



Position Statement on the Treatment for Homeless Persons Program

The Treatment for Homeless Persons Program (THP), authorized in Section 506 of the Public Health Service Act (42 U.S.C. 290aa-5), provides competitive grants to community-based public and nonprofit organizations for the purpose of developing and expanding addiction and mental health services for homeless persons. The program is funded by SAMHSA through allocations from the mental health and substance abuse treatment Programs of Regional and National Significance (PRNS) accounts.

RECOMMENDATION #1: We recommend that SAMHSA provide for renewal of THP grants, in order to ensure continuity of care and to prevent closure of effective programs. We also recommend strongly that HCH projects with successful THP programs be prioritized for grant renewal.

Congress established this grant program because mainstream addiction and mental health services were not adequately reaching the homeless population. For example,

- Homeless people, who are difficult to contact, are readily dropped from extensive waiting lists for mainstream treatment services.
- Few community-based mainstream programs offer the long-term, residentially-based aftercare and housing services that are essential to homeless persons' successful re-entry into the larger community.
- Mainstream providers are not typically linked to the full range of health, housing, and social services that homeless people with addictions and mental illnesses require for recovery and residential stability.

THP grantees have overcome such impediments and now provide effective and essential services to people experiencing homelessness through a variety of projects across the country. The HOPE Center at Chicago's Heartland Health Outreach, established in September 2003 with a THP grant, is representative of many THP grantees. In two years, the HOPE Center has worked with over 100 homeless individuals, providing or linking them with a full range of services to increase stability in the community and improve overall quality of life.

Regrettably, SAMHSA has chosen to make THP grants non-renewable, and many THP grantees do not have other resources with which to continue these important services.

RECOMMENDATION #2: We recommend that the Congress direct SAMHSA to give preference to HCH grantees when awarding THP grants.

Health Care for the Homeless projects are required by statute (Section 330(h) of the Public Health Service Act) to provide both primary health care and substance abuse services. Insufficient 330(h) grant levels, however, preclude HCH projects from both responding to the overwhelming demand for primary care services and providing optimal addiction and mental health services. Integration of primary and behavioral health care is a widely recognized best practice in health care, and adequately funded HCH projects would be an unequalled opportunity to provide effective care for homeless persons.

RECOMMENDATION #3: We recommend that the Congress, in report language to accompany its Labor-HHS-Education appropriations bill, allocate \$50,000,000 from the substance abuse treatment and mental health PRNS accounts for the Treatment for Homeless Persons program.

Funding for the Treatment for Homeless Persons program falls far short of the amount needed by organizations seeking to develop or strengthen addiction and mental health services for homeless people in their communities. SAMHSA is able to fund only a fraction of qualified applicants due to resource limitations.

RECOMMENDATION #4: We recommend that SAMHSA include harm reduction models of addictions treatment in its best practices and encourage harm reduction approaches in an array of treatment strategies for THP grantees and others providing addictions treatment to homeless persons.

Among the approaches demonstrated to be most effective in meeting the needs of chronically homeless persons is harm reduction. Active substance users are typically excluded from the traditional service delivery system, which privileges abstinence as the most acceptable outcome of intervention. Harm reduction is a comprehensive philosophy and set of interventions that aim to reduce the negative consequences of drug use experienced by individuals and communities, incorporating a spectrum of strategies from safer use, to managed use, to abstinence. Research has demonstrated that programs which incorporate harm reduction strategies are more likely to attract active users (and hence those most in need of resources for reducing drug-related harm), enhance motivation for positive change, improve retention in treatment, and reduce attrition and premature termination of services.

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