



FY 2010 Appropriations: Mental Health and Substance Use Treatment Services for Homeless Populations

FY 2010 Appropriations Request

Provide \$120 million in SAMHSA homeless programs for essential mental health and substance use treatment services linked to permanent supportive housing for chronically homeless individuals and families and other housing programs targeted to homeless families, youth and individuals. The request would increase funding by \$64 million over the FY 08 funding level.

Justification

On any given night, according to 2006 data, 672,000 people are homeless, and 18 percent of these individuals are defined as chronically homeless. Years of reliable data and research demonstrate that the most successful intervention for chronic homelessness is linking housing to appropriate support services. From 2005 – 2007, the number of chronically homeless individuals has decreased by 28 percent nationwide. Current SAMHSA investments have played a role in this decrease. SAMHSA homeless programs are highly effective, cost efficient, and perhaps most importantly, fill a gap created by a preference for funding housing capital needs over critically important services that are necessary for programs to be effective.

One of the largest obstacles to ending homelessness for individuals and families is obtaining supportive services. In 2007, the Department of Health and Human Services updated its 2004 report entitled *Ending Chronic Homelessness: Strategies for Action*. The updated strategic plan, U.S Department of Health and Human Services: Strategic Action Plan on Homelessness, broadened HHS' focus to include all homeless populations and their need for services. In the recent competition conducted by SAMHSA for \$10 million in homeless services grants, the agency received over 250 qualified applications, of which the agency was only able to fund 23 grants. The interest and capacity of providers to put these federal dollars to work and end homelessness for thousands of homeless individuals should demonstrate to Congress a clear mandate to significantly increase funding for SAMHSA's homeless programs.

The current funding level of SAMHSA homeless programs is \$56 million. The House version of the uncompleted FY 09 Labor, Health and Human Services and Education (Labor-HHS) appropriations bill recommended an increase of \$21 million, while the Senate's version recommended level funding. While we encourage Congress to fund the FY 09 bill at the higher House-passed level, we also urge Congress to increase total funding to \$120 million for the Grants for the Benefit of Homeless Individuals (GBHI) and Treatment Systems for Homeless programs administered by SAMHSA in the FY 2010 Labor-HHS bill.

Homelessness and the Need for Services Funding

Eighteen percent of homeless are defined as chronically homeless; these are people with a disability and have been homeless repeatedly or continuously for twelve months. Permanent supportive housing successfully and cost effectively ends homelessness for this group. These programs couple a home with intensive supportive services such as access to health care, mental health services, addiction treatment and case management. SAMHSA's financial support of services in these environments is critical. Through their 10 year plans to end homelessness, state and local communities have identified a need of over 90,000 units of permanent supportive housing.

There are also successful housing programs linked with services models that are proving to be effective for all homeless populations, including those at-risk of homelessness. The services, based on clients' need, are usually less intensive than in permanent supportive housing but still essential for these families, individuals and youth. For example, substance use treatment programs that have taken a comprehensive approach to family treatment are finding that as they address a family's housing need they increase the family's odds of success. In addition, access to outpatient or in home mental health treatment can give people experiencing homelessness the tools they need to stabilize and reduce trauma, especially for families with children.

This document was prepared by the National Alliance to End Homelessness, the Corporation for Supportive Housing, the National Alliance on Mental Illness, the National AIDS Housing Council, and Enterprise Community Partners, Inc.