

Outlook for HHS Programs

Current Status

Appropriations

Substance Abuse and Mental Health Services Administration (SAMHSA)

Within SAMHSA there are two main programs targeted to homeless populations

- Projects for Assistance in Transition from Homelessness (PATH)
- Grants for the Benefit of Homeless Individuals/Treatment Systems for Homeless (GBHI/TSH)

The Administration recommended a \$6.7 million increase for PATH, however, the Administration also recommended a \$19 million cut to GBHI/TSH programs. The House and Senate both maintained the President's proposed increase for PATH which, if approved, would bring the program total to \$59.7 million.

For GBHI/TSH, the House not only restored the Administration's proposed cut but included a \$21.4 million increase which would bring the total funding level to \$75 million. The Administration's proposed funding level would have allowed for current grants to continue but no new grants. If the House number is maintained, there would be potentially \$40 million available for new grants, if the grant structured stayed the same, this could fund as many as 100 new grants.

In the Senate version, GBHI/TSH was funded at '08 levels so the Administration's cuts were reversed but no new funding was proposed.

Health Resource Services Administration (HRSA)

Funding for the Health Care for the Homeless (HCH) program resides within HRSA. This program has continually received increases because the Administration strongly supports the Community Health Centers and HCH funding is 8.7% of the Community Health Center funding. This year the administration proposed what would result in a \$2 million increase for HCH clinics. The House proposed a 12 million increase and the Senate proposed a 17 million increase for HCH.

Administration for Children and Families (ACF)

Runaway and Homeless Youth Act funding resides in ACF. The Administration and the Senate proposed level funding for RHYA programs. The House proposed a \$3 million increase.

Authorizing Legislation

SAMHSA reauthorization – SAMHSA programs have been due to be reauthorized for the past few years. Last year we were very close to having a bill introduced in the Senate; however, circumstances beyond our control stalled progress. The House still has plans to

work on draft legislation but it is unlikely anything will be completed this year. Here are some items included in the Senate draft legislation addressing homelessness:

- The Services to End Long-Term Homelessness Act (SELHA)
- Renamed GBHI to Grants for Treatment and Recovery for Homeless Individuals (GTRHI)
- New co-occurring systems coordination with a priority for homeless populations
- PATH state and territory minimum increased
- Requirement that states include homelessness in state mental health and substance abuse block grant funds and tracking progress

Medicaid – We did have victories regarding Medicaid. Last year, the Administration had proposed changes to the rehabilitation option and the definition of targeted case management. Both would have changed Medicaid and made it more difficult for homeless populations to qualify for Medicaid reimbursement. However, Congress included moratoriums on these and other Medicaid regulations issued by the Administration, delaying implementation until April 2009. This will give Congress time to see if the next Administration agrees with the regulations and review permanent ways to defeat them.

Recent Past

Other than Health Care for the Homeless funding, most HHS programs targeted to homeless populations have remained relatively level funded. Level funding results in decreased funding due to inflation. However, last year this began to change with increases in GBHI/TSH and RHYA. In the last three years we've gone from no new grants GBHI/TSH to 25 issued last year and hopefully more issued this year.

Future Outlook

We will continue to work on increase services funding within SAMHSA and on getting targeted homeless provisions included in SAMHSA reauthorization. There are other service oriented programs that we follow and if advocates think it would be beneficial could do more work on. These programs include:

- The Substance Abuse Prevention and Treatment Block Grant
- The Mental Health Treatment Block Grant
- Community Services Block Grant (CSBG)
- Social Services Block Grant
- Medicaid/Health Care Reform

You can find more detail on these programs in our policy book which will be distributed at our conference and available online shortly thereafter.