.<sup>15</sup> According to HUD, California is home to three of the nation's top five cities for number of people experiencing homelessness. And of the four most populous states in the country, California has both the highest number of residents experiencing homelessness and the most HCH grantees, at 44.<sup>16</sup>

**Table 1. HCH Grantees and People Experiencing Homelessness in Populous States, 2022**

STATE	HCH GRANTEES	PEOPLE EXPERIENCING HOMELESSNESS
California	44	171,521
New York	20	74,178
Florida	16	25,959
Texas	12	24,432

Source: Tanya de Sousa et al., "[The 2022 Annual Homelessness Assessment Report \(AHAR\) to Congress](#)" (PDF), US Dept. of Housing and Urban Development, December 2022.

To learn more about the 44 Health Care for the Homeless (HCH) grantees in California, the author asked them the following questions:

- ▶ What programs and services do you administer to serve people experiencing homelessness?
- ▶ What electronic health record and other health information technology tools does your organization use?
- ▶ What are your biggest challenges when serving people experiencing homelessness?

### Fast Facts About California's HCH Grantees

- ▶ California's 44 grantees operate in rural, suburban, and urban areas across the state.
- ▶ In 2021, California grantees saw a combined 223,708 people experiencing homelessness. Of these, 59,173 were seen by the nine grantees embedded in their local county health department. The remaining 35 grantees, most of which are FQHCs, saw 164,535.
- ▶ The grantees that serve the highest proportion of people experiencing homelessness are Alameda County Health Services Agency, Contra Costa Health Services, San Francisco Community Clinic Consortium, Village Family Health Center / Father Joe's Villages (San Diego County), Santa Clara Valley Health and Hospital System and Ritter Center (Marin County).
- ▶ California's grantees that serve the highest numbers of people experiencing homelessness are Family Health Centers of San Diego, Contra Costa Health Services, Northeast Valley Health Corporation (LA County), San Francisco Community Clinic Consortium, and Wesley Health Centers / JWCH Institute (LA County).
- ▶ Although 25 of California's 58 counties are not explicitly served by an HCH grantee, their populations may receive care in (or from) a grantee in a neighboring county.

Appendix B lists California's grantees, including counties and cities served.

- ▶ What technical assistance and other supports would enable your organization to better serve this population?

The author selected nine diverse HCH grantees from around the state to interview and emailed a six-minute survey to all 44 grantees. The 25 survey responses received represent a variety of regions, population sizes, organizational models, and program structures.

**Table 2. Residents Served by HCH Grantees in California’s Most Populous Counties, 2022**

COUNTY	POPULATION	POPULATION EXPERIENCING HOMELESSNESS	POPULATION EXPERIENCING HOMELESSNESS SERVED BY HCH GRANTEES
Los Angeles	9,721,138	69,144	57,028 (8 grantees)
San Diego	3,276,208	8,427	29,389 (4 grantees)
Orange	3,151,184	5,718	1,078 (2 grantees)
Riverside	2,473,902	3,316	4,130 (2 grantees that also serve Imperial and San Bernardino Counties)
San Bernardino	2,193,656	3,333	1,509 (1 grantee that also serves Riverside County)
Santa Clara	1,870,945	10,028	8,085 (2 grantees, one of which also serves San Mateo County)
Alameda	1,628,997	9,747	11,680 (2 grantees)
Sacramento	1,584,169	9,278	6,900 (3 grantees that also serve Amador and Placer Counties)
Fresno and Madera*	1,175,446	4,216	6,635 (1 grantee that serves both Fresno and Kern Counties)
Contra Costa	1,156,966	2,277 <sup>†</sup>	19,136 (1 grantee)
Kern	916,108	1,603	6,635 (1 grantee that serves both Fresno and Kern Counties)
Ventura	832,605	2,238	5,120 (1 grantee)
San Francisco	808,437	7,754	17,401 (3 grantees, one of which also serves Marin County)
San Joaquin	793,229	2,319	8,513 (2 grantees that also serve Merced, Solano, Stanislaus, and Yolo Counties)
San Mateo	729,181	1,808	5,794 (2 grantees, one of which also serves Santa Clara County)

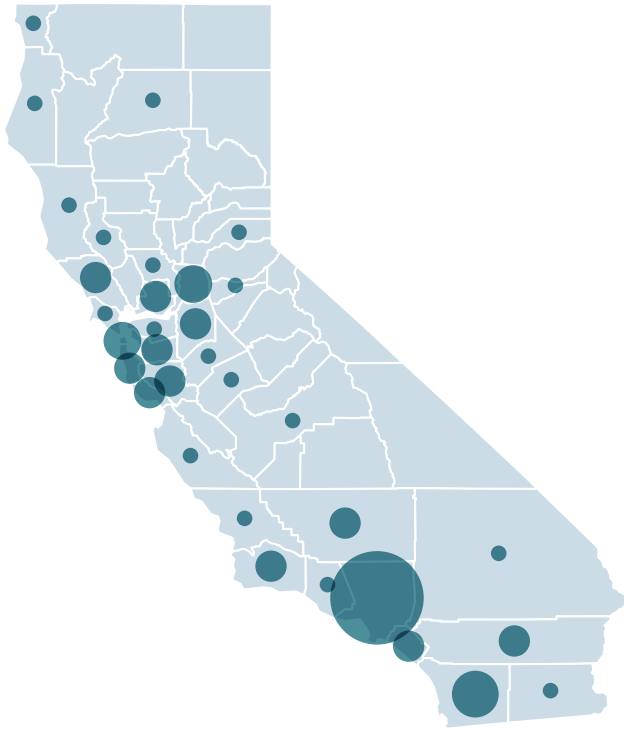
\* Includes populations of both Fresno (1,015,190) and Madera (160,256) Counties.

<sup>†</sup> Figure represents 2020 point-in-time count due to an absence of county data from 2022.

Note: HCH is Health Care for the Homeless.

Sources: “2022 Greater Los Angeles Homeless Count Deck,” Los Angeles Homeless Services Authority, Sept. 8, 2022; Regional Task Force on Homelessness, “2022 Point in Time Count Data Released,” press release, May 23, 2022; County of Orange, “County of Orange Releases 2022 Point in Time Count Results,” press release, May 11, 2022; “Riverside County Homeless Population Increased by 12 Percent While Growth Rate Decreased by 3 Percent,” County of Riverside, May 9, 2023; [2022 San Bernardino County Continuum of Care Homeless Count and Survey Final Report](#) (PDF), San Bernardino County, accessed Jan. 22, 2024; [2022 County of Santa Clara Point-In-Time Report on Homelessness: Census and Survey Results](#) (PDF), Applied Survey Research, accessed Jan. 22, 2024; “Point-In-Time Count,” EveryOne Home, accessed Jan. 22, 2024; “2022 Point in Time Count Report Released,” SacCounty News, June 28, 2022; [Contra Costa County 2023 Homeless Point-in-Time Count](#) (PDF), Contra Costa Health, last updated June 13, 2023; Jason Green-Lowe, [2022 Point-in-Time Count & Housing Inventory Count](#) (PDF), Fresno-Madera Continuum of Care, accessed Jan. 22, 2024; Rick Ramos et al., [Bakersfield-Kern Regional Homeless Collaborative 2022 PIT Count Report](#) (PDF), Bakersfield-Kern Regional Homeless Collaborative, accessed Jan. 22, 2024; [Ventura County 2022 Homeless Count and Subpopulation Survey](#) (PDF), Ventura County Continuum of Care Alliance, April 2022; [San Francisco Homeless Count and Survey: 2022 Comprehensive Report](#) (PDF), Applied Survey Research, 2022; Adam Cheshire and Bill Mendelson, [Report on the Point in Time Count of the Sheltered and Unsheltered Homeless](#) (PDF), San Joaquin Continuum of Care, June 15, 2022; and [2022 San Mateo County One Day Homeless Count and Survey: Executive Summary](#) (PDF), County of San Mateo Human Services Agency, June 2022.

**Figure 1. California’s HCH Grantees, Distribution by County**



Note: Number of grantees per county ranges from 1 to 8. Dot size corresponds to the number of grantees per county. See Appendix B for a complete list of grantees by county.

Sources: “Facility Finder,” California Department of Health Care Access and Information, accessed Feb. 13, 2024; “Health Care for the Homelessness Grantee Directory,” National Health Care for the Homeless Council, accessed Feb. 13, 2024. <https://hcai.ca.gov/facility-finder/> <https://nhchc.org/grantee-directory/>

## HCH Grantees in CalAIM

Administered by the Department of Health Care Services, CalAIM (California Advancing and Innovating Medi-Cal) is a new state initiative designed to bolster health care for underserved groups by allowing Medi-Cal to pay for services other than health care, such as housing navigation services, in order to address the needs of the whole person.<sup>17</sup> Because of their ability to serve the unique needs of people experiencing homelessness, HCH programs are particularly well suited to leverage contracts with managed care plans to deliver CalAIM services like Enhanced Care Management (ECM) and housing-related Community Supports

(CS) to unhoused Californians.<sup>18</sup> Of the HCH grantees surveyed, almost 80% reported providing ECM and CS supports.

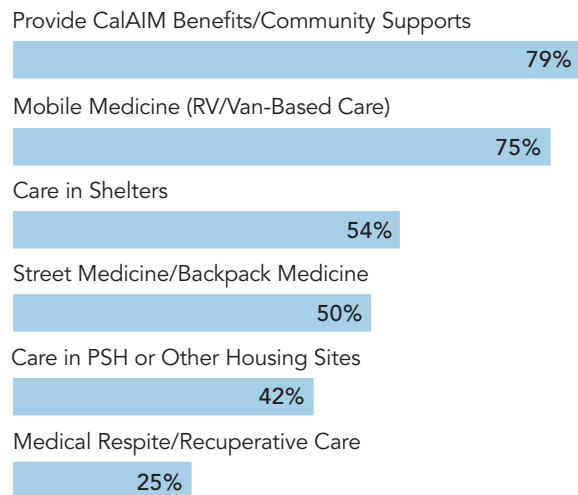
### CalAIM on the Ground

Because CalAIM is still relatively new, HCH programs reported challenges and roadblocks with implementation. For example, the Village Family Health Center in downtown San Diego chose not to provide ECM although it offers recuperative care services. As a small organization that works with seven Medi-Cal plans, it did not have the infrastructure to navigate the administrative complexity of the ECM program.

## Services Provided by HCH Grantees

The HCH grantees interviewed offered a variety of special programs designed to meet the needs of people experiencing homelessness. These included mobile medicine, care in shelters, street medicine, care in housing, and recuperative care — often in combination.

**Figure 2. Services Offered by HCH Providers**



Source: Survey conducted by Julie Hudman, PhD (February 2023–July 2023).



**Table 3. Examples of HCH Models in California**

HCH MODEL TYPE	HCH GRANTEE	LOCATION	DESCRIPTION	NOTABLE INNOVATIONS
FQHC-Led Coalition	Cooperative Health Care for the Homeless Network	Los Angeles County  Population: 9,721,138	One of the largest HCH grantees in the nation, the cooperative saw over 96,000 patients in 2022. Approximately 20% (19,374) were unhoused, and overall costs totaled \$128.4 million. The coalition is led by Northeast Valley Health Corporation, which oversees the HCH grant’s distribution to members of the cooperative. Members operate in all of LA’s eight Service Planning Areas, and include two homeless youth sites as well as Venice Family Clinic’s (VFC) street medicine program.	The network maintains a unique and robust quality management program that is specific to the homeless population and that can generate health data reports for individuals and groups. VFC’s program also trains students and clinicians in street medicine approaches and best practices.
Rural FQHC	Open Door Community Health Centers	Del Norte and Humboldt Counties  Population: 162,902	Starting as a single clinic in 1971, Open Door now has 12 community health center sites across the vast Humboldt and Del Norte Counties, where they serve more than 62,000 patients a year as of 2022 and employ almost 700 members of the community, with costs of \$103 million. They are active members of the Humboldt Housing and Homelessness Coalition, the local Continuum of Care, and participate in a data exchange project with other health and service organizations working on homelessness.	A custom mobile unit designed to function as a family doctor’s office enables them to see about 800 unhoused patients either on the street or at other sites, including transitional housing. It also provides services to migrant and seasonal farmworkers.
Public/Private Partnership	San Francisco Community Clinic Consortium (SFCCC)	San Francisco County  Population: 808,437	The San Francisco Health Care for the Homeless Project is a partnership with the SF Department of Public Health (SFDPH) and the SF Community Clinic Consortium. SFCCC oversees administration, fiscal management, reporting, monitoring, and the mobile outreach program, and contracts with eight partner health centers and SFDPH clinics. All of their patients — more than 15,000 — are unhoused. SFCCC does not see patients directly but instead subcontracts to the health centers and public clinics, which provide services at over 60 sites at a cost of just over \$31 million in 2022.	The Street Outreach Services (SOS) program also includes a VET SOS program, which provides free veterinary care to the companion animals of people experiencing homelessness. The program provides vaccines, exams, and other routine care, as well as free pet food and other supplies, to over 500 companion animals each year. In doing so, it also links pets’ humans to human health services.



HCH MODEL TYPE	HCH GRANTEE	LOCATION	DESCRIPTION	NOTABLE INNOVATIONS
County-Led	Valley Health and Hospital System (VHHP)	Santa Clara County  Population: 1,870,945	As part of the Ambulatory and Community Health Services of the Santa Clara Valley Health and Hospital System, VHHP and its network of primary care clinics provide services to over 6,100 people — 99% of whom are unhoused. VHHP has nine access points, including three fixed clinic sites and three mobile health centers that provide services to homeless shelters, encampments, general assistance offices, reentry centers, and schools. VHHP also serves specific communities with unique health care needs through its 20-bed medical respite program, gender clinic, migrant farmworker clinic, backpack homeless health care program, and teen van. Their costs were over \$21 million in 2022.*	Santa Clara Valley Health and Hospital System and the Hospital Council of Northern California support a 20-bed VHHP medical respite program that provides postacute care as well as access to comprehensive medical, social, and behavioral health services. The care team is made up of a medical doctor, pharmacist, psychiatrist, psychologist, social workers, community health workers, substance use counselors, and nurses. The team uses case conferences to discuss clients and their progress toward goals, as well as to offer onsite therapy, stress management, and medication-assisted therapy services.
Homeless Services Nonprofit	St. Vincent de Paul Village Family Health Center	San Diego County  Population: 3,276,208	Father Joe’s Villages was established in 1950 to serve those in the community experiencing homelessness and poverty. The Village Family Health Center sees almost 3,000 patients annually, 99% of whom are unhoused, and has costs totaling \$6.4 million. Over 90% of patients come to the campus clinic; the other 10% are seen via street outreach and a mobile unit. In addition to primary care, both the clinic and mobile units provide mental health and substance use services. They have contracts with three managed care plans and also operate a 20-bed medical respite care program.	The Village Family Health Center was founded on the Father Joe’s Villages campus in 1988 and operated as a free clinic for over 20 years before receiving its HCH grant in 2010. Today, it operates a dental clinic that provides comprehensive medical care to neighbors experiencing homelessness. Services include teeth cleanings, fillings, crowns, root canals, extractions, and partial to complete dentures. The clinic strives to provide same-day treatments, and the dental teams work closely with other health care providers — including those seeing patients with substance use disorder, which can be detrimental to oral health.

HCH MODEL TYPE	HCH GRANTEE	LOCATION	DESCRIPTION	NOTABLE INNOVATIONS
FQHC	WellSpace Health Center	Amador, Placer, and Sacramento Counties  Population: 2,043,353	First established as a free clinic known as The Effort in 1970, WellSpace Health today has 22 full-time clinics across three counties serving over 96,000 patients, of whom 4,031 (4%) are experiencing homelessness. With costs at around \$78.4 million, it operates a street medicine program, has a 988 crisis hotline, and provides case management services to 250 people living in permanent supportive housing. Since 2005, it has operated recuperative care facilities in shelters with community partners. More recently, it built a \$5 million, 80-bed, stand-alone recuperative care center in partnership with UC Davis Health and several managed care plans. It also has two open access care centers that operate like urgent care centers.	WellSpace’s Integrated Behavioral Health program operates at nine of its sites and includes short-term counseling, medication management, and referrals; emergency department navigators; and the nationally recognized Triage-Transport-Treat program, which was developed to decrease the likelihood a patient would use emergency rooms for nonurgent care.

\* Padma Nagappan, “[Medical Respite Care Bridges Critical Gap for Californians Without Housing](#),” The CHCF Blog, August 25, 2021.

Notes: FQHC is Federally Qualified Health Center; HCH is Health Care for the Homeless.

Sources: Author-conducted surveys and interviews; Census Bureau Population Estimates 2022, Claudia Boyd-Barrett, “[In Humboldt, the Community Works Together to Tackle Homelessness](#),” The CHCF Blog, July 16, 2021; “[Veterinary Street Outreach Services](#),” San Francisco Community Clinic Consortium, accessed Jan. 25, 2024; and “[Making Health a Priority](#),” Father Joe’s Villages, accessed Jan. 25, 2024.

## Collecting Data

HCH grantees collect valuable data through electronic health records (EHRs) and other health information systems. Fifty percent of respondents used OCHIN Epic for their EHR, while 21% used eClinicalWorks and 21% used Next Gen. Many grantees also used community resource referral platforms such as Aunt Bertha, One Degree, and Unite Us to connect with social services. Respondents were involved with various health information exchanges including LANES LA, a nonprofit, community-driven network that enables point-of-care comprehensive health data, clinical data insights, and population health capabilities throughout LA County’s health care ecosystem.<sup>19</sup>

### Challenges Faced

The primary challenges identified by HCH grantees stem from limited funding and flexibility for responsive health care services, insufficient housing resources for patients, staffing and workforce shortages, difficulty accessing and coordinating with mental health and substance use disorder treatment services, and the ever-increasing inflow of patients experiencing homelessness.

*“While [permanent supportive housing] resources are expanding . . . it is nowhere near enough.”*

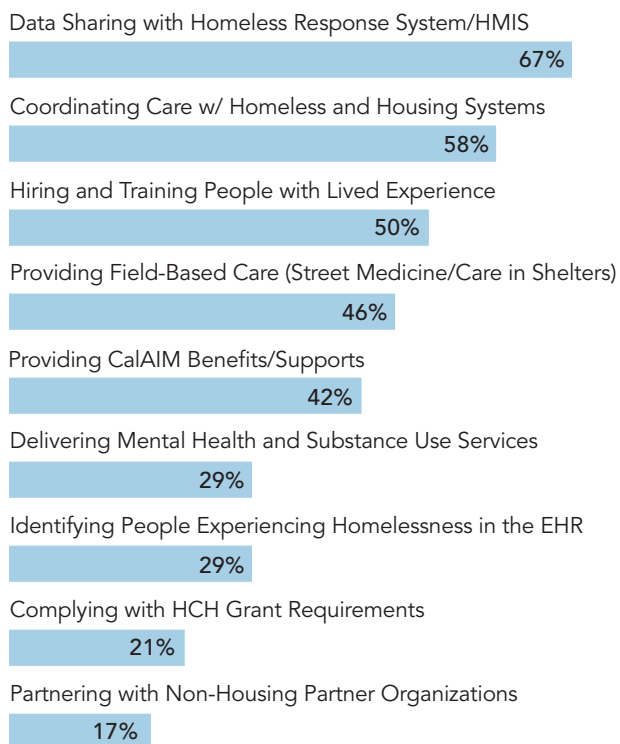
—Representative of a medium-sized health center in a rural county

## Looking to the Future

The surveyed HCH grantees shared much interest in receiving additional support or technical assistance (TA), with two-thirds of respondents (67%) reporting they would like TA for data sharing with their county's homeless response system, and two grantees indicating they would like access to the unified countywide data systems that have health care data, behavioral health data, care coordination information, and housing status for individual patients — information that most grantees do not currently have.

Another 58% of respondents would like TA to better coordinate care and to collaborate with homeless response systems and housing services. A respondent at one large health center opening an assisted living facility expressed a need for a continuum of funding sources to better house people

**Figure 3. Technical Assistance Needs for HCH Providers**



Source: Survey conducted by Julie Hudman, PhD (February 2023–July 2023)

experiencing homelessness, as Medi-Cal and housing vouchers can be cumbersome and inflexible. Another respondent said they would like support for integrating housing and health care within development projects, as that model has seen success elsewhere.

Half of respondents would like TA to hire and train staff with lived experience of homelessness. Another 46% want support with field-based care, with one Orange County clinic representative commenting that they would like to improve their mobile unit's productivity and enhance operations with community partners to ensure clients are reached. One respondent said their grantee has effective street-based outreach services but struggles to provide comprehensive primary care because of Medi-Cal's requirements for provider assignments. Others still would like assistance with CalAIM benefits like ECM and CS.

*“Homelessness continues to increase, [but] the funds have not increased to meet the demand.”*

—Representative of a medium-sized health center in a rural county

Fewer respondents indicated an interest in receiving support for delivering mental health and substance use disorder (SUD) services, identifying people experiencing homelessness via EHR systems, complying with HCH program requirements, and partnering with non-housing community-based organizations.

## Conclusion

Health Care for the Homeless (HCH) programs are vital components of California's health care safety net that serve an important role as the state works to tackle its growing homelessness crisis. They also

represent critical opportunities for ensuring that care is delivered to this high-need, yet historically underserved, population.

At present, California is home to 44 rural and urban HCH programs funded by federal grants administered by the Health Resources and Services Administration. Through a combination of mobile medicine, street medicine, recuperative care, and care delivered in shelters and housing facilities, these programs serve more than 223,000 people experiencing homelessness statewide.

Addressing the care needs of such a sizeable and complex population has its challenges, and representatives of HCH programs across the state agree that more resources — including funding, staff, and mental health and SUD services — are necessary to ensure demands are met. As well, programs indicate a high degree of interest in technical assistance, especially when it comes to data sharing with county homeless response systems. Combined access to health care data, behavioral health data, and social services data will better position California's capable HCH programs to coordinate and collaborate on the delivery of integrated whole-person care.

Despite these challenges, HCH programs in California are at the forefront of exciting and promising new developments. With the advent of CalAIM benefits such as Enhanced Care Management and Community Supports, these programs are poised to act as essential bridges between health care and social services tailored to the unique needs of people experiencing homelessness. Listening to the experiences of HCH programs and providers and leaning into their insights will help to maximize the reach of these new opportunities so that California's health care safety net can continue to thrive.

## Appendix A. Grantees Interviewed

**Sophia Sosa**, Deputy CEO

**Nancy Banuelos**, Chief Financial Officer (CFO)  
Community Health Centers of the Central Coasts

**Jeffery Norris**, MD, Chief Medical Officer (CMO)  
Father Joe's Villages / Village Health Center

**Joey Gonzalez**, Director of Operations  
**Larry Gwilt**, CFO  
Hurtt Family Clinic

**Al Ballesteros**, CEO  
**Paul Gregerson**, CMO  
JWCH Institute

**Kathy Procter**, Clinic Administrator for Homeless Services  
**Edward Sanders**, Director of Grants  
Northeast Valley Health Corporation

**Cheyenne Spetzler**, Sr. VP of Organizational Development  
**Thomas Steenblock**, Administrative Site Director  
Open Door Community Health Centers

**Beth Rittenhouse-Dhesi**, Director of Community Services  
**David Ofman**, MD, CMO  
San Francisco Community Clinic Consortium

**Selene Ho**, Director, Valley Homeless Healthcare Program  
Santa Clara County Valley Health and Hospital System

**Christie Gonzales**, Chief Program Officer  
WellSpace Health Center

## Appendix B. California’s Health Care for the Homeless Grantees

COUNTY	GRANTEE	LOCATION
Alameda County	Alameda County Health Care Services Agency	San Leandro
	UCSF Benioff Children’s Hospital	Oakland
Contra Costa County	Contra Costa Health Services	Martinez
Fresno and Kern Counties	Clinica Sierra Vista	Bakersfield
Humboldt and Del Norte Counties	Open Door Community Health Centers	Arcata
Los Angeles and Kern Counties	Bartz-Altadonna Community Health Center	Lancaster
Los Angeles County	Community Health Alliance of Pasadena	Pasadena
	Los Angeles Christian Health Centers	Los Angeles
	Northeast Valley Health Corporation	San Fernando
	San Fernando Community Health Center	San Fernando
	St. John’s Community Health	Los Angeles
	Venice Family Clinic	Venice
	Wesley Health Centers/ JWCH Institute	Commerce
Marin and San Francisco Counties	Marin City Health and Wellness Center	Sausalito
Marin County	Ritter Center	San Rafael
Mendocino and Lake Counties	Mendocino Community Health Clinic, Inc.	Ukiah
Merced, Stanislaus, and San Joaquin Counties	Golden Valley Health Centers	Merced
Monterey County	Clinica De Salud Del Valle De Salinas	Salinas
Orange County	Hurtt Family Health Clinic	Tustin
	Share Our Selves	Costa Mesa
Riverside and Imperial Counties	Innecare	El Centro
Sacramento County	Elica Health Center	Sacramento
	Sacramento County Health Center	Sacramento
Sacramento, Placer and Amador Counties	WellSpace Health	Sacramento
San Bernardino, Riverside Counties	SAC Health	San Bernardino

COUNTY	GRANTEE	LOCATION
San Diego County	Family Health Centers of San Diego	San Diego
	La Maestra Community Health Centers	San Diego
	Operation Samahan (OpSam) Health	National City
	Village Family Health Center, Father Joe’s Villages	San Diego
San Francisco County	San Francisco Community Clinic Consortium	San Francisco
	San Francisco Community Health Center	San Francisco
San Joaquin, Solano, and Yolo Counties	Community Medical Centers	Stockton
San Luis Obispo and Santa Barbara Counties	Community Health Centers of the Central Coasts	Santa Maria
San Mateo County	San Mateo County Health Services Agency	San Mateo
Santa Barbara County	Santa Barbara County Public Health Department	Santa Barbara
Santa Clara and San Mateo Counties	Gardner Family Health Network	San Jose
Santa Clara County	Santa Clara Valley Health and Hospital System	San Jose
Santa Cruz County	Santa Cruz County Health Services Agency	Santa Cruz
	Santa Cruz Community Health Centers	Santa Cruz
Shasta County	Shasta Community Health Center	Redding
Solano County	Solano County Family Health Services	Fairfield
Sonoma County	Santa Rosa Community Health Centers	Santa Rosa
	West County Health Centers	Guerneville
Ventura County	Ventura County Community Health Center	Ventura

Notes: Administrative addresses are provided for grantees with multiple clinic locations.

Sources: “Facility Finder,” California Department of Health Care Access and Information, accessed Feb. 13, 2024; “Health Care for the Homelessness Grantee Directory,” National Health Care for the Homeless Council, accessed Feb. 13, 2024.

<https://hcai.ca.gov/facility-finder/>  
<https://nhchc.org/grantee-directory/>



## Endnotes

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19. [Los Angeles Network for Enhanced Services](#).