



Substance Abuse and Mental Health Services Administration: FY 2008 Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who Are Homeless (Treatment for Homeless) Grants TI-08-013 *(Potential source for Services Financing)*

Please note: The Corporation for Supportive Housing is offering the information based on our current best understanding and interpretation of SAMHSA's FY 2008 Treatment for Homeless Grants Program. This information is not meant to represent official advice under SAMHSA authority.

OVERVIEW

On March 31, 2008, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announced that it is accepting applications for FY 2008 grants for the Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless (Short Title: Treatment for Homeless Grants). Up to \$10 million will be available to fund up to 25 awards. SAMHSA/CSAT is targeting \$4.5 million per year within the Treatment for Homeless Program - Services in Supportive Housing funding category. Annual awards will be up to \$400,000 per year in total costs (direct and indirect) for up to 5 years.

Applications are due May 29, 2008. The required documents are available from the SAMHSA web site at <http://www.samhsa.gov/grants/apply.aspx> and http://www.samhsa.gov/Grants/2008/ti_08_013.aspx.

The purpose of this program is to expand and strengthen treatment services for persons who are homeless (including those who are chronically homeless), who also have substance use disorders, mental disorders, or co-occurring substance use and mental disorders. SAMHSA grant funds may not be used to fund housing costs, but are intended to be used for services linked to permanent housing that is funded through HUD's Homeless Assistance grants programs (including Shelter Plus Care or Supportive Housing Program) or through comparable funding provided from other sources. Treatment for Homeless grants can be used to pay for direct treatment, including screening, assessment, and active treatment for substance use and mental disorders, outreach, case management and wrap-around and recovery support services for homeless persons, including those who are chronically homeless. In addition, services may include: employment readiness, training and placement; education, screening and counseling for hepatitis, HIV/AIDS and other sexually transmitted diseases; and trauma informed services.

APPLICATION AND FUNDING INFORMATION

- **Eligible Applicants:** Domestic public and private nonprofit entities. State agencies and for-profit agencies are not eligible to apply for this program. For example, local governments, federally recognized American Indian/Alaska Native tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations may apply.
- **Due Date for Applications:** May 29, 2008
- **Anticipated Total Available Funding:** Up to \$10 million
- **Estimated Number of Awards:** Up to 13 grants in Treatment for Homeless-General category. Up to 12 grants in Treatment for Homeless-Services in Supportive Housing category.
- **Estimated Award Amount:** Up to \$400,000 per year for up to five years
- **Length of Project Period:** Up to 5 years

- **Awarding Agency:** Center for Substance Abuse Treatment-CSAT

INTENT OF FUNDING OPPORTUNITY

- The primary goal is to link treatment services with housing programs and other services.
- Enable communities to expand and strengthen treatment services for homeless (including chronically homeless) persons with substance abuse disorders, mental illness or co-occurring substance and mental health disorders.
- Expand and strengthen treatment services for homeless, alcohol-dependent persons who have histories of public inebriation, frequent emergency room visits, arrests, mental disorders, or co-occurring substance use disorders and mental disorders.
- Address gaps in substance abuse and mental health prevention and treatment services.
- Utilize evidence-based practice service modes that are appropriate for the target population. Applicants will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at www.samhsa.gov/ebpwebguide.
- Applicants must demonstrate cultural competence.

IMPORTANT PROGRAM AND ELIGIBILITY REQUIREMENTS

- Homeless persons to be served by this grant are those who lack a fixed, regular, adequate nighttime residence, including persons whose primary nighttime residence is: a supervised public or private shelter designed to provide temporary living accommodations; a time-limited/nonpermanent transitional housing arrangement for individuals engaged in mental health and/or substance use disorder treatment; or a public or private facility not designed for, or ordinarily used as, a regular sleeping accommodation.
- For this grant program "homeless" also includes "doubled-up" – a residential status that places individuals at imminent risk for becoming homeless – defined as sharing another person's dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice. "Chronically Homeless" persons are defined as unaccompanied homeless individuals with a substance use disorder, mental disorder, or co-occurring substance use and mental disorder, who have either been continuously homeless for a year or more or have had at least four (4) episodes of homelessness in the past three (3) years.
- Grant recipients are expected to begin delivering program services no later than four months of receiving the grant award.
- Grant recipients must collect and report data using the Discretionary Services Client Level GPRA tool, which can be found at www.samhsa-gpra.samhsa.gov
- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided.
- Each direct service provider organization must comply with all applicable local (city, county) and State/tribal licensing, accreditation, and certification requirements, as of the due date of the application.

FUNDING PRIORITIES

SAMHSA will give preference to applicants that:

- Provide integrated primary health, substance abuse, and mental health services;
- Demonstrate effectiveness in serving runaway, homeless, and street youth;
- Have experience providing substance abuse and mental health services to homeless individuals;

- Demonstrate experience in providing housing for individuals in treatment for or in recovery from mental illness or substance abuse; and/or
- Demonstrate effectiveness in serving homeless veterans.

Additionally SAMHSA is interested in making awards to applicants that propose to expand and strengthen treatment services for homeless, alcohol-dependent persons who have histories of public inebriation, frequent emergency room visits, arrests, mental disorders, or co-occurring substance use and mental disorders.

ALLOWABLE USES OF GRANT FUNDING

- SAMHSA grant funds may not be used to fund housing costs. Therefore, applicants proposing to provide services in supportive housing must demonstrate the ability to place clients in supportive housing and provide documentation of the source of funding for the housing component for each year of the grant.
- Grant funds must be used primarily to support direct services to clients in the target population, including direct treatment, including screening, assessment, and active treatment for substance use and mental disorders, outreach, case management and wrap-around and recovery support services designed to improve access to and retention in services and to continue treatment gains for homeless persons, including those who are chronically homeless. In addition, services may include employment readiness, training and placement, education, screening and counseling for hepatitis, HIV/AIDS and other sexually transmitted diseases, and trauma informed services.
- The service array may involve collaboration across multiple agencies.
- Grantees may use up to 15% of the total services grant award for infrastructure development, including developing partnerships with other service providers for service delivery if necessary to support the direct service expansion of the grant project, enhancing computer system, management information system (MIS), electronic health records, and training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.
- No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment

USING THIS FUNDING SOURCE FOR SERVICES IN SUPPORTIVE HOUSING

Supportive housing's combination of permanent, affordable housing and available services works well for people who face the most complex challenges, including persons who are homeless (including those who are chronically homeless), who also have substance use disorders, mental disorders, or co-occurring substance use and mental disorders. To address the broad needs of this population, the Center for Substance Abuse Treatment seeks to increase the number of homeless persons placed in stable housing and who receive treatment services for alcohol, substance use, and co-occurring disorders.

For the purpose of this program, supportive housing is defined as housing that is permanent, affordable and linked to health, mental health, employment, and other support services that provides consumers with long-term, community-based housing options. This housing approach combines housing assistance and intensive individualized support services to chronically homeless individuals with substance use disorders, mental disorders, or co-occurring substance use and mental disorders. The grant requirements emphasize that entities that provide integrated primary health care, substance abuse and mental health services to homeless individuals are targeted grant recipients. More effective outcomes are achieved by addressing the multiple needs of homeless individuals.

Applicants seeking to use grant funds for services in supportive housing will need to cite evidence of the effectiveness of their proposed service strategy. SAMHSA is currently developing a new “Evidence-Based Practice Toolkit” for supportive housing, but this work has not been completed. As a result, the lists of evidence-based and effective practices published by SAMHSA (and referenced in the application requirements) do not yet specifically identify supportive housing as an evidence-based practice, although some service strategies that may be used in supportive housing settings incorporate elements of recognized evidence-based practice. (See the *Additional Resources* section below for more information.)

SAMHSA requires that service providers comply with *applicable* licensing for their service area. In most states the services provided in supportive housing do not require licensing; therefore, in these cases SAMHSA rules require documentation from the appropriate agency of state, county, or governmental unit stating that licensing specific to supportive housing services does not exist. Some supportive housing providers have partnered on their applications with licensed homeless health care providers or other existing treatment providers.

ADDITIONAL RESOURCES

- More information about funding, research and evidence-based practices for supportive housing can be found at the Corporation for Supportive Housing website at www.csh.org, including:
 - CSH's [Toolkit for Ending Long-term Homelessness](http://www.csh.org/toolkit) at www.csh.org/toolkit
 - CSH's [Toolkit for Developing and Operating Supportive Housing](http://www.csh.org/toolkit2) at www.csh.org/toolkit2.
 - CSH's [Financing Supportive Housing Guide](http://www.csh.org/financing) at www.csh.org/financing.
- [People Who Experience Long-Term Homelessness: Characteristics and Interventions](http://aspe.hhs.gov/hsp/homelessness/symposium07/index.htm), developed for the 2007 National Symposium on Homelessness Research and co-authored by CSH staff, details the prevalence, characteristics, and service needs of adults who are chronically homeless, presents a synthesis of recent research on service and housing interventions, and discusses the implications of the findings for services. This report is available at <http://aspe.hhs.gov/hsp/homelessness/symposium07/index.htm>.
- SAMHSA's [Guide to Evidence-Based Practices on the Web](http://www.samhsa.gov/ebpwebguide) is available at <http://www.samhsa.gov/ebpwebguide>.
- SAMHSA's [Government Performance and Results Act \(GPRA\) web-based resources](https://www.samhsa-gpra.samhsa.gov/CSAT/System.aspx?stateMachineStateName=CSAT) included a variety of instructions, tool kits and other resources intended to strengthen program effectiveness at <https://www.samhsa-gpra.samhsa.gov/CSAT/System.aspx?stateMachineStateName=CSAT>.
- The Health Resources and Services Administration (www.hrsa.gov) provides additional resources regarding homelessness and HIV/AIDS and other HIV/AIDS-related topics at <http://hab.hrsa.gov/publications.htm>
- The [Integrated Primary Care website](http://www.integratedprimarycare.com) maintained by Alexander Blount, Ed.D. of the University of Massachusetts Medical School provides access to an extensive range of resources related to linking primary care with existing programs, with special attention to low-income and underserved populations, at <http://www.integratedprimarycare.com>