



The Services for Ending Long Term Homelessness Act (SELHA) – HR 1471, S 709: Appropriation Request

The Congress should appropriate \$55 million for services in permanent supportive housing within SAMHSA's Center for Mental Health Services.

The Administration has set a goal of ending chronic homelessness by 2012. States and local governments have responded to this challenge by creating Plans to End Chronic Homelessness. The primary barrier to ending chronic homelessness is the need for more funding for supportive housing, which combines affordable housing with supportive services. Congress and the Administration have urged communities to target resources from HUD's housing and Homeless Assistance programs for people experiencing chronic homelessness. To be most effective, these resources from HUD should be paired with HHS's funding and expertise in the delivery of services, including mental health and substance abuse treatment and recovery.

The President has proposed up to \$200 million for the Samaritan Initiative as part of the proposed FY 2007 HUD budget to pay for housing and case management services for people who are chronically homeless. Congress is also considering the Services to End Long Term Homelessness Act (SELHA), which would authorize an efficient funding mechanism that could be used in conjunction with housing resources that are available through HUD's Samaritan Initiative and other existing federal, state, and local programs.

While Congress deliberates on these important proposals, HHS's Substance Abuse and Mental Health Services Administration (SAMHSA) already has authority to make grants for mental health and substance abuse treatment, including services in supportive housing for people who are chronically homeless.

How much funding is needed? What would it pay for?

To make adequate progress towards the President's goal, \$55 million is needed. That level would fund services in about 10,000 units of supportive housing, and produce results in the effort to end chronic homelessness:

- Permanent supportive housing ends homelessness. Approximately 80% of homeless people with disabilities who are given the opportunity to move into supportive housing stay for a year or more, and many who leave move to independent settings.
- Supportive Housing saves money. Supportive housing reduces costs for emergency room and hospitalizations by more than 50%, while increasing earnings from employment. A major study found that supportive housing costs only \$995 per year more than homelessness for people with mental illness, after considering savings to taxpayers of more than \$16,000 a year per unit in the use of public health services, hospitals, shelters, and jails.
- Supportive housing really works to stabilize and reintegrate those who have been homeless the longest. Homeless people with disabilities often have needs that cross the boundaries of fragmented, categorical service systems. Supportive housing provides accessible, coordinated, and flexible services that lead to recovery and reintegration into community life.

Funding should be provided within the Programs of Regional and National Significance Account (PRNS) within SAMHSA's Center for Mental Health Services (CMHS). Although it wasn't in the final appropriations, in for FY 2005, Senate Appropriators included \$10 million for this purpose with the following language:

"...the Committee has included \$10,000,000 in this account for grants to fund services in permanent supportive housing to help end chronic homelessness. The Committee encourages CMHS to award these grants to applicants that operate permanent supportive housing funded by HUD's Homeless Assistance Programs, section 8, or comparable programs administered by States or local governments."

This document was prepared by the National Alliance to End Homelessness, the Corporation for Supportive Housing, the National Alliance on Mental Illness, the National AIDS Housing Coalition, and Enterprise. For more information, contact Norm Suchar at 202.942-8255 or nsuchar@naeh.org or Jonathan Harwitz at jonathan.harwitz@csb.org