



Coordinating HHS Housing-Related Supports and Services with HUD Housing Assistance for People Experiencing Homelessness

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Welcome and Overview

- Welcome - Richard S. Cho, Senior Advisor for Housing and Services, Office of the Secretary, HUD
- Technical Assistance Provider
 - Technical Assistance Collaborative (TAC)
- HHS Agency Presentations
 - Health Resources and Services Administration (HRSA)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)

Webinar Purpose and Agenda

Learning Objective: Attendees will be equipped to identify available housing-related supports and services resources in their states and communities. Attendees will also be able to locate their state and local agencies responsible for funding and delivering these resources in order to reach out and form partnerships to ensure successful referrals, lease-up and ongoing tenancy in HUD housing programs, especially the Emergency Housing Voucher (EHV) program. This webinar will also be helpful for PHAs with a homeless admission preference and PHAs with a special purpose voucher program such as Mainstream, Family Unification Program, HUD-VASH, etc.

Agenda:

- Define housing-related supports and services, and how these can be paired with HUD housing assistance to benefit individuals experiencing homelessness
- Describe resources available through federal Health and Human Services (HHS) agencies – specifically, the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) – that can fund housing-related supports and services, including new resources in the American Rescue Plan (ARP)
- Examples of on-the-ground partnerships and pairing of HUD-HHS resources and takeaways for PHAs, CoCs and others to learn more and pursue partnership opportunities
- Questions and answers

Webinar Series - Coordinating HHS Housing-Related Supports and Services with HUD Housing Assistance for People Experiencing Homelessness

Date/Time	TA Topic
July 14 3:00-4:30 EDT	HRSA & SAMHSA Resources for Housing Supports
August 12 3pm - 4:30pm EDT	Centers for Medicare & Medicaid Services (CMS)/Medicaid Resources for Housing Supports
August 16 3pm – 4:30pm EDT	Administration for Children & Families (ACF) Resources for Housing Supports



Poll – Who is Listening in Today?

- ☐ Public Housing Agency (PHA)
- ☐ Continuum of Care (CoC)
- ☐ Victim Service Provider (VSP)
- ☐ Other

What are Housing-Related Supports & Services?

- **Outreach/engagement/referral services** – that help identify and refer people experiencing homelessness to coordinated entry to access housing assistance provided by CoCs/PHAs
- **Pre-tenancy services** – that assist people with housing access, such as housing search assistance, landlord engagement and housing navigation, security deposits, rent/utility arrears, help obtaining documentation to verify eligibility, move-in assistance, and home furnishings
- **Housing stabilization services and service coordination** – to help people stabilize in housing and connect with community-based services
- **Ongoing tenancy sustaining supports and wrap-around services (i.e. services in PSH)** – that assist people in being successful tenants, such as ongoing individualized case management, help maintaining one's home, with activities of daily living, and with preventing lease violations, and care coordination with health and behavioral health systems

Housing-Related Supports & Services Needs by Population

Population	Associated Needs	Care Coordination Partners	Intensity of Services
Individuals with Disabling Conditions	<ul style="list-style-type: none"> • Permanent supportive housing • Primary and behavioral health care • Benefits and entitlements • Employment and education supports 	<ul style="list-style-type: none"> • Street outreach workers • Community health centers • Behavioral health agencies • Supported employment providers • Community corrections 	<ul style="list-style-type: none"> • 24/7 crisis response capability • Ongoing intensive engagement, tenancy supports and wrap-around services
Families	<ul style="list-style-type: none"> • Rental assistance and housing location supports • Primary and behavioral health care • Benefits and entitlement • Employment and education supports 	<ul style="list-style-type: none"> • Landlords • Community health centers • Behavioral health agencies • Child welfare • Schools • Community corrections • Victim Services Providers 	<ul style="list-style-type: none"> • Short-term outreach, engagement and referral • Pre-tenancy services • Short-term housing stabilization and service coordination

Housing-Related Supports & Services Needs by Population (continued)

Population	Associated Needs	Care Coordination Partners	Intensity of Services
Youth	<ul style="list-style-type: none">• Rental assistance and housing location supports• Primary and behavioral health care• Benefits and entitlements• Employment and education supports	<ul style="list-style-type: none">• Street outreach• Community health centers• Behavioral health agencies• Supported employment providers• Schools/ education programs• Family engagement services• Host homes/ foster care• Juvenile justice or adult corrections• Victim Services Providers	<ul style="list-style-type: none">• 24/7 crisis response capability• Ongoing intensive engagement, tenancy supports and wrap-around services offered

HUD Housing Opportunities

- The Emergency Housing Voucher (EHV) program is available through the American Rescue Plan Act (ARPA), providing 70,000 housing choice vouchers to local Public Housing Authorities (PHAs) in order to assist individuals and families who are:
 - Homeless,
 - At risk of homelessness,
 - Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, or
 - Were recently homeless or have a high risk of housing instability.
- PHAs are required to partner with Continuums of Care (CoCs) or other homeless or victim services providers to assist qualifying families through a direct referral process.
- MOUs between PHAs, CoCs and other partners, due to HUD on July 31, 2021, should identify services provided to assist EHV applicants and participants, including what is being offered to ensure that referrals are successful.

HUD Housing by Program Office

Special Needs Assistance Programs (SNAPS) – Homeless/At risk	Public and Indian Housing	Office of Multifamily
CoC Program (TH, PH, PSH)	Housing Choice Vouchers	811 PRA (People with Disabilities)
ESG RRH	Special Purpose Vouchers: VASH (Veterans), EHV's, Mainstream (People with Disabilities)	Section 811 (People with Disabilities)
	Public Housing	Section 202 (Elderly)

HRSA Programs That Can Provide Housing-Related Supports & Services

Agency/Program	Eligible housing support services				State administering agency (if applicable)	General eligibility	Service providers/local partners
	Outreach/engagement/referral	Pre-tenancy	Housing stabilization & service coordination	Ongoing tenancy supports & wrap-around services			
Health Center Program	X	X			NA - Community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services as well as supportive services such as health education, translation, and transportation that promote access to health care.	Services available to all residents of the area or population (individuals experiencing homelessness, agricultural workers, residents of public housing) served, regardless of ability to pay.	Health centers collaborate with other community providers to maximize resources and efficiencies in service delivery and to help patients establish eligibility for and gain access to Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services.

SAMHSA Programs That Can Provide Housing Support Services

Agency/Program	Eligible housing support services				State administering agency (if applicable)	General eligibility	Service providers/local partners
	Outreach/engagement /referral	Pre-tenancy	Housing stabilization & service coordination	Ongoing tenancy supports & wrap-around services			
Projects for Assistance in Transition from Homelessness (PATH)	X				Funds distributed to states mental health agencies (find state PATH contacts)	Individuals who are homeless or at risk of becoming homeless and have a serious mental illness or co-occurring mental and substance use disorder (COD)	Local public or nonprofit organizations receive funding from states (find PATH providers)
CSAT Grants for the Benefit of Homeless Individuals (GBHI)	X	X	X	X	NA - Funds distributed to domestic public and private nonprofit entities	Individuals (including youth and families) experiencing homelessness who have substance use disorders (SUDs) or co-occurring mental and substance use disorders (CODs)	Behavioral health, health, housing, and homeless services providers, health systems, colleges and universities (find recent awardees)
CMIHS Treatment for Individuals Experiencing Homelessness (TIEH)	X	X	X	X	NA - Funds distributed to state, territories, tribes, and domestic public and private nonprofit entities	Individuals experiencing homelessness who have a serious mental illness (SMI), serious emotional disturbance (SED), or co-occurring disorders (COD)	State and county mental health and substance use agencies, nonprofit behavioral health and homeless system providers, community health centers, health systems, courts, public housing authorities, colleges and universities (find recent awardees)
CSAT and CSAP Substance Abuse Prevention & Treatment Block Grant (SABG)	X	X	X	X	Funds distributed to state agencies responsible for public substance use disorder (SUD) services	SABGs target pregnant women and women with dependent children; people who inject drugs; SUD & co-occurring disorders; tuberculosis services; early intervention services for HIV/AIDS; or primary prevention services	SABG providers include non-profit community providers, faith-based organizations, and behavioral health providers, who provide SUD treatment, prevention activities and recovery support services to individuals, families, and communities impacted by SUD.

SAMHSA Programs That Can Provide Housing Support Services

Agency/Program	Eligible housing support services				State administering agency (if applicable)	General eligibility	Service providers/local partners
	Outreach/engagement /referral	Pre-tenancy	Housing stabilization & service coordination	Ongoing tenancy supports & wrap-around services			
CSAT State Opioid Response (SOR)	X	X	X	X	Single State Agencies (SSAs) for Substance Abuse Services	Individuals with or at-risk of OUD or Stimulant Use Disorder, Co-occurring (Stimulant Use Disorder or OUD and mental health or other SUD)	State and county mental health and substance use agencies, for- and non-profit prevention, treatment, and recovery support, service providers, community health centers, health systems, courts, public housing authorities, colleges and universities (find recent awardees)
CMHS Community Mental Health Services Block Grant (MHBG)	X		X	X	Funds distributed to state agencies responsible for public mental health and substance use disorder (SUD) services	MHBGs target adults with serious mental illnesses and children with serious emotional disturbances. SABGs target pregnant women and women with dependent children; intravenous drug users; tuberculosis services; early intervention services for HIV/AIDS; primary prevention services	MHBG providers include local/regional mental health authorities, nonprofit community mental health centers, and other behavioral health providers. MHBG funds may be used to provide case management to assist individuals with SMI/SED to obtain housing. MHBG funds may also be used to provide support training for people with SMI/SED to assist them to maintain stable housing. SABG providers include community- and faith-based organizations that deliver substance abuse prevention activities to individuals and communities impacted by substance abuse and SUD treatment and recovery support services to individuals and families impacted by SUD.



HUD HHS Webinar

HRSA Health Center Program Resources

July 14, 2021

Jen Joseph, PhD, MEd
Director, Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



Health Center Program Fundamentals



Serve High Need Areas

- Must serve a high need community or population (e.g., HPSA, MUA/P)



Patient Directed

- Private non-profit or public agency that is governed by a patient-majority community board



Comprehensive

- Provide comprehensive primary care and enabling services (e.g., education, outreach, and transportation services)



No One is Turned Away

- Services are available to all, with fees adjusted based upon ability to pay



Collaborative

- Collaborate with other community providers to maximize resources and efficiencies in service delivery



Accountable

- Meet performance and accountability requirements regarding administrative, clinical, and financial operations

Health Center Program Patients

HRSA-Funded Health Centers Improve Lives

Nearly 30M people—that's **1 in 11** in the U.S.—rely on a HRSA-funded health center for care, including:

1 in 8
children



1 in 5
rural
residents



1 in 3
living in
poverty



1 in 4
uninsured



398K+
veterans



885K+
served at school-
based health
centers



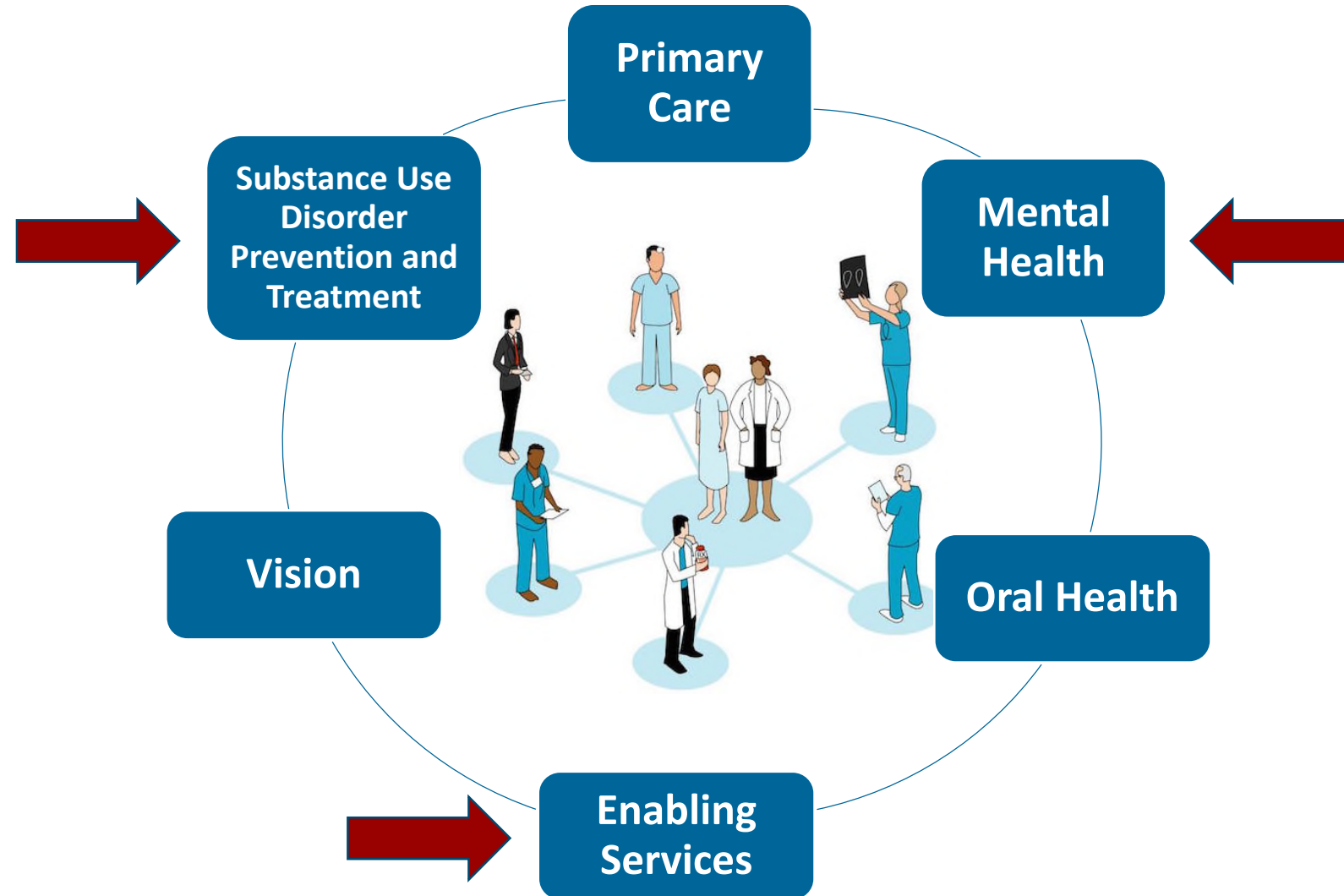
1M+
agricultural
workers



1.4M+
homeless



Care Model at HRSA-Funded Health Centers



Health Center Enabling Services

Includes “...services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, **housing**, educational, or other related services...”

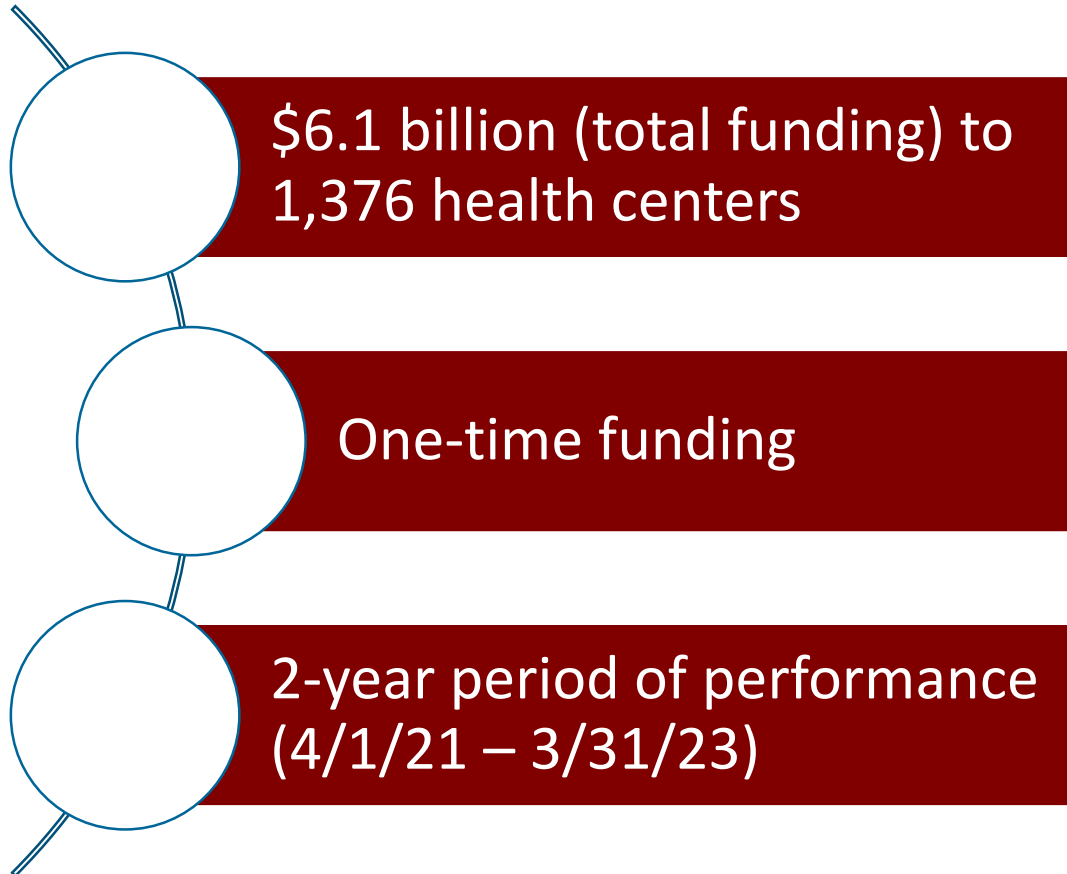
- Eligibility Assistance
- Health Education Outreach
- Transportation
- Translation

Enabling Services Personnel FTEs CY 2019

Type of Personnel FTEs	Number
Case managers	10,103
Patient/Community education specialists	2,681
Outreach workers	2,656
Transportation staff	869
Eligibility assistance workers	4,460
Interpretation staff	1,244
Community health workers	1,483
Other enabling services	571
TOTAL	24,070



Health Center American Rescue Plan (ARP) Award Information



Uses of ARP Funds

- COVID-19 Vaccination Capacity
- COVID-19 Response and Treatment Capacity
- Maintaining and Increasing Capacity
- Recovery and Stabilization
- Minor Alteration/Renovation

Examples

- **Supportive services in housing/shelter:** Partner with local Continuums of Care (CoCs) to provide (or co-locate) the clinical and case management services to those living in supportive housing programs, shelters, or other locations.
- **Telehealth and broadband:** Identify staffing and/or equipment to start, expand and/or upgrade access to telehealth in shelters, encampments, supportive housing programs, and other housing and service programs.
- **Outreach to unsheltered:** Expand capacity to provide (or restart) health care and support services to those who are unsheltered living in encampments or other locations. Acquire appropriate equipment to support street medicine in the field (such as tablets, wifi hotspots).
- **Transportation:** Acquire additional health center vehicles and expand staffing to offer greater transportation options for clients to access care.

National Healthcare for the Homeless Coalition: **Using HRSA Health Center Funding from the American Rescue Plan Act to Improve Systems of Care for People Experiencing Homelessness**

<https://nhchc.org/wp-content/uploads/2021/04/ARPA-Health-center-funding.pdf>



Thank You!

Jennifer Joseph, PhD, MEd

Director, Office of Policy and Program Development

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



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Opportunities to Fund and Provide Housing-Related Services

SAMHSA Resources for Housing Supports

Center for Mental Health Services
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

July 14, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

Mental Illness and Substance Use Disorders in America

PAST YEAR, 2019 NSDUH, 18+

Among those with a substance use disorder:

2 IN 5 (38.5% or 7.4M) struggled with illicit drugs
3 IN 4 (73.1% or 14.1M) struggled with alcohol use
1 IN 9 (11.5% or 2.2M) struggled with illicit drugs and alcohol

Among those with a mental illness:

1 IN 4 (25.5% or 13.1M) had a serious mental illness

7.7%
(19.3 MILLION)
People aged 18
or older had a
substance use
disorder (SUD)

3.8%
(9.5 MILLION)
People 18 or older
had BOTH an SUD
and a mental
illness

20.6%
(51.5 MILLION)
People aged 18
or older had a
mental illness

In 2019, **61.2M** Americans had a mental illness and/or substance use disorder—an increase of 5.9% over 2018 composed entirely of increases in mental illness.

SAMHSA Resources for Housing Support

- CSAT Substance Abuse Prevention and Treatment Block Grant (SABG)
- CSAT State Opioid Response (SOR) Program
- CSAT Grants for the Benefit of Homeless Individuals (GBHI)
- CMHS Community Mental Health Services Block Grant (MHBG)
- CMHS Treatment for Individuals Experiencing Homelessness (TIEH)
- CMHS Projects for Assistance in transition from Homelessness (PATH)

Substance Abuse Prevention and Treatment Block Grant (SABG)

The Substance Abuse Prevention and Treatment Block Grant (SABG) Program was authorized by Congress to provide funds to all 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity for the purpose of planning, implementing, and evaluating activities to prevent and treat substance abuse and is the largest Federal program dedicated to improving publicly-funded substance abuse prevention and treatment systems.

The Center For Substance Abuse Prevention (CSAP) and Center For Substance Abuse Treatment (CSAT) administer the Block Grant. For purposes of this Presentation, we will focus on Treatment. CSAT provides states and practitioners with evidence-based treatment service protocols to improve and expand access to those in need of services; while providing State's with effective strategies to Collect, Monitor, Measure, and Report Performance Indicators and Outcomes.

SABG, cont.

- SAMHSA allocates Substance Abuse Prevention and Treatment Block Grant (SABG) Program (a formula grant) to states to:
 - Prevent substance use disorders (SUDs),
 - Treat SUDs, and
 - Promote Public Health
- States, in turn, allocate SABG funds to subrecipients within their states. In the SUD treatment system, subrecipients might include SUD treatment providers who are non-profit community providers, faith-based organizations, intermediary organizations, and/or behavioral health providers, who provide SUD treatment, prevention activities and recovery support services to individuals, families, and communities impacted by SUD.

SABG Appropriations

There have been three recent investments in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Prevention and Treatment (SABG) Block Grant.

Consolidated Appropriations Act: In December 2020, Congress approved, and then-President Trump signed the Consolidated Appropriations Act of 2021 (P.L. 116-260). The law includes, among many provisions, two separate investments in the SABG Block Grant: \$1.858 billion through the annual or "regular" FY 2021 appropriations process and \$1.65 billion in supplemental funding provided as part of the law's section dedicated to COVID-19 relief.

The American Rescue Plan: In March 2021, Congress approved, and President Biden signed the American Rescue Plan Act of 2021 (P.L. 117-2). The law includes an additional separate allotment in the SABG Block Grant: \$1.5 billion in longer term supplemental funding for the SABG Block Grant.

Annual FY 2021 Appropriations as part of Consolidated Appropriations Act (December 2020) (SABG)
Total appropriation: \$1.858 billion Timeline: States have until September 30, 2022, to spend these funds.

Supplemental Funding as part of Consolidated Appropriations Act (December 2020) (COVID-19)
Total appropriation: \$1.65 billion Timeline: States have until March 14, 2023, to spend these supplemental funds.

Supplemental Funding as part of the American Rescue Plan Act (March 2021) (ARPA)
Total appropriation: \$1.5 billion Timeline: States until September 30, 2025, to spend these supplemental funds.

SABG Statute re: Housing

The use of SABG funds for rental payments to support individuals in recovery housing is only authorized under the provision permitting the establishment of the revolving loan fund, which finances the costs of establishing group housing programs for individuals in recovery. Section 1925 of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 USC§ 300x-25) and 45 CFR § 96.129 authorizes states and jurisdictions to set aside at least \$100,000 to establish and maintain the ongoing operation of a revolving fund to make loans for the costs of establishing group homes for individuals recovering from substance use disorders. States could comply with this revolving fund requirement by either establishing the fund directly or through a grant or contract with a nonprofit entity as well as use state or federal funds to maintain the minimum balance.

The SABG statute authorizes expenditure of funds "only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related tuberculosis and HIV early intervention service activities" (please see Section 1921 (b), PHS Act (42 U.S.C. § 300x-21(b))).

SABG Statute re: Housing, cont.

- The use of block grant funds for rental payments or housing programs outside of the revolving fund provision is not an authorized substance abuse prevention or treatment activity. States should adopt the standards for recovery residences set forth by the National Association of Recovery Residences (NARR)
- Services provided in recovery residences vary but include peer-to-peer recovery support for all residents as well as medical and counseling services for those requiring a higher level of support.
- To the extent that 'you' wish to expend funds for substance abuse services provided in recovery residences, such use is permissible;
- While housing costs and rental payments are not authorized under the program statute, expenditures for substance abuse treatment and recovery support services provided to individuals in recovery homes is a permissible use of SABG funds. Likewise, the payment of an expense for substance abuse services (clinical treatment/recovery services) in a substance abuse program under which housing may be an inextricable component of the overall program is also permissible. The difference is that it is not a housing program, but a substance abuse program. SAMHSA must review and authorize any plans that propose to expend funds for this type of activity to ensure that it is in fact an authorized activity under the block grant.

SABG HOUSING examples

Population	COVID-19 (proposed)	SABG
<p>Pregnant women and women with children, Families, Veterans, Single males, Individuals returning to community from a correctional setting</p>	<ul style="list-style-type: none"> • Rental assistance and housing location supports • Primary and behavioral health care • Housing stabilization services including rental assistance for individuals with SUD/OD, COD while transitioning into the community and receiving recovery supports • Expand recovery housing in the state via more oxford houses • Expand Rapid Rehousing Funds - administrative costs and supportive services; • Housing Initiative – Initiatives to Address Housing Instability and Homelessness • Comprehensive Neonatal Abstinence Syndrome Treatment Services • Create an online searchable tool to connect people with SUD/BH conditions to housing • Furnish 2/2-bedroom apartment units for Transitional Housing • Hire full-time housing case manager(s) to enhance support for women 	<ul style="list-style-type: none"> • Oxford House(s) (3), Men and Women, 1 MAT House; (AZ) (Braided) • 100 Oxford Houses statewide (KY); • Partner with community providers to develop independent supportive housing & continue to provide peer-recovery support, supportive employment, & life skills development (CT) (Braided) • Rapid Rehousing Funds - administrative costs and supportive services; eligible costs include rent, utilities, deposits, rental arrears, and utility arrears paid directly to landlords or utility service providers (Braided) • Family engagement services (TX) • Primary and behavioral health care • Juvenile justice or adult corrections

Overview of the State Opioid Response (SOR) Program

The SOR Program aims to address the opioid crisis by increasing access to medication-assisted treatment using the (3) FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD. In FY 2020, the SOR program was expanded to support evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2020, 57 new SOR grants were funded for a total of \$1.42 B (includes a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths); SOR is a two-year program and it is anticipated that continuation funding will be available for the second year of the program.

Grants were awarded via formula and state allocations were based on the following two elements weighted equally:

- State's proportion of people who meet criteria for dependence or abuse of heroin or pain relievers who have not received any treatment (NSDUH 2017-2018), and
- State's proportion of drug poisoning deaths (2018 CDC Surveillance System)

Required Activities for the SOR Program

Prevention

- Implement prevention and education services to include:
 - training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone;
 - developing evidence-based community prevention efforts, including evidence-based strategic messaging on the consequences of opioid misuse; and
 - purchasing and distributing naloxone.

Required Activities for the SOR Program, cont.

Treatment and Recovery Support Services

- Assess the needs of tribes in the state and include strategies to address these needs in the program.
- Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication-assisted treatment (MAT), i.e., the use of FDA-approved medications in combination with psychosocial interventions.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.
- Develop and implement evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders.

Required Activities for SOR Program, cont.

Treatment and Recovery Support Services, cont.

- Support innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery.
- Ensure that all applicable practitioners associated with program obtain a DATA waiver.
- Make use of SAMHSA-funded Opioid TA/T grantee resources to assist in providing training and TA to providers who will render services on the grant.
- Develop and implement tobacco/nicotine product (e.g., vaping) cessation programs, activities, and/or strategies.

Evidence-Based Practices

Prevention	Treatment	Recovery Support
Overdose Education & Naloxone Distribution (OEND)	Medication-assisted Treatment (MAT) – combined with counseling and behavioral therapies	Peer Support Services
Project Success	Motivational Interviewing	Recovery Community Organizations (RCOs)
Second Step	Cognitive Behavioral Therapy (CBT)	Recovery Housing
Sources of Strength	Community Reinforcement & Family Training (CRAFT)	Employment Services
Prevention Pathways	Hub and Spoke Model	
Positive Action	Screening, Brief Intervention and Referral to Treatment (SBIRT)	
Prescription Drug Disposal	Contingency Management	

Innovations

- **Prevention**

- Mobile Crisis Teams
- Pharmacists – Education, brief screening, potential referral to treatment and prescribing and dispensing naloxone

- **Recovery Support**

- Integration of peers in faith-based communities
- Peer support training and education in correctional facilities for inmates

- **Treatment**

- Partnerships with academic medical institutions as hubs in the “Hub and Spoke” model
- “Bridge Clinic” models to provide access to treatment through hospitals Emergency Department
- Addiction Stabilization Units (ASUs) in high-risk areas
- Quick Response Teams (QRTs)
- Mobile treatment services
- Telehealth services

SOR Housing-Related Activities

- **Connecticut – Housing Support**

- Connecticut provides housing support via vouchers for individuals with OUD who are homeless or at risk of homelessness in need of temporary safe housing. Between September 30, 2020, and March 30, 2021, 76 individuals received housing support through SOR20 funds.

- **District of Columbia – Department of Human Services (DHS) Homeless Opioid User Supportive Engagement (H.O.U.S.E.)**

- The DHS H.O.U.S.E. Team uses the housing first model to help the most at-risk, vulnerable individuals with OUD to navigate housing services and resources. From October 1, 2020, to March 31, 2021, the H.O.U.S.E. Team conducted outreach services to include 2,058 engagements with individuals experiencing homelessness and completion of 20 new Service Prioritization Decision Assistance Tools (SPDATs) for individuals experiencing homelessness (who did not already have a completed SPDAT), in order to be eligible for housing supports as resources are available.

SOR Housing-Related Activities

- **Pennsylvania – Single Authorities: Housing and Housing Focused Case Management**
 - In late 2020, \$14 million was awarded to 28 Single County Authorities (SCAs) to provide Housing and Housing Focused Case Management Services to persons in recovery (PIR) from opioid or stimulant use disorders. The focus of this initiative is assisting PIR in obtaining and maintaining safe, supportive housing and expanding case management services targeted at alleviating barriers which undermine stable housing. These expanded case management services include but are not limited to housing specific case management and navigation, employment support services, childcare assistance, integrated care coordination, legal assistance, advocacy, educational assistance, assistance in obtaining government benefits, and transportation services. SCAs are partnering with close to 30 organizations with a goal of providing housing and housing-focused case management services to close to 1,000 individuals across the Commonwealth.
- **Ohio – Faith-based Recovery Housing**
 - Provides faith-based, gender specific services to African American adult women between the ages of 18 and 64 with a diagnosis of OUD or stimulant use disorder.

Targeted Technical Assistance

- **Opioid Response Network (ORN)**, <https://opioidresponsenetwork.org/>
 - SAMHSA awarded a two-year grant to provide technical assistance (TA) to states and territories to the American Academy of Addiction Psychiatry (AAAP) with a coalition of 27 national professional organizations, forming the Opioid Response Network (ORN)
 - TA activities are designed to enhance efforts already underway throughout the United States and territories
 - The Opioid Response Network (ORN) provides training and technical assistance via local experts across the country, focusing on applying evidence-based practices in prevention, treatment, and recovery to meet locally identified needs.
 - Each TA team assigned to every state and territory has a prevention, treatment, and recovery consultant.

Resources

- SOR Profile: <https://www.samhsa.gov/sites/default/files/state-opioid-response-sor-report.pdf>
- The National Survey on Drug Use and Health (NSDUH) – 2019: https://www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf
- HHS 5-Point Strategy to Combat the Opioid Crisis: <https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html>
- SAMHSA Evidence-based Practices Resource Center: <https://www.samhsa.gov/ebp-resource-center>
- SAMHSA Opioid Response Network: <https://opioidresponsenetwork.org/>

Grants for the Benefit of Homeless Individuals (GBHI)

- The GBHI program is a competitive grant program to help communities expand and strengthen treatment and recovery support services for individuals (including youth and families) experiencing homelessness who have SUDs or CODs.
- Grants are awarded for up to five years to community-based public or nonprofit entities with annual funding of up to \$400,000.
- Annual allocation is \$34,527,283 for 85 grants across 33 states.

Required services include:

- Outreach
- Screening
- Treatment
- Peer support
- Housing-related services*
- Case management
- Recovery support services
- Assistance in enrollment in mainstream benefits

* FY20 Grantees may provide up to 3 months of rent, security deposit, etc.

CMHS Community Mental Health Services Block Grant (MHBG)

- As part of the Mental Health Block grant funding, states must submit a plan to provide comprehensive community mental health services to adults with serious mental illness and children with serious emotional disturbance
- The plan must provide for an organized, comprehensive community-based system of care
- Includes dually diagnosed individuals
- The plan must include health and mental services needed for a person to function outside of institutional/in-patient care – must include services for children administered through the school system – and provide for a system of case management

State Plans for Mental Health Services and Use of MHBG Funds for People Who are Homeless with SMI/SED

- States must demonstrate a system of integrated social services, educational services, juvenile services, substance abuse services, health and mental health services to serve adults with serious mental illness and children with serious emotional disturbances
- MHBG funds are used to develop and maintain a comprehensive community mental health services system
- MGBG funds are used to support local community mental health centers by defined geographic areas
- The state plans must describe the states' outreach to and services for individuals who are homeless with SMI/SED

Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance, or Co-Occurring Disorders Experiencing Homelessness

- Short title: Treatment for Individuals Experiencing Homelessness (TIEH)
- The purpose of this program is to support the development and/or expansion of the local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with a serious mental illness (SMI), serious emotional disturbance (SED), or co-occurring disorder (i.e., a SMI and substance use disorder [SUD] or a SED and SUD who are experiencing homelessness.)

Treatment for Individuals Experiencing Homelessness (TIEH), cont.

- Grants are awarded for up to five years to states, territories, community-based public or nonprofit entities with annual funding of up to \$1 million for state governments and territories and up to \$500,000 for tribes, and community-based public or nonprofit entities.
- Annual allocation is \$26,113,431 for 48 grants across 26 states and one territory.

TIEH, cont.

Required services include:

- Outreach
- Screening
- Treatment
- Peer support
- Connections to sustainable permanent housing
- Case management
- Recovery support services
- Assistance in enrollment in mainstream benefits

In addition to strengthening behavioral health treatment, the TIEH program requires enrollment in HUD's Coordinated Entry system.

Projects for Assistance in Transition from Homelessness (PATH)

The goal of PATH formula grants is to reduce or eliminate homelessness for individuals with serious mental illnesses (SMI), co-occurring substance use disorders (COD), and who are experiencing homelessness or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including outreach, case management, and services that are not supported by mainstream mental health programs.

PATH, cont.

- The PATH program distribute funds to states and territories. Awards range from \$50,000 to \$8.8 million total (direct and indirect), depending upon a legislatively determined formula.
- Annual allocation is \$64,635,000. PATH funds are limited to the 50 states, the District of Columbia, Puerto Rico, (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands) so that they may make grants to public and local non-profit organizations to provide a variety of legislatively authorized services.

PATH, cont.

PATH eligible services include:

- Outreach
- Screening and diagnostic treatment
- Habilitation and rehabilitation
- Community mental health services
- Alcohol or drug treatment services
- Staff training
- Case management
- Supportive and supervisory services in residential settings
- Referrals for primary health services, job training, educational services, and relevant housing services
- Housing services
- Other appropriate services (with SAMHSA approval)

PATH Housing Services:

- minor renovation, expansion, and repair of housing
- planning for housing
- technical assistance in applying for housing assistance
- improving the coordination of housing services
- security deposits
- the costs associated with matching eligible homeless individuals with appropriate housing situation; and
- one-time rental payments to prevent eviction

Partnerships and Pairing of HUD-HHS Resources (On-the-ground)

New Reach: Bridgeport, Connecticut

New Reach, Bridgeport, CT serves those experiencing homelessness and those who are at risk of homelessness, including those with mental illness and substance abuse disorders.

New Reach serves over 2,000 individual clients over the course of a year. New Reach serves adults, children and families.

Program and Services include:

- Outreach and Engagement
- Shelter Diversion for Individuals and Families, Permanent Supportive Housing, Rapid Re-Housing, Shelter Services
- Case Management and Benefits Counseling (including SOAR)
- Behavioral Health Support Services and Crisis Intervention
- Coordination of Primary and Crisis Care through partnerships with FQHC and Local Hospital.

New Reach receives TIEH funds from SAMHSA.

Partnerships and Pairing of HUD-HHS Resources (On-the-ground)

Columbus House, Inc. (CHI) New Haven, Connecticut

- **CHI, New Haven** serves those who are chronically homeless, including those with mental illness and substance abuse disorders; re-entry clients coming out of prison; veterans; those who are unemployed or underemployed; and people with chronic medical conditions
- CHI serves up to 1,000 people on any given day and over 3,000 individual clients over the course of a year. CHI primarily serves adults from age 18 to 87 years old.
- Program and Services include:
 - Outreach and Engagement
 - Shelter for Individuals and Families, Transitional Living Programs, Permanent Supportive Housing, Rapid Re-Housing
 - Employment Services
 - Benefits Counseling (including SOAR)
 - Behavioral Health Support Services
- CHI receives GBHI funds from SAMHSA.

SAMHSA Homeless and Housing Resources

SAMHSA Resources

- <https://www.samhsa.gov/homelessness-programs-resources>

PATH program

- <https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path>

TIEH program

- <https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/tieh-program>

GBHI program

- <https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/gbhi-program>

Homeless and Housing Resource Center

- <https://www.samhsa.gov/homeless-housing-resource-center>

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SAMHSA

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

Next Steps for PHAs/CoCs/Other Housing Stakeholders

- Learn how health centers and state behavioral health agencies plan to use their enhanced resources and whether housing-related supports and services are part of their plans
- Clarify which agencies administer any new, as well as existing, funds at the local level:
 - Behavioral Health Agencies?
 - Community Health Centers?
 - Others?
- Outreach to and engage these local partners as necessary, informing them of the availability of housing vouchers for their target populations.

Next Steps (continued)

- Offer to educate local partners about Coordinated Entry (CE)
- Clarify the process for making referrals
- Determine how PHAs will prioritize target populations that may not be involved with CE
- Establish pathways to gain timely access to housing-related supports and services for EHV recipients



Poll - Which of the following agencies who deliver HRSA and/or SAMHSA resources are PHAs/CoCs already partnering with for housing-related supports and services?

- ☐ Behavioral Health Agencies
- ☐ Community Health Centers
- ☐ Other (please identify “other” in the Q&A box)

Poll - What have been the greatest barriers to accessing needed housing-related supports and services?

- ☐ Lack of funding for services
- ☐ Lack of provider capacity to deliver services
- ☐ Individuals you serve don't meet eligibility criteria for services
- ☐ Lack of information on where or how to make referrals for services
- ☐ Individuals are not engaged/interested in receiving services
- ☐ Other (please identify "other" in the Q&A box)



Questions?