



FY 2009 Appropriations: Mental Health and Substance Use Treatment Services for Homeless Populations

Request

Include a \$44 million increase 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.

Justification

On any given night, according to 2005 data, over 744,000 people are homeless, and 23 percent of these individuals are defined as chronically homeless. Years of reliable data and research demonstrate that the most successful intervention of chronic homelessness is linking housing to appropriate support services. Current investments by SAMHSA in 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.

Indeed, one of the largest obstacles to ending homelessness for all populations is obtaining services. Last year, 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. While acknowledging some success since 2004, the strategic plan explained that personal and programmatic barriers to mainstream programs, such as Medicaid, welfare, Medicare and general substance abuse and mental health services funds, still exist and must be overcome to have the appropriate level of funds needed to end homelessness. **The current funding level of SAMHSA homeless programs is \$56 million. The Administration's FY 2009 proposed budget recommended a \$20 million funding cut. We urge Congress to increase funding to \$100 million by adding \$44 million to the Grants for the Benefit of Homeless Individuals (GBHI) and Treatment Systems for Homeless programs administered by SAMHSA in the FY 2009 Labor, Health and Human Services and Education appropriations bill.**

Homelessness and the Need for Services Funding

We share the belief of most Americans that homelessness is an unacceptable problem for a country as wealthy as ours. As stated above, on any given night over 744,000 people are homeless. Fifty-nine percent are single adults and forty-one percent are living in families. Alarming, forty-four percent of people experiencing homelessness were unsheltered.

Twenty three 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.