# Expanded Opportunities with Federal Funding for Housing and Services

*March 7, 2022*
*Webinar*

# Welcome



Webinar is hosted by the
Housing and Services Resource Center

**Facilitator**

**Lori Gerhard,** Director of the Office of Interagency Innovation, Administration for Community Living

# Instructions for Zoom

## Audio Options

- Use your computer speakers, **OR** dial in using the phone number in your registration email.

- All participants are muted.

## Questions and Comments

- Please actively use chat throughout the meeting, especially for your comments.

- To ask a presenter a question, please use the Q&A function.

Or, send your question or comment via email to HSRC@ACL.HHS.GOV
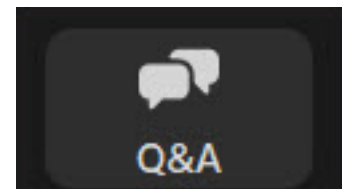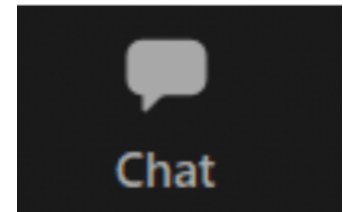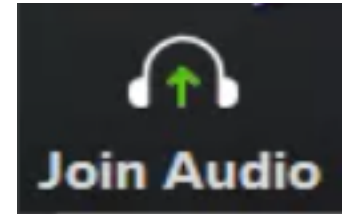
# 1st Poll: Who Is with Us?

**What sector is your organization in?**

- Health or Human Service Agency
- Housing or Homelessness Services
- Health Care Provider or System
- Community Development Organization
- Association, Research, or Advocacy Organization
- Consumer
- Other

# Today's Agenda

## Opening Remarks

## Federal Agency Partnerships & Opportunities

- **Michelle Daly**, MSW, Lead Public Health Advisor, Co-Occurring and Homeless Activities Branch, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA)

- **Richard Cho**, PhD, Senior Advisor for Housing Services, US Department of Housing and Urban Development (HUD)

- **Martha Egan**, Technical Director, Division of Community Systems Transformation, Disabled and Elderly Health Programs Group, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services (CMS)

## Questions & Answers

## Closing

# Challenges

Finding and Obtaining Affordable and Accessible Housing

– A 2021 report found there were only 40 affordable and available homes for every 100 extremely low-income renter households nationwide.

– Under 1% of US housing stock is wheelchair accessible, and less than 5% can accommodate individuals with moderate mobility disabilities.

Homelessness is Growing Among People with Disabilities & Older Adults

– HUD's 2018 Annual Homeless Assessment Report indicates that 48.5% of single adults and heads of households who used homeless shelters over the course of a year report having a disability: approximately 550,000 people.

– Per HUD's 2018 Annual Homeless Assessment Report, the number of sheltered homeless aged 51–61 increased from about 216,000 in 2007 to 249,000 in 2017.

– The number of people experiencing sheltered homelessness also rose for those 62 and older, from 46,000 to 76,500. Older adults now make up 23 percent of the sheltered homeless population, up from 16.5 percent in 2007.

Finding, Navigating & Obtaining Services & Supports

# Connecting the Housing Sector and Community Living Network

Connecting the housing sector and the community living networks

1. **Coordinate Technical Assistance**

2. **Facilitate Partnerships**

3. **Recognize and Share Innovations**

4. **Leverage and Align Resources**

Learn more at: acl.gov/HousingAndServices

# Poll Results

# Administration for Community Living (ACL)

**Mission** — To make community living a reality for all people, regardless of disability or age.

**Vision** — For all people, regardless of age and disability, to live with dignity, make their own choices, and participate fully in society.

**Opportunity** — Create Partnerships. Community living doesn't fit neatly into one agency or even one Department. It involves access to community services, health care, housing, employment, inclusive education, transportation and more.

**Impact** — Support networks of disability and aging organizations in all 50 states and in the US territories. Over 20,000 community-based organizations that collectively provide direct services, legal advocacy, and work on systems change for older adults, people with disabilities and their families.

# The Disability and Aging Networks

- Aging & Disability Resource Centers/No Wrong Door Systems (ADRC/NWD Systems)

- Area Agencies on Aging

- Centers for Independent Living

- Councils on Developmental Disabilities

- Elder Rights & Services

- Adult Protective Services

- Assistive Technology Act Programs

- Benefits Enrollment Centers

- Protection & Advocacy Programs

- University Centers of Excellence for Developmental Disabilities

# The Disability and Aging Services Network

- Aging and disability organizations (AAAs, CILs, and other CBOs) reach into every community across the nation and serve diverse populations.

- Staffed by people who live in and know the community and culture.

- Decades of experience in helping people access and receive home and community-based services, housing and housing related services.

- Engage in partnerships to streamline access to services for the people we serve.

# American Rescue Plan

$1.4 billion in Older Americans Act funding to states and communities to provide services and supports to older adults to live in the community.

- In home supports
- Transportation
- Assistive technology
- Preventive services
- Meals
- Care transitions out of institutions and hospitals
- Programs to address social isolation

# How Do I Find Disability & Aging Network Agencies?

- Disability Information & Access Line (new!)
  - Call 888-677-1199 Monday-Friday from 9 am to 8 pm (Eastern)
  - Email [DIAL@usaginganddisability.org](mailto:DIAL@usaginganddisability.org)

- Eldercare Locator: [https://eldercare.acl.gov/Public/Index.aspx](https://eldercare.acl.gov/Public/Index.aspx)

- Assistive Technology Act Program: [https://www.at3center.net/stateprogram](https://www.at3center.net/stateprogram)

# Expanded Opportunities with Federal Funding for Housing and Services

Michelle Daly

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

March 7, 2022

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# Mental Illness and Substance Use Disorders in America

**Among those with a substance use disorder:**
 **4 IN 9 (44.4% or 17.2M)** struggled with illicit drugs
 **7 IN 10 (71.4% or 27.6M)** struggled with alcohol use
 **2 IN 13 (15.8% or 6.1M)** struggled with illicit drugs and alcohol

**Among those with a mental illness:**
 **1 IN 4 (26.9% or 14.2M)** had a serious mental illness

**15.4%
(38.7
MILLION)**
People aged 18 or older had a substance use disorder (SUD)

**6.7%
(17.0 MILLION)**
People 18 or older had BOTH an SUD and a mental illness

**21.0%
(52.9
MILLION)**
People aged 18 or older had a mental illness

In 2020, **73.8M** Americans had a mental illness and/or substance use disorder.

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# SAMHSA Grant Program Examples for Housing Support

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

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# CMHS Community Mental Health Services Block Grant (MHBG)

The MHBG program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions. Grantees use the funds to provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI) and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system. CMHS provides states and practitioners with evidence-based treatment service protocols to improve and expand access to those in need of services.

- SAMHSA's Center for Mental Health Services' (CMHS) Division of State and Community Systems Development (DSCSD) administers MHBG funds. Grantees can be flexible in the use of funds for both new and unique programs or to supplement their current activities serving:
  - **Adults with SMI**—Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association's Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits, one or more major life activities, such as:
    - Basic daily living (for example, eating or dressing)
    - Instrumental living (for example, taking prescribed medications or getting around the community)
    - Participating in a family, school, or workplace
  - **Children with SED**—Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.

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- As part of the Community Mental Health Services Block grant funding, states must submit a plan to provide comprehensive community mental health services to adults with serious mental illness (including older adults), children with serious emotional disturbance, and people with SMI/SED and co-occurring substance use disorders

- The plan must provide for an organized, integrated, and comprehensive community-based system of care

- The plan must include health and mental services needed for a person to function outside of institutional/in-patient care and provide for a system of case management

- The state plans must describe the states' outreach to and services for individuals who are homeless with SMI/SED

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# Use of MHBG Funds for People Who Need Support to Maintain Housing

Examples of how MHBG funds can be used to assist people with SMI/SED who need support to maintain housing:

- Funds can be used to support intensive case management

- Funds can be used to support mental health and co-occurring disorder treatment, including services in the home

- Funds can be used for day treatment programs

- Funds can be used for peer support services

- Funds can be used to coordinate services at the state level with the State Units on Aging, State Independent Living Councils, State Councils on Developmental Disabilities, State Housing Authorities, and others

- Funds can be used to coordinate services at the local level with Area Agencies on Aging, Aging and Disability Resource Centers, Centers for Independent Living, agencies serving people with developmental disabilities, and others

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# MHBG Housing examples

| Population | Activities | MHBG, including COVID-19 and ARP |
|---|---|---|
| MHBG funds must be used to serve adults with SMI and children with SED – who may also be veterans, individuals returning to the community from a correctional setting, transition age youth (including LGBTQ youth having difficulty finding permanent housing), people returning to the community after hospitalization, those in rural areas, older adults, people with co-occurring disorders, and others. | • Case Management to assist people to find available rental assistance and housing supports<br>• Recovery services and behavioral health care provided through Community Mental Health Centers or Certified Community Behavioral Health Centers<br>• Expand Rapid Rehousing Funds - administrative costs and treatment services for people with co-occurring disorders;<br>• Provide increased outpatient access, including same-day or next-day appointments, for those in crisis<br>• Develop outpatient intensive Crisis Stabilization Teams to avert and address crisis | • Assertive Community Treatment teams to assist people with SMI and SED with treatment and support<br>• Work with Public Housing Authorities and other housing providers to support people with SMI/SED<br>• Assist people to connect with available benefits<br>• Develop/maintain supported Housing<br>• Assist people in transition from institutions to permanent supportive housing<br>• Assist people with co-occurring disorders obtain permanent housing<br>• Support people with SMI to maintain permanent housing<br>• Assist individuals using peer support |

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# CSAT/CSAP Substance Abuse Prevention and Treatment Block Grant (SABG)

The 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 use disorders and is the largest Federal program dedicated to improving publicly-funded substance use disorder 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.

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# CSAT/CSAP 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.

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# 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 though 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.

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# 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-2l(b)).

- 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.

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# SABG Housing examples

| Population | Activities | SABG, including COVID-19 and ARP |
|---|---|---|
| Pregnant women and women with children, Families, Veterans, Single males, Individuals returning to community from a correctional setting | • Rental assistance and housing location supports<br>• Primary and behavioral health care<br>• Housing stabilization services including rental assistance for individuals with SUD/OUD, COD while transitioning into the community and receiving recovery supports<br>• Expand recovery housing in the state via more oxford houses<br>• Expand Rapid Rehousing Funds - administrative costs and supportive services;<br>• Housing Initiative – Initiatives to Address Housing Instability and Homelessness<br>• Create an online searchable tool to connect people with SUD/COD conditions to housing<br>• Juvenile justice or adult corrections<br>• Hire full-time housing case manager(s) to enhance support for women | • Expand Recovery Housing<br>• Partner with community providers to develop independent supportive housing & continue to provide peer-recovery support, supportive employment, & life skills development<br>• 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<br>• Recovery Housing, treatment, and family engagement services for women with infants experiencing Neonatal Abstinence Syndrome (NAS)<br>• Increase investments in new and existing housing and other SDOH-related initiatives including expanding low threshold/housing first models and recovery housing<br>• Provide housing assistance for individuals diagnosed with SUD who are currently seeking treatment<br>• Transitional Housing overall and coordinated with County Jails for reentry assistance. |

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# CSAT 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)

SOR Profile (10/2020): https://www.samhsa.gov/sites/default/files/state-opioid-response-sor-report.pdf

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## Prevention

- Implement prevention and education services to include:

  o training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone;

  o developing evidence-based community prevention efforts, including evidence-based strategic messaging on the consequences of opioid misuse; and

  o purchasing and distributing naloxone.

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# Required Activities for the SOR Program, cont.

**Treatment and Recovery Support Services**

- o Assess the needs of tribes in the state and include strategies to address these needs in the program.

- o 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.

- o Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.

- o Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.

- o Develop and implement evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders.

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# Required Activities for SOR Program, cont.

**Treatment and Recovery Support Services, cont.**

o 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.

o Ensure that all applicable practitioners associated with program obtain a DATA waiver.

o 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.

o Develop and implement tobacco/nicotine product (e.g., vaping) cessation programs, activities, and/or strategies.

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# Examples of SOR 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 | |

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# SOR 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

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# 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, in order to be eligible for housing supports as resources are available.

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# SOR Housing-Related Activities, cont.

- **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.

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# Opioid Response Network (ORN)
# State Target Response – Technical Assistance (STR-TA)

https://opioidresponsenetwork.org/

> The ORN has local consultants in all 50 states and nine territories;

> Designed to respond to local needs by providing free educational resources and training to states, communities and individuals in the prevention, treatment and recovery of opioid use disorders and stimulant use;

> Accessible to all communities.

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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.

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# 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.

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# 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)

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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;
- Costs associated with matching eligible homeless individuals with appropriate housing situation; and
- One-time rental payments to prevent eviction.

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**Columbus House, Inc. (CHI) New Haven, CT**

- **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 also receives GBHI funds from SAMHSA.

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- 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.)

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# Treatment for Individuals Experiencing Homelessness (TIEH)

- 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 $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.

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# 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.

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**Neighborhood House, Seattle, WA**
**Neighborhood House** serves those experiencing homelessness and those who are at risk of homeless, including those with mental illness and substance abuse disorders.

Neighborhood House has screened and served approximately 500 individual clients over the course of their grant.

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

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**Grantee Organization Type: Housing Authority, ND**

**Grand Forks Housing Authority** serves those experiencing homelessness and those who at risk of homeless, including those with mental illness and substance abuse disorders through their project **Region IV Supportive Housing Collaborative**.

Partnership with local FQHC and National Association of Community Health Centers. 100% of individuals seen at the local FQHC screened for housing stability using PRAPARE tool and referred to the grant program if applicable.

Program and Services include:
- Outreach and Engagement
- 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.

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**Grantee Organization Type: Territorial Single State Agency for Mental Health and Substance Abuse, Guam**

**Guam Behavioral Health and Wellness Center** serves those experiencing homelessness and those who at risk of homeless, including those with serious emotional disturbance and co-occurring mental and substance use disorders through their project **LINC (Linking Individuals in Nurturing Communities)**.

Program and Services include:
- Outreach and Engagement
- Permanent Supportive Housing, Shelter Services
- Case Management and Benefits Counseling (including SOAR)
- Behavioral Health Support Services and Crisis Intervention

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# CSAT 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.

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# 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 website – Office of Behavioral Health Equity (OBHE)



https://www.samhsa.gov/behavioral-health-equity/about

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# SAMHSA website – Practitioner Training

https://www.samhsa.gov/practitioner-training

# SOAR (SSI/SSDI Outreach, Access, and Recovery) Overview

**SOAR** WORKS

- A model for assisting eligible adults and children to apply for Social Security Administration (SSA) disability benefits
- For individuals who are experiencing or at risk of homelessness and have a serious mental illness, co-occurring substance use disorder, or other physical disabilities
- Sponsored by SAMHSA in collaboration with the Social Security Administration (SSA) since 2005
- All 50 states and Washington, DC currently participate
- https://soarworks.samhsa.gov

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**More Than Income**

- Access to health care and housing
- Increased education and **employment** opportunities
- Decrease in incarcerations, institutionalization, and hospitalizations

**SSI/SSDI: One Brick in Foundation**

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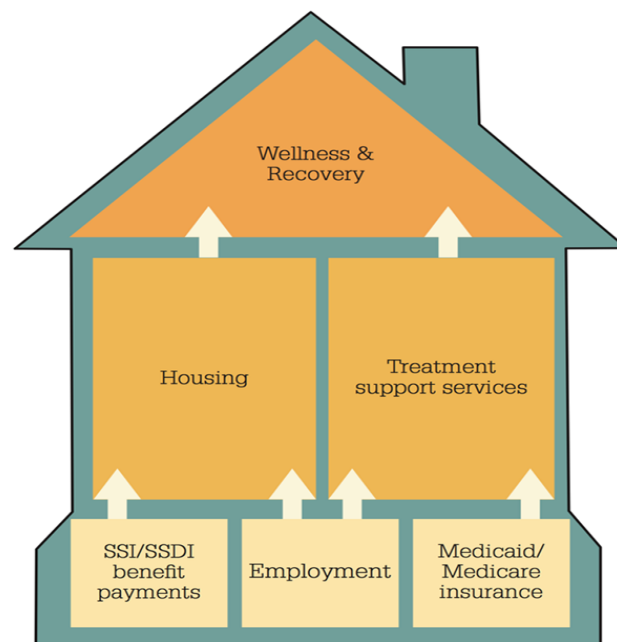
# SOAR Works!
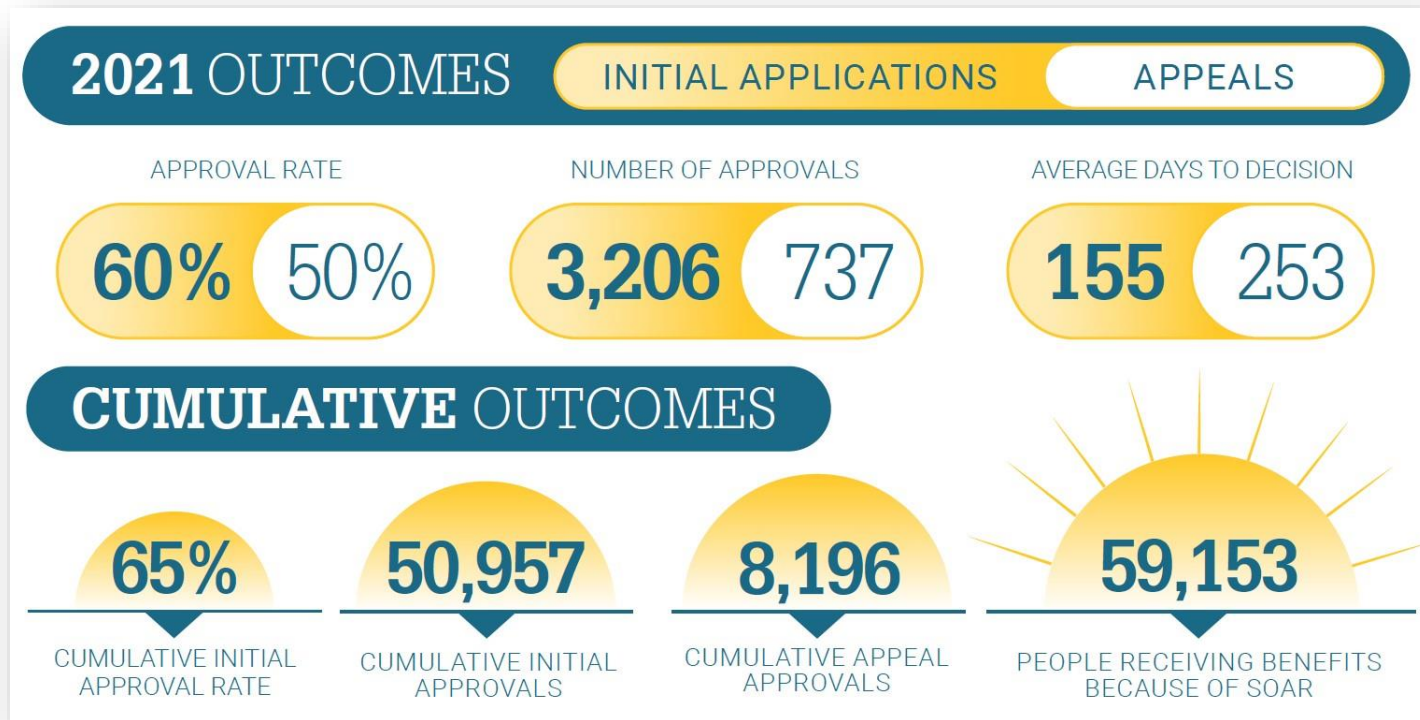


*National SOAR outcomes as of June 30, 2021
https://soarworks.samhsa.gov/article/soar-outcomes-and-impact

# SOAR Super Stars!



TOP STATES

TOP 10 STATES*

Pennsylvania
Tennessee
Maryland
Arkansas
North Carolina

Oklahoma
Virginia
Washington, DC
Oregon
Kansas

79% APPROVAL RATE
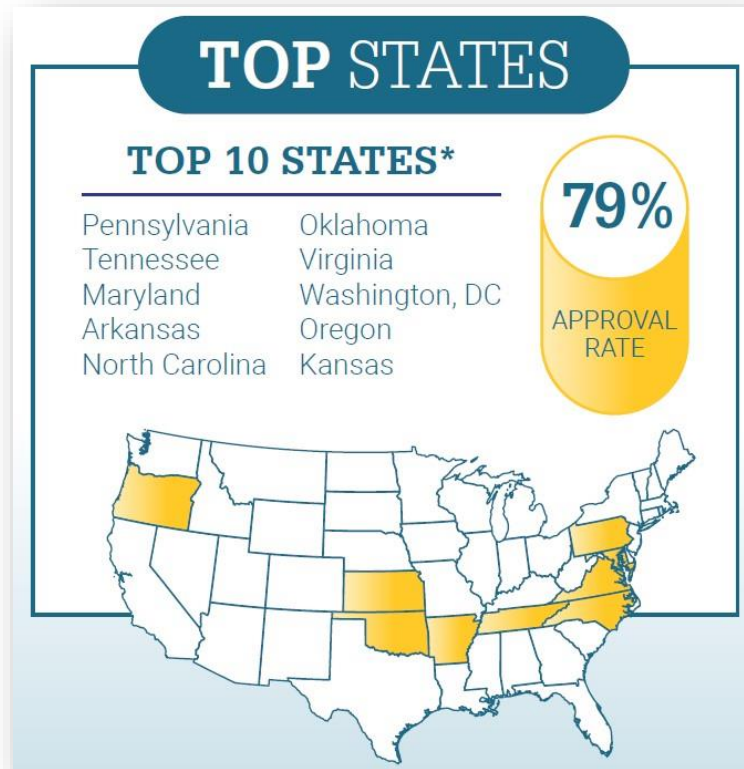
**SOAR Critical Components**

Using these five SOAR Critical Components, case workers play a central role in gathering complete, targeted, and relevant information for SSA and DDS, resulting in high-quality SSI/SSDI applications. These components significantly increase the likelihood of an approval for those who are eligible.

1. **Serving as the Applicant's Representative**

2. **Collecting and Submitting Medical Records**

3. **Writing and Submitting a Medical Summary Report (MSR)**

4. **Obtaining a Co-signature on the MSR by an Acceptable Medical Source**

5. **Completing a Quality Review of Applications Prior to Submission**

*Inclusion: Highest cumulative approval rates on initial application for states with at least 350 cumulative decisions, at least 24 decisions in 2021 (2 per month), and a 2021 approval rate above the national average. **Combined, these states had 22,510 decisions**

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# Custom Tools for Native Communities

- The SAMHSA SOAR TA Center is committed to assisting with SOAR expansion in Native communities
- Custom tools and resources are available





https://soarworks.samhsa.gov/topics/american-indians-alaska-natives

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- Provides a local perspective on issues related to SOAR, and reviews and comments on materials as requested.

- 40 members representing local, state and national organizations.

- Expertise included Veterans, employment, criminal justice, Medicaid, peers, youth, AIAN, SSA, DDS, housing and homelessness, and SOAR implementation.

- Four general meetings per year and workgroups who meet on an ad hoc basis

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# SOAR Leadership Academies

- The Leadership Academy is a three-day training program designed to prepare individuals to serve as Local Leads within their communities, guide the SOAR initiative, and support individuals who complete the SOAR Online Course.

- Topics include creating and leading a local steering committee, facilitating effective meetings, using the OAT system, funding and sustaining SOAR, conducting a one-day SOAR Online Course Review Session, supporting quality SOAR applications, working with special populations and special considerations, and creating a Local Action Plan.

- Four SOAR Leadership Academies are held per contract year, with approximately 30 participants at each.

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# Online Application Tracking (OAT) System



- Web-based system that allows SOAR case workers to easily track the outcomes of their SOAR-assisted SSI/SSDI applications

- OAT records decisions on applications, including appeals. It summarizes outcomes in reports that can be used for sustainability efforts

- 50,187 applications in OAT

- 4,276 active OAT users

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# Homeless and Housing Resource Center - HHRC

**HOMELESS &**
**HOUSING**
**RESOURCE**
**CENTER**

https://hhrctraining.org/

The purpose of this program is to provide training and technical assistance (TTA) to the general public and persons working with individuals who are at risk for, or are experiencing, homelessness.

**PRA**
POLICY RESEARCH ASSOCIATES

**Funded in 2020**

**Behavioral Health**

**Homelessness**

**Recovery Support**

**Consumers and Family Members**

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# HHRC: Resources and Trainings

- **Self-paced, no-cost, online course**
  - Introduction to Housing Models, Housing Navigation, and Engagement

- **Webinars:**
  - Supportive Housing Learning Community Session 1: Overview of Supportive Housing and Recovery Housing Models (Session 2, March 23rd)
  - Helping Individuals Experiencing Homelessness Obtain Identification Documents
  - Providing Affirming Services to LGBTQ+ Youth Experiencing Homelessness
  - Stabilizing Housing for Families of Children who Experience Mental Health and/or Substance Use Challenges: Part I: Understanding the Challenges Families Face and the Benefits Available to Them and Part II: Understanding and Navigating Housing Rights
  - Eviction Prevention
  - Mental Health and Treatment During COVID-19
  - Street Medicine for Unsheltered Individuals
  - Taking a Trauma-Informed Approach to Events of Escalation

- **Toolkits:**
  - Applying New COVID-19-Related Funding to Address the Housing Needs of Individuals with Serious Mental Illness, Substance Use Disorders, and Co-occurring Disorders
  - Whole Person Care for People Experiencing Homelessness and Opioid Use Disorder Part I

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# Centers of Excellence for Behavioral Health Disparities

The purpose of these CoEs is to develop and disseminate training and technical assistance for healthcare practitioners on issues related to addressing behavioral health disparities. The centers will implement training and technical assistance for practitioners to address the disparities in behavioral healthcare in three key populations:

**Funded in 2020**

African American Behavioral Health
CENTER OF EXCELLENCE

http://africanamericanbehavioralhealth.org/

E4 CENTER
Center of Excellence for
Behavioral Health Disparities in Aging

https://e4center.org/

CENTER of EXCELLENCE
LGBTQ+ BEHAVIORAL HEALTH EQUITY

https://lgbtqequity.org/

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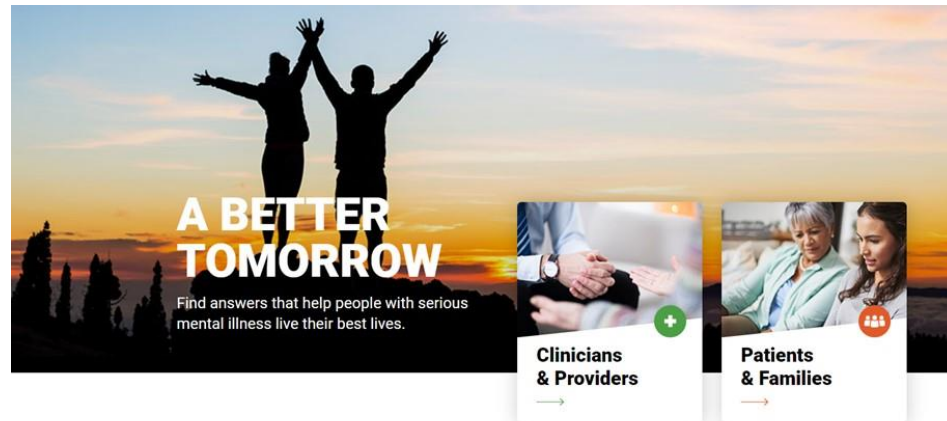# Clinical Support System for Serious Mental Illness - CSS-SMI



https://smiadviser.org/

**MISSION:** To advance the use of a person-centered approach to care for people who have serious mental illness (SMI).



**How SMI Adviser Transforms Care**

Supports real-world clinical practice with education, evidence, and consultations.

Answers questions about evidence-based screening and treatments. It supports their use as part of best practice care plans.

Involves all persons in the conversation about care. Content and answers have input from clinical experts, peers, families, and those receiving care.

Provides answers on all facets of SMI and directs everyone to the resources and support they may need.

https://www.peerrecoverynow.org/




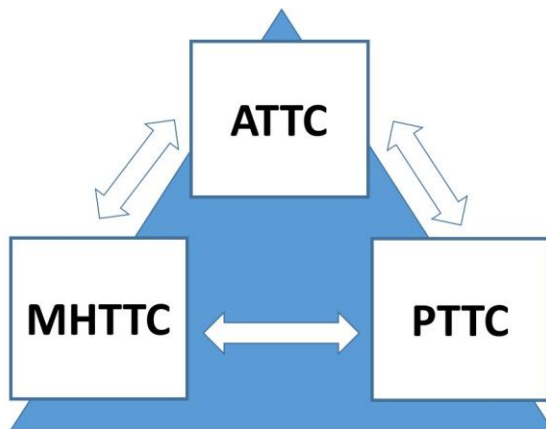UNIVERSITY OF MISSOURI-KANSAS CITY

**Funded in 2020**

## Goals

➢ Increase the number of clinical and other settings that integrate peer support workers into care delivery (specifically those that have not traditionally used peers);
➢ Enhance professionalization of the peer support workforce;
➢ Increase the number of RCOs with strong organizational capacity to provide sustainable services to the communities in which they are located; and
➢ Improve the dissemination of peer recovery support evidenced-base practices and practice-based evidence.

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# Technology Transfer Centers - TTC

**Addiction Technology Transfer Centers ATTC**
https://attcnetwork.org/

**Mental Health Technology Transfer Centers MHTTC**
https://mhttcnetwork.org/

**Prevention Technology Transfer Centers PTTC**
https://pttcnetwork.org/

ATTC

MHTTC    PTTC

**MISSION:** Helping people and organizations incorporate effective practices into substance use disorder and mental health prevention, treatment and recovery services.

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# TTC Technology Transfer Center Network



**ATTC**
1 Network Coord. Office
1 AI/AN Center
1 Hispanic& Latino Ctr.
10 Regional Centers

**MHTTC**
1 Network Coord. Office
1 AI/AN Center
1 Hispanic& Latino Ctr.
10 Regional Centers

**PTTC**
1 Network Coord. Office
1 AI/AN Center
1 Hispanic& Latino Ctr.
10 Regional Centers

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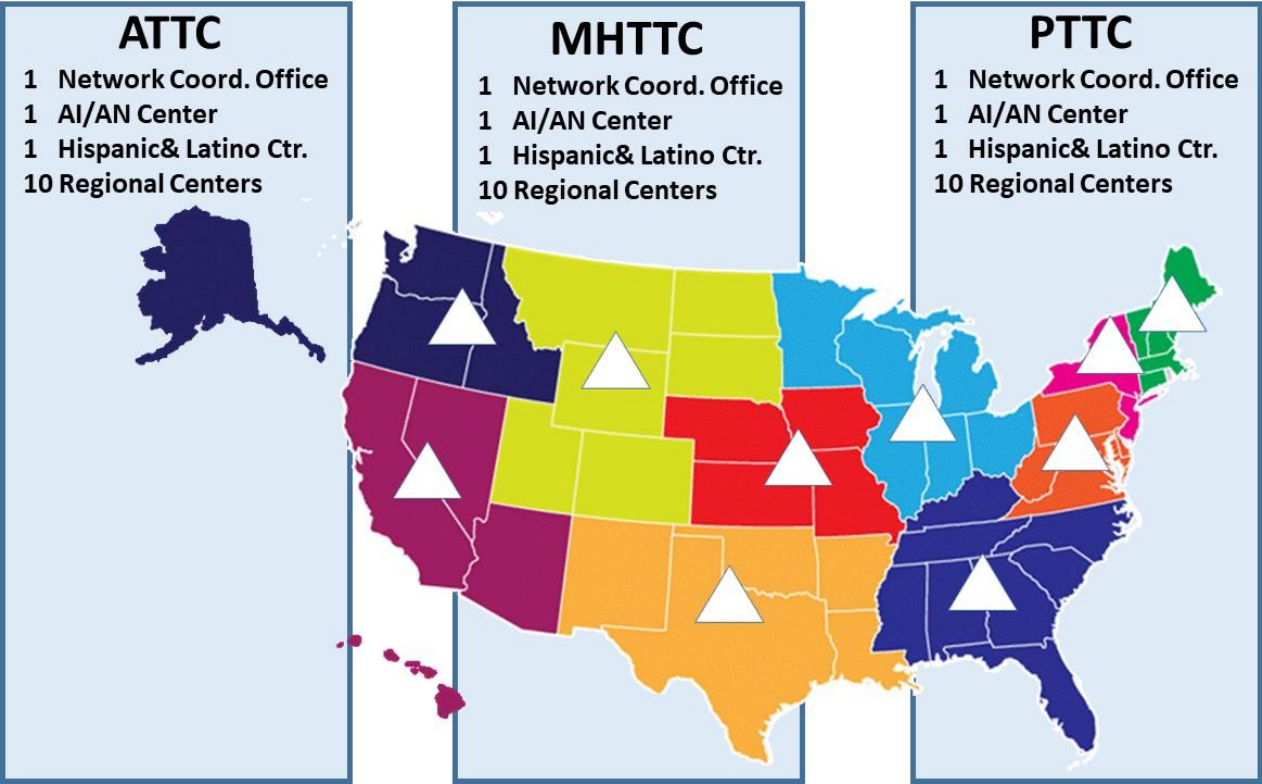
# Evidence-Based Practices Resource Center

➤ Repository of EBPs for prevention, treatment and recovery

➤ Committee review to ensure effectiveness of practice

➤ Focus on practical implementation tools

➤ Updated routinely



https://www.samhsa.gov/resource-search/ebp

# Thank you

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

## www.samhsa.gov

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

Michelle E. Daly, M.S.W.

Lead Public Health Advisor

Co-Occurring and Homeless Activities Branch

Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration

Phone: 240-276-2789

E-mail: Michelle.Daly@samhsa.hhs.gov

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# Chat

**Please tell us:**

- **How are you working with partners to use ARP or other funding to address local housing challenges?**

Provide your best example.

# FEDERAL PARTNERSHIPS TO HELP PEOPLE TO OBTAIN OR MAINTAIN STABLE HOUSING & ACCESS TO HOME & COMMUNITY-BASED SERVICES

Richard Cho, Senior Advisor for Housing and Services
December 7, 2021

# Home and Community-Based Services are Vital to HUD's Mission

- HUD administers several housing assistance programs that provide housing opportunities to older adults, people with disabilities, and people experiencing homelessness.

- For these populations, the provision of home and community-based services—coordinated with housing assistance—is critical to residents' ongoing tenancy and ability to live with dignity and independence in the community.

- HUD views HCBS as vital to achieving our mission to create strong, sustainable, inclusive communities and quality affordable homes for all.

# HUD-Assisted Housing for Older Adults

HUD administers several housing programs that either specifically or primarily serve older adults (age 62+):

Multifamily Programs

- Section 202 — Approximately 6,800 properties totaling 330,000 units
- Section 8 PBRA — Of the 11,800 properties with 1M units, approximately 50% serve older adults

Public Housing Authorities

- Public housing — Approximately 158,000 households have a member that is an older adult
- Housing Choice Vouchers — Approximately 220,000 households have a member that is an older adult

# Strengthen Housing and HCBS Coordination to Help Low-Income Older Adults Age-in-Place

**The Challenge**
- There is insufficient housing assistance to meet the needs of older adults.
- Older adults in HUD-assisted housing have low-incomes and lack the resources and support networks to avoid institutional care as their health needs increase.
- HCBS coverage and delivery for low-income older adults in HUD-assisted housing is limited and inconsistent.

**The Opportunity**
- Improved design, coverage, and delivery of HCBS in and around HUD-assisted housing can enable residents age-in-place and avoid costly institutional care.
- HCBS providers can work with Service Coordinators in some HUD-assisted housing sites, who provide non-clinical care coordination.

# Promising Example:
# Vermont's Support and Services at Home (SASH)

In 2011, partners in Vermont launched the Support and Services at Home (SASH) program as part of the Multi-Payer Advanced Primary Care Practice (MAPCP) Medicare/Medicaid Demonstration:

- Intentional services design — SASH entailed a proactive and collaborative re-design of care coordination through an intentional all-payer collaboration.

- Regionally-organized services delivery — 54 "panels" led by a SASH coordinator and wellness nurse (RN) coordinate care delivery to residents of multiple HUD-assisted housing sites and Medicare beneficiaries in surrounding communities.

- High-touch care coordination and housing-based health support — SASH coordinators help participants identify services goals and serve as the "glue" for a network of providers and services funded through multiple payers. Wellness nurses conduct regular on-site health checks, coaching, and clinical follow-up.

- Sustainably financed — Initially funded by a demonstration grant, the program (including the SASH coordinator and wellness nurse) is now funded primarily under an All-Payer Accountable Care Organization model.

# HUD-Assisted Housing for People with Disabilities

Multifamily Programs

- Section 811 Capital Advance — Approximately 2,700 properties totaling 30,000 units
- Section 811 PRA Program — 623 properties with 4,700 units

Public Housing Authorities

- Mainstream vouchers — Over 50,000 vouchers that serve households with at least one member with a disability
- Non-Elderly Disability vouchers — Approximately 55,000 vouchers that serve a household headed by a person with a disability
- Public housing — Over 200,000 households have a member with a disability
- Housing Choice Vouchers — Over 600,000 households have a member with a disability

# Supporting Community Living for People with Disabilities through Housing and HCBS Coordination

**<u>The Challenge</u>**
- People with disabilities are often held in institutional or non-integrated settings due to a lack of affordable housing and community-based services.
- Resources for targeted housing assistance programs for people with disabilities are limited.
- There remain "silos" between housing agencies and agencies that refer, cover, and provide services to people with disabilities.

**<u>The Opportunity</u>**
- More people with disabilities can be transitioned from institutions to the community through better coordination between housing agencies, disability networks, Centers for Independent Living, Medicaid agencies, and HCBS providers.
- HUD's Section 811 Project Rental Assistance program requires partnerships between housing, Medicaid, and health and human services agencies to align rental assistance from HUD with affordable housing and Medicaid financed HCBS.
- There are currently 50,000 Mainstream vouchers awarded to public housing authorities, many of which are still available for issuance and lease-up.

# Targeted Housing Assistance for People Experiencing Homelessness

**Continuum of Care Program**

- <u>Permanent Supportive Housing</u> — HUD funds over 3,700 permanent supportive housing projects that provide a combination of permanent rental housing and services to people with disabilities or chronic health conditions experiencing homelessness

- <u>Rapid Re-Housing</u> — HUD also funds over 1,200 projects that provide case management and time-limited rental assistance to transition people from homelessness into permanent housing

# Scaling Permanent Supportive Housing by Coordinating HUD Programs and HCBS

**The Challenge**
- Homelessness among people with disabilities and older adults are both increasing.
- There are insufficient permanent supportive housing to meet the needs of people with disabilities and older adults experiencing homelessness.
- States have not fully leveraged Medicaid as a means of covering and financing the services in permanent supportive housing.

**The Opportunity**
- There are more states using Medicaid to cover and finance housing-related services coordinated with housing assistance to provide PSH.
- The American Rescue Plan provides historic new housing resources to assist people experiencing homelessness.

# The American Rescue Plan Provides Significant New Housing Resources to Address Homelessness

- $5 billion to provide 70,000 **Emergency Housing Vouchers** from HUD for people experiencing or at risk of homelessness

- $5 billion in **HOME Investment Partnerships** grants from HUD to build supportive and affordable housing (including purchase of hotels/dormitories), rental assistance, and supportive services

- $46 billion in **Emergency Rental Assistance** from Treasury to prevent evictions, as well as support re-housing of people evicted, displaced, at-risk of homelessness, or currently homeless

- $350 billion in Treasury **State and Local Fiscal Recovery Funds** to support the many needs communities face as they respond to the pandemic and its negative economic impacts, including homelessness and housing instability

# Promising Example:
# Louisiana Permanent Supportive Housing Initiative

- After Hurricanes Katrina and Rita, the State of Louisiana received 3,000 vouchers to house people experiencing homelessness into permanent housing.

- Recognizing the need and opportunity to coordinate these vouchers with supportive services, Louisiana formed a successful partnership to coordinate these vouchers with Medicaid-financed HCBS to serve extremely low-income people with disabilities, including people leaving institutional settings, people experiencing homelessness, and older adults.

- The Louisiana Department of Health (Medicaid agency) used several different Medicaid authorities to create HCBS for these populations.

- Statewide coordination led to the training and credentialing of homeless services providers to become Medicaid-eligible providers, as well as to create coordinated points of access for PSH.

# House America: An All-Hands-On-Deck Effort to Address the Nation's Homelessness Crisis



**House America: An All-Hands-on-Deck Effort to Address the Nation's Homelessness Crisis** is a federal initiative in which the U.S. Department of Housing and Urban Development (HUD) and the U.S. Interagency Council on Homelessness (USICH) are inviting mayors, city and county leaders, tribal nation leaders, and governors into a national partnership.

House America utilizes the historic investments provided through the American Rescue Plan to address the crisis of homelessness through a Housing First approach.

# Build Back Better

- The Build Back Better Act passed by the House of Representatives includes historic housing resources that can help scale housing for older adults, people with disabilities, and people experiencing homelessness, including:

  - $500 million for Section 202 Housing for Older Adults
  - $500 million for Section 811 Housing for People with Disabilities
  - $24 billion in additional tenant-based rental assistance (vouchers), including $7.1 billion for people experiencing or at-risk of homelessness.

- The Act also includes technical assistance resources to help states improve the design and delivery of HCBS with housing for older adults and people with disabilities.

# Opportunities to Address Housing-Related Services and Supports under Medicaid Home and Community-Based Services Programs

**Martha Egan, Technical Director**
Division of Community Systems Transformation
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

# Home & Community-Based Services (HCBS) Medicaid Authorities

- Examples of Medicaid HCBS
  - —Personal care services
  - —Home health services
  - —Rehabilitative services, which may include HCBS
  - —HCBS waiver (section 1915(c))
  - —State plan HCBS (section 1915(i))
  - —Self-directed personal assistance services (section 1915(j))
  - —Community First Choice (section 1915(k))

# Opportunities for States to Enhance, Expand, or Strengthen HCBS

**Section 9817 of the American Rescue Plan Act of 2021 (ARP)**

- Provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for HCBS

- State Medicaid Director Letter (SMDL) released on 5/13/2021 provides guidance on implementation of ARP section 9817, including the requirements that:

  – funds from the increased FMAP must supplement, not supplant, existing state funds expended for Medicaid HCBS; and

  – states must use the increased funds to implement or supplement implementation of activities to enhance, expand, or strengthen HCBS.

- SMDL is available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf

# Opportunities for States to Enhance, Expand, or Strengthen HCBS

**Money Follows the Person Demonstration (MFP)**

- Provides eligible Medicaid beneficiaries who live in institutions the opportunity to transition to the community
- Consolidated Appropriations Act, 2021 extended MFP through fiscal year 2023
- MFP Capacity Building Funding Opportunity

# Medicaid.gov Resources

- CMS State Health Officials Letter: [Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)](#)

- [Long-Term Services and Supports Rebalancing Toolkit](#)

- [SUPPORT Act Innovative State Initiatives and Strategies for Providing Housing-Related Services and Supports: Sections 1017 and 1018](#)

- State Medicaid Director Letter (#21-003): [Implementation of American Rescue Plan Act of 2021 Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency](#)

- [Strengthening and Investing in Home and Community Based Services for Medicaid Beneficiaries: American Rescue Plan Act of 2021 Section 9817 Spending Plans and Narratives | Medicaid](#)

- [Money Follows the Person](#)

- [Medicaid Innovation Accelerator Program State Medicaid-Housing Agency Partnerships Toolkit](#)

# Putting Equity at the Center

then…

# Your Questions & Answers

# HSRC Website
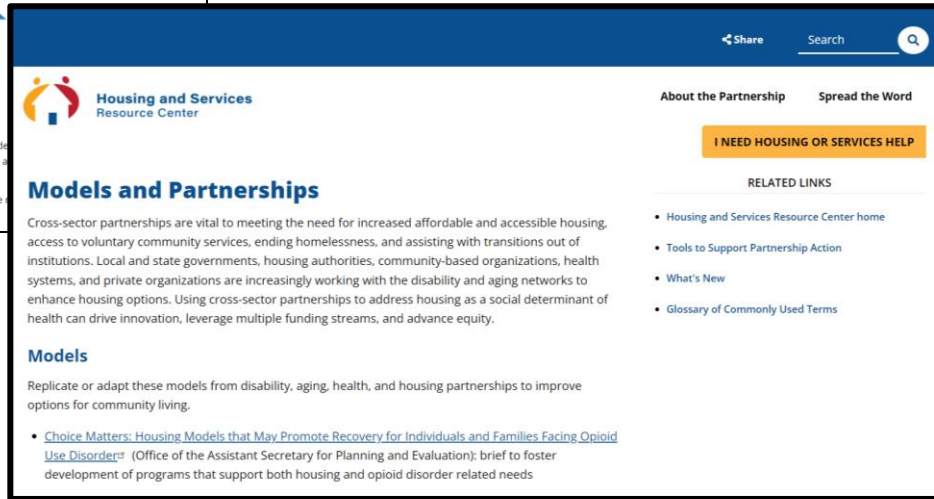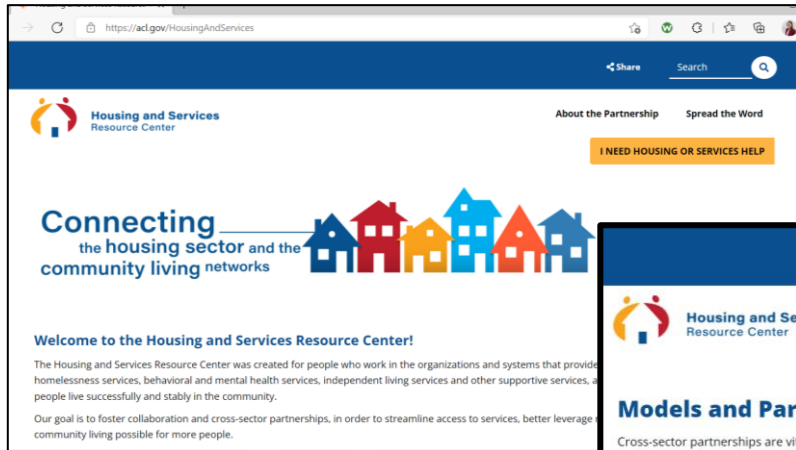


## acl.gov/HousingAndServices/Models

# Register for the Next HCBS Webinar

State and Local Partnerships for Housing Stability

**March 15th from 2:30 - 4:00 pm EST**

Learn more and register today!
**https://bit.ly/3K2RZ7X**

# Wrap Up

- [Register](#) for the March 15 state/local partnerships webinar

- Visit the HSRC [Models and Partnerships](#) page

- Complete the [webinar feedback form](#)

- Watch for our email when the webinar recording and slides are available

- Please email us at [hsrc@acl.hhs.gov](mailto:hsrc@acl.hhs.gov)

**Housing and Services**
Resource Center

Questions? Ideas?
Email us at [hsrc@acl.hhs.gov](mailto:hsrc@acl.hhs.gov)