



**U.S. Department of Health and Human Services
(includes excerpts from HHS FY 2010 budget documents)**

The requested increase in funding for **Projects for Assistance in Transition from Homelessness (PATH)** from \$60 million to \$68 million would allow services to an additional 11,000 homeless persons. View table of projected [state allocations](#).

The **Health Care for the Homeless** program, which is receiving increased resources from the \$2 billion included in the Recovery Act for Community Health Centers, would be funded at the recently enacted FY 09 level of \$180 million. In FY 2007, nearly 931,000 persons experiencing homelessness were served by Community Health Centers including the specialized Health Care for the Homeless program.

The **Consolidated Runaway and Homeless Youth** program would be funded at \$53.5 million for Basic Centers and \$43.8 million for the Transitional Living Program. These funds would continue to support 375 Basic Center Programs and 218 Transitional Living Programs. View table of [projected state allocations](#).

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION:
CENTER FOR MENTAL HEALTH SERVICES

**Programs of Regional and National Significance –Homelessness Prevention -
\$32.25 million (also \$2.3 m to continue homelessness science)**

The \$32.25 million would support grant and contract continuations in the Services in Supportive Housing Program by providing grants to States and communities that reduce or eliminate chronic homelessness among individuals with serious mental illness, substance abuse and/or co-occurring disorders and their families. Services are provided in coordination with existing permanent supportive housing programs in the community and cover a five year funding period. Services in Supportive Housing are comprehensive, seamless and focus on outreach and engagement, intensive case management, mental health and substance abuse treatment, as well as assistance in obtaining benefits. As of April 2009, the Services in Supportive Housing grantees have provided over 840 persons with comprehensive and coordinated mental health and related services. 69% of the individuals served demonstrated improvement in behavioral functioning and represent an 80-100 percent reduction in the usage of high cost services such as hospitalizations and emergency room use.

Programs of Regional and National Significance – Criminal and Juvenile Justice

Since 2002, the *Jail Diversion program* has awarded grants to 40 States and communities to build capacity for diversion and provision of community based treatment

and supportive services such as health care, housing, and job placement. This program awards multi-year grants to develop, implement and sustain diversion programs for people with mental illnesses. In 2008, the program focused on individuals with trauma related mental disorders and prioritizing veterans. The program also limited eligibility to states to pilot local diversion programs and replicate them statewide.

Grantees have conducted over 79,000 screenings and diverted over 3,300 persons with mental illness from jail to community services. Program data indicates that diverted individuals have reduced symptoms of mental illness, reduced substance abuse, and improved daily living skills and role functioning. An emphasis on cross system collaboration has resulted in the delivery of comprehensive services and broad community support for sustainability. Nineteen of the 24 earliest grantees continue their programs after SAMHSA funding ends.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Programs of Regional and National Significance- \$458.1 million including:

\$42.75 million (same as FY 09) for the ***Grants for the Benefit of Homeless Individuals*** (GBHI) program whose purpose is to enable communities to expand and strengthen their treatment services for homeless (including chronically homeless) individuals with substance abuse disorders, mental illness, or with co-occurring substance abuse disorders and mental illness. Through this grant program, grantees link treatment services with housing programs and other services (e.g., primary care).

In FY 2008, consistent with congressional intent, CSAT began allocating part of its GBHI funds for grants that address services in supportive housing. Like CSAT's GBHI grants for the homeless population generally (GBHI General), the services in supportive housing (SSH) grants seek to expand and strengthen treatment services for persons who are homeless by providing linkages to appropriate treatment for substance use or mental disorders and other support services. CSAT defines services in supportive housing for the purposes of our SSH grants as services for clients already in housing that is permanent, affordable, and linked to health, mental health, employment, and other support services. This approach combines long-term, community-based housing assistance and intensive individualized treatment and recovery support services to chronically homeless individuals with substance use disorders, mental disorders, or co-occurring substance use and mental disorders. It is a cost-effective combination of affordable housing with supportive services that helps people live more stable, productive lives and leads to reductions in substance use and psychiatric symptoms. In FY 2009, CSAT allocated \$4.5 million to fund as many as 13 new GBHI General grants, and \$3.1 million to fund as many as nine new SSH grants (approximately \$350,000 each year for up to five years, in both the GBHI General and SSH programs).

Since the inception of the GBHI program, CSAT homeless grants have served 33,171 individuals. The currently active portfolio has served over 22,000 individuals. Outcomes data available for a subset of clients served by the program through the 91 active GBHI grantees show that individuals demonstrate:

- 122 percent increase in employment or engaging in productive activities;
- 166 percent increase in persons with a permanent place to live in the community;
- 52 percent increase in no past months substance use;
- 36 percent improvement in no/reduced alcohol or illegal drug related health, behavioral or social consequences.

\$99.0 million for **Access to Recovery** to support 26 new grants to States and Tribal Organizations. This is the same level of funding as was included in the recently enacted FY 09 appropriation. This would provide funding for a third cohort of grantees and an opportunity to fine tune the program based on lessons learned from the first two cohorts of grantees. The program will prioritize funding to treat individuals with methamphetamine addictions. Average grant awards will be reduced to approximately \$3.7 million and the project period will be increased to four years.

\$87.6 million for Criminal Justice activities for grants/cooperative agreements to provide treatment, housing, vocational, and employment services. The proposed \$50 million increase would provide an additional \$35 million for Treatment Drug Courts for a total of \$58.9 million of which \$5.0 million is focused on protecting the youngest victims of families affected by methamphetamine abuse; and \$15 million for ex-offender re-entry programs for a total of \$23 million.

- **Treatment Drug Courts** are being created at a high rate, creating a challenge to support sufficient substance abuse treatment options for people referred by the court. Recognizing the need to enhance or expand treatment services for people who were involved in the criminal justice system, Treatment Drug Court funding began in 2002 to adult, juvenile, and family drug courts and treatment providers. In FY 2010, Treatment Drug Courts anticipates funding 61 new adult drug court grants for three years at an average cost of \$350,000 and 40 new juvenile and family drug court grants for four years at an average cost of \$200,000. These funds will provide services supporting substance abuse treatment, assessment, case management, and program coordination to those in need of treatment drug court services. Priority for the use of funding will be given to addressing gaps in the continuum of treatment. CSAT will also utilize \$5.0 million to fund 25 grants for Family Dependency/Treatment Drug Courts. These grants will provide a Child Case Coordinator to link available community- based social services resources that will focus on the trauma to these youngest victims caused by substance abuse issues/methamphetamine use in the family and concurrent criminal justice involvement

Both adult and juvenile drug court clients had positive outcomes in the most recent year that data was available. About 70 percent of both juvenile and adult clients reported no past month substance use six months after intake and about 90 percent of clients experienced no/reduced alcohol or illegal drug related health, behavioral or social consequences six months after intake. As a result of the 2008 program assessment, the program is improving the linkage between DOJ and SAMHSA including collaboration on a joint performance measure.

- In FY 2010, an **Ex-Offender Re-entry program** will build on previous and ongoing SAMHSA adult and juvenile criminal justice initiatives. Research shows that for the drug-involved offender most positive gains made as the result of prison-based treatment rapidly dissipate if the individual is not linked to effective community based services upon return to the community. In FY 2002, with the number of reentering offenders totaling over 625,000 persons, federal agencies began to respond to the accompanying public safety and public health issues by

funding new programs such as the Serious and Violent Offender Re-entry Initiative and the Prisoner Re-entry Initiative. CSAT participated as a federal partner in both of these initiatives. In FY 2004, CSAT's Young Offender Re-entry Program (YORP) was initiated with the awarding of 12 grants to expand and enhance treatment capacity for juveniles and young offenders returning to their communities from correctional or detention facilities. This offender re-entry initiative was designed to facilitate reintegration into the community by providing pre-release screening, assessment and transition planning in institutional corrections settings and linking clients to community-based treatment and recovery services upon release. In FY 2005, a second cohort of 13 grants was funded as part of an \$11 million effort to respond to the escalating number of alcohol and drug involved offenders returning to the community. IN FY10, an increase of \$15 million will help support the award of an estimated 29 new re-entry grants, provide grantee technical assistance, and allow initiation of a cross-site evaluation of the program.

Substance Abuse Prevention and Treatment Block Grant - \$1.779 billion.

The FY 2010 budget request for the Substance Abuse Prevention and Treatment Block Grant is \$1,778.6 million, the same level as the recently enacted FY 09 appropriations bill. 95 percent are distributed to States and territories by formula.

ADMINISTRATION FOR CHILDREN AND FAMILIES

Low Income Home Energy Assistance Program (LIHEAP): \$3.2 billion

The Low Income Home Energy Assistance Program (LIHEAP) provides assistance to low-income households in meeting the costs of heating and cooling their homes. FY 06 data showed that approximately 30 percent of LIHEAP heating recipients were elderly households and 22 percent were households including young children.

The appropriation includes regular funding and a contingency fund. The contingency fund was designed to provide additional funds, subject to the annual appropriations process, in states that are adversely affected by extreme heat or cold, or other causes of energy-related emergencies. The FY 10 budget includes a legislative proposal to create a new mandatory trigger mechanism to automatically provide additional funding when energy prices spike. Language is also proposed to allow contingency funding to remain available for expenditure beyond the immediate fiscal year.

Foster Care Initiative

Child Welfare Research, Training and Demonstration (+\$20 million) – The budget proposes a new *\$20 million Innovative Approaches to Foster Care* program that includes incentives for grantees demonstrating improved outcomes for long-term foster-care placements along with continuing support grants to maintain training resources and opportunities in the field of child welfare. Up to 10 additional grants will be funded under the new initiative.

Strengthening Community Fund - \$50 million (replaces the Compassion Capital Fund)

First funded in the Recovery Act, the Strengthening Communities Fund awards grants to organizations to provide outreach, technical assistance, and training to improve the

capacities of non profit organizations to serve low-income and disadvantaged populations. Funds could also be made available for grants to State, Local and Tribal governments (and to non-profits designated by such governments) to improve the capacities of such governments to provide outreach, training, and technical assistance to non-profit organizations to serve low-income and disadvantaged populations. An estimated 82 grants would be awarded. Up to \$2 million would be available for a national evaluation.

Community Services Block Grant (CSBG) - \$700 million

(This funding request is the same as the recently enacted FY 09 appropriation. This program also benefited from \$1 billion in the Recovery Act)

The Community Services Block Grant (CSBG) program provides grants to states, territories and Indian tribes to provide services and activities to reduce poverty, including services to address employment, education, housing assistance, nutrition, energy, emergency services, health, and substance abuse. CSBG requires states to pass through 90 percent of the Federal funds allocated to eligible entities, which in most cases are Community Action Agencies. In FY 2009, the Office of Community Services (OCS) will issue a competitive program announcement for a three-year cooperative agreement grant for a national community economic development training and capacity development initiative. The Recovery Act provided that States may increase the income eligibility ceiling under CSBG from 125 percent to 200 percent of poverty for all appropriated funds during fiscal years 2009 and 2010.

Disaster Case Management - \$2 million

This new program would fund a contract with voluntary agencies to provide comprehensive federal disaster case management and technical assistance for human services from the time of the disaster throughout the recovery process. This contract will ensure that a disaster case management system is in place and that trained personnel are credentialed and available should a disaster occur. ACF will manage this contract and Stafford Act funds will be used for actual services, where needed. The Stafford Act was amended by the Post Katrina Emergency Reform Act of 2006, which authorized case management by stating that “the President may provide case management services, including financial assistance, to state or local government agencies or qualified private organizations to provide such services to victims of major disasters to identify and address unmet needs.” This approach will ensure that disaster victims are connected with existing services in a timely manner following a disaster.