HUD HRSA-SAMHSA_Webinar recording_07-14-2021

RACHEL POST: Good afternoon, everyone. We'll just wait for folks to join before we get started. Give it about just a minute. But those of you who are just joining us, welcome. We'll get started in just a minute. Welcome, everyone. Thank you for joining the Coordinating Health and Human Services Housing-Related Supports and Services with HUD Housing Assistance for People Experiencing Homelessness webinar. Next slide, please. So here IS some webinar logistics.

This session is being recorded and the recording will be shared at the following link, the HUD link. And all participants are muted. If you are having any trouble connecting your computer audio, you can call in using the following information. And please submit your questions in the Q&A box.
If you're having any technical issues today, please send a message to us in the Q&A box and we will work to resolve them. Thank you. My name is Rachel Post and I am a Senior Associate with the Technical Assistance Collaborative. I'll be facilitating the discussion today with our guests, and you can see here an overview of the content for today's call. First we'll have a welcome four from Richard Cho, the Senior Advisor for Housing and Services at the Office of the Secretary of HUD. Then we'll give some background content information related to housing-related services. And then we'll get to hear from our guest presenters from the Health Resource Service Administration and the Substance Abuse and Mental Health Services Administration. So with that, I'd like to go ahead and turn it over to Richard Cho.

RICHARD CHO: Hey, thank you so much, Rachel. And thank you to the Technical Assistance Collaborative for helping us put together this webinar today, which is actually part of a series.

Let me start by saying I have the honor and privilege of working for Secretary Marcia Fudge at HUD. And just this weekend she gave some remarks at a conference and talked about how this is a new day in America and a new day at HUD. And it really is that. I'm so excited about the historic opportunity that we have through the American Rescue Plan to help us really address the national crisis of homelessness, which has certainly been growing over the last few years and really impacted by the COVID-19 pandemic where, in the beginning of the pandemic, where most of us had the opportunity to stay in our homes in order to stay safe, there were more than half a million people who had no home to stay safe in and who had to choose between sleeping in crowded homeless shelters where they're at risk of COVID transmission or being outside on the streets where they had limited access to hygiene facilities and limited protections.

But now we have, through the American Rescue Plan, a historic chance to address maybe not all people who are experiencing homelessness but a significant number of people who are homeless and to provide them with housing assistance. One of the most exciting ways that we can do that is through the Emergency Housing Voucher Program.

We'll hear a little bit more about that later on this webinar where HUD, through the American Rescue Plan's $5 billion, has been able to award 70,000 new emergency housing vouchers to over 600 public housing authorities across the country. HUD has required that those housing authorities partner with Continuums of Care to be able to make referrals of the households that are most vulnerable to receive housing assistance through those vouchers and where Continuums of Care are responsible for not only providing referrals but helping coordinate and broker connections to supportive services.

In our allocation and communications regarding these new emergency housing vouchers we hear from a lot of communities questions about where their were service dollars, understanding that many people-- not all -- but many people experiencing homelessness also need supportive services in addition to rental assistance in order to be able to exit homelessness and achieve housing stability. And we've heard concerns from communities that there were not service dollars that came along with these vouchers. And I frankly took those concerns with a bit of puzzlement because there are actually quite a few resources that communities can use to provide wraparound housing-related support and services that can be coordinated with those vouchers to provide that complement of housing services that we know is critical to helping people exit homelessness.

The challenge is that those resources don't come from HUD. They often are coming from our fellow agency, the Department of Health and Human Services. In fact, we wanted to demonstrate just how many opportunities there were to identify those supportive services opportunities in HHS. And so what began as a single webinar, we quickly realized there were so many opportunities at HHS that we needed to make this a webinar series.

So today is actually the first of a series of webinars where we'll be talking to you about the many opportunities there are within HHS programs, including through additional resources provided through the American Rescue Plan that can provide housing-related services and supports to people experiencing homelessness to help them transition into housing using HUD assistance, including these emergency housing vouchers.

I'm really excited and pleased that our colleagues at HHS, who I work with very closely, agreed to provide this information today. So you'll hear from Jen from the Health and Social Service Administration as well as both Dorrine Gross and Michelle Daly at the Substance Abuse and Mental Health Services Administration. And then there'll be more to come after that. But I'll just say this. It is not always a simple thing. It's not that we're able to provide a kind of a kit where you can take housing resources and services resources and easily put them together. It takes a bit of work. And it takes really partnerships and engagement of the key agencies who administer the services resources at the state and local level. So we will share with you what those opportunities are, and then the real work is how you can build the partnerships at the local level with the services agency at the state and county and city levels to be able to make those connections. But what I can assure you is that, certainly from HUD and from Secretary Fudge and from everyone in the administration, we will do everything we can to help communities to take advantage of all the resource opportunities in the American Rescue Plan to address both the housing and service needs of people experiencing homelessness. So thank you so much for joining.

Looking forward to the conversation. And also please do consider joining these other webinars in this series. With that, I'll turn it back to you, Rachel.

RACHEL POST: Sorry about that. I needed to find my microphone. Thank you so much, Richard. So I think Richard's done a great job of highlighting the learning objectives for today's call and the agenda that will follow, which is we will define housing-related support services and how these can be paired with HUD housing assistance to benefit individuals experiencing homelessness. You'll hear from our partners at HRSA and SAMHSA and then specific examples of on-the-ground partnerships of pairing HUD and HHS resources will be offered as takeaways for public housing authorities and Continuums of Care. And then we'll have an opportunity for questions and answers. So with that, next slide, please.

And as Richard mentioned, this is one of a three-part series. So on August 12 we'll have the next webinar. And that will be a presentation that's offered by the Centers for Medicare and Medicaid Services on Medicaid resources for housing supports. And then, again on August 12, the Administration for Children and Family will also share. Next slide, please.

OK. We wanted to do a quick poll to see who's listening in today. So if folks can just take a moment to fill this out. We'll take about 20-ish seconds to give you an opportunity to fill it out. All right. So it looks like about almost 40% of you are from public housing agencies, 23% from continuums of care, and 5% from victim services, and another 34% are from other agencies. That's great. Thank you so much. Next slide.

OK. So to sort of lay this out for you, we really want to help define what are housing-related supports and services. And so services that fall into this category are really broken down into sort of these four areas. So we have outreach engagement referral services. So these are the services that help identify and refer people experiencing homelessness to coordinated entry to access housing assistance. Pre-tenancy services are those that assist people with housing access such as housing search assistance, landlord engagement, housing navigation, security deposits, rent/utility arrears, et cetera. And then housing stabilization services and service coordination are services that help people stabilize in housing and connect with community-based services. And finally, ongoing tenancy sustaining supports and wrap-around services that assist people in being successful tenants would include ongoing individualized case management, help maintaining one's home, with activities of daily living and preventing lease violation, and care coordination with health and behavioral health systems. So this would be typically the type of array of services that might be offered in permanent supportive housing, for example. Next slide, please.

OK. So we really wanted to talk in greater detail about the populations that would be maybe in need of housing-related services as described above. So looking at individuals with disabling conditions you can see the associated needs, care coordination partners, and intensity of service. So this will look a little bit different, possibly, than for the needs care coordination partners and intensity of services for families. So for example, individuals with disabling conditions may need permanent supportive housing as well as coordination with primary and behavioral health care, benefits and entitlements, employment and education supports. And so, therefore, it would be really important to coordinate care with street outreach workers, with community health centers, behavioral health agencies, supported employment providers

and community corrections. And the intensity of services really may require that there is some sort of a coordinated 24/7 crisis response capability and ongoing intensive supports. Whereas with families, they may more likely need shorter term supports; so rental assistance, housing location supports, primary behavioral health care as well, benefits and entitlements, and employment and education supports. And then coordinating care and services with landlords, again, community health centers, behavioral health, child welfare, schools, community corrections, victim services. And again, services may be shorter in term outreach and engagement, pre-tenancy services and short-term housing stabilization and service coordination.

On the next slide we highlight youth and their associated needs. I'm not going to read these off because you all can take a look at that. But you can see that, in terms of the care coordination partners, in addition to those that we've mentioned above it may be important to coordinate with family engagement services, post home foster care, juvenile justice or adult corrections, and victim service providers. And again, to ensure that there's 24-hour, seven-day-a-week crisis response capability and ongoing intensive engagement services. Next slide, please.

OK. So as Richard indicated at the beginning of the session and as I'm sure that many of you on this call are aware of, the Emergency Housing Voucher program is available through the American Rescue Plan, providing 70,000 housing choice vouchers to local public housing authorities in order to assist the following individuals and families. And PHAs, again, as I'm sure you all know, are required to partner with Continuums of Care or other homeless or victims service providers to assist qualifying families through a direct referral process.

MOUs between the public housing authorities and the Continuums of Care and other partners are due to HUD on July 31. And that's memorandum of understanding -- MOUs. And should identify services provided to assist the Emergency Housing Voucher applicants and participants, including what is being offered to ensure that referrals are successful. Next slide.

Additionally, we wanted to highlight the HUD housing by program office. That also these programs can benefit from coordination with health and human service programs that we'll be talking about over the next three webinars. So in the Special Needs Assistance Program, which serves homeless and at-risk folks, there is obviously the Continuum of Care program. There is the ESG-- Emergency Solution Grant-- Rapid Rehousing Program. And then in Public and Indian Housing there's Housing Choice Vouchers, there's Special Purpose Vouchers, VASH for Veterans, again the Emergency Housing Vouchers, Mainstream for people with disabilities, and public housing. And then the Office of Multifamily administers the 811 Project Rental Assistance program for people with disabilities, Section 811 for people with disabilities, and section 202 for populations that are elderly. Next slide.

Finally, we wanted to highlight in each of these webinars a matrix that helps to illustrate for communities which programs have resources that may be used for housing-related supports. So this table highlights, for the Health Research Service Administration program housing-related support services, the Health Center program. And you can see in the left column we have the agency program, which is the Health

Center Program in this example, and then eligible housing support services, so the four housing support services we highlighted a few slides ago. An x indicates that the program can be used to cover this service. We have in the next column here the state administering agency, if applicable. In the case of the Health Center program, that's not applicable because these are awarded to community-based programs. And then in the next column, general eligibility; so services available to all residents of the area or population, individuals experiencing homelessness and so on with this general eligibility. And then the last column is the service providers or local partners that are typically awarded these funds and administering them. So in the next slide we actually have a matrix for the substance abuse. I'll wait for Laura to advance the slide deck. Thank you.

The Substance Abuse Mental Health Services programs that can provide housing support services. And you'll see there are many different programs. And we'll get to hear from our guest speakers from SAMHSA in a little while about some of these programs. But this shows the different programs within SAMHSA and, again, which of these categories of housing support services can be covered through these funds, the state administrative agency, general eligibility, and at the far right, service providers and local partners. And there are some clickable links here. The slide deck again will be available to all at the HUD website after the webinar. Next slide.

And this is a continuation of SAMHSA programs as well. So we will, at the end of the three webinar series, we'll have a document that is available that includes all of this information for each of the HHS agencies that are presenting in the three webinars. And that will also be available at HUD through the HUD website. So next slide.

OK. With that I would like to go ahead and introduce our first HHS guest. And that's Jen Joseph, who is the Director of the Office of Policy and Program Development with the Bureau of Primary Health Care at the Health Resources and Services Administration. Thanks, Jen.

JENNIFER JOSEPH: Thank you, Rachel and Richard, and so happy to be here with you, Michelle, to share information about Health Centers and hopefully share some information. Hopefully you are all somewhat familiar with Health Centers. But really wanting to help you identify new and hopefully exciting ways that you can leverage Health Centers in your community and maximize the impact of these federal programs at the local level.

And so my goal is to essentially bring to life the table that Rachel shared and leave you, hopefully, with a better understanding of an excitement about how you can lean on Health Centers to help you accomplish your goals at the state and local level. Next slide.

So hopefully you all are aware of what Health Centers are. But I thought it'd be helpful to level-set and give an overview of what Health Centers actually are designed to do and what the requirements are. I think there are -- folks have various experiences in working with Health Centers. And I think you're probably aware that Health Centers are designed and their purpose is to serve high-need communities and populations, that they are patient-directed. And so every Health Center is governed by a patient

majority board. And so the patients of Health Centers have a say in the services that are provided, the location of those services, and a variety of key decisions about not just what care is delivered but how that care is delivered in the community and lots of requirements about that representation of patients on the board and the voice that they have in the decisions that the Health Center makes.

Health Centers provide comprehensive primary care and enabling services, and I'm going to talk a little bit more about that in a future slide because I think that is really the sweet spot for this conversation, and I think that's where a lot of the opportunity is for the engagement as it relates to connecting people to services that can assist with their being housed. No one is turned away. So no one is turned away for lack of ability to pay. Health Centers provide all of their required services based on income and family size and no other factor. And those fees are adjusted based on ability to pay. And so those services are available on a sliding fee scale. And for folks below 100% of poverty, Health Centers would only charge a nominal or no fee.

Health Centers also have a requirement to collaborate. And so that is an expectation that they are collaborating with other providers in the community to maximize the resources that not only we provide to them but that they can get through other reimbursement to really ensure that our grant dollars are being stretched as far as possible. And so that is an expectation, that they're working not just within their four walls but outside of their four walls. And so, again, that's, I think, an important point for this particular conversation.

And then in terms of accountability, this model of care that is encompassed in the requirements of Health Centers is something that we take very seriously. And Health Centers would love to tell you about their experience with our oversight of their compliance with those requirements, which we take so seriously because it is what makes them unique and what really does position them to be in the space to provide access to care-- high quality care-- and to actually meet the needs of the populations that they serve. Next slide.

So Health Centers, our presence is broad. In 2019 we served nearly 30 million people. New data coming out soon and shortly. But that's 1 in 11 people in the United States. There are about 1,400 organizations and approximately 14,000 service delivery sites. So there's a Health Center in most but not every community that needs one. And that's a priority for us. But they extend from the furthest reaches of Alaska and the Pacific Basin and rural areas into other areas that are much more urban, addressing needs that are grounded in access as it relates to income, geographic isolation, and everything in between. And so this slide gives just a high-level overview of the patients that are served by Health Centers or were served by Health Centers in 2019. And certainly, I can imagine you looking at the slide and saying, oh yes, there's a lot of overlap in the patients that we serve.

Health Centers do receive funding specifically-- some subset of Health Centers receive funding that is specifically targeted to serve residents of public housing, so individuals who live in or near public housing, migrant and seasonal agricultural workers. Which you can see on this slide. There were over 1 million of them served in 2019.

And then homeless individuals and families, 1.4 million were served in 2019. And those individuals experiencing homelessness in that data point were served by Health Centers that both received funding specifically for that purpose as well as Health Centers who serve those populations because those are the people in the community that they serve. And so, just to be clear, you don't need to be a health-- you don't need to receive funding specifically to serve homeless individuals in order to do so. And a large number of our homeless of the numbers in that data point are served by Health Centers that don't receive that specific funding to do that.

And then I think important to note, too, is that our definition of homelessness that ties back to the authority to do what we do does include people who are temporarily unhoused or not in permanent housing. And so an important takeaway for this conversation is that there's an ability to have these connections and relationships around supporting the delivery of services for folks in a more continuous way that doesn't cut things off at a certain point based on a temporary situation. Next slide.

So this is a representation of the care model at HRSA-funded Health Centers. And you'll see at the top, certainly Health Centers' bread and butter is to provide primary care services. And those are outpatient services, both preventive and services to support folks who have acute or chronic illnesses that can be managed in an outpatient setting. And there are required services that Health Centers must provide and those do include OB/GYN services and general primary care services; all the things that you imagine would happen at an outpatient primary care office. In addition, Health Centers provide mental health services and substance use disorder services. Health Centers that receive funding specifically to serve homeless populations have that added requirement, that they must provide substance use disorders services.

And that through investments that we've made beginning to integrate behavioral health services in 2015 and then increasing those investments and increasing our focus on substance use disorder treatment and response to the opioid crisis of a couple of years ago that has continued into the current state. Most Health Centers are now providing both mental health and substance use disorder services, and a significant number of them are providing medication-assisted treatment services as well. And we've also been able to make some significant investments to support Health Centers in providing oral health services, including dental services and vision services. And then, on the next slide, I'll talk about enabling services because those are a really important place for us to focus.

So those services that get provided at Health Centers by folks who walk in the door and increasingly who get connected to care virtually, again, are those things that we imagine: that you have diabetes and need a foot check and ongoing care in terms of controlling that condition, or you have a sick child or an ear infection -- all of those things absolutely are occurring in Health Centers in addition to their serving as one stop shops with integrated care that connects those folks to behavioral health or substance use disorder or oral health services as needed.

In addition, Health Centers are required to-- so this is an important takeaway, that among their required services are these enabling services are what we call them.

And the way we typically talk about them is that these are services that facilitate access to care. And these services are also-- and what I've put on the slide is sort of the technical language and you can see even in the most technical statutory language that these services can support the provision of medical, social, housing, education, or other related services. So Health Centers are providing eligibility assistance to help people enroll in programs at local, state, and federal levels that they are eligible to enroll in. And they can support that staff who provide those services with their grant dollars or with the revenues that they get by virtue of being a Health Center. They do health education and they do outreach. And they have folks who are outreach workers and community health workers and *promotores* for Health Centers that are serving agricultural workers. Health Centers are also required to provide transportation services to reduce those transportation barriers to care and translation services.

And so you can see on the right side of the slide a quick view of the personnel in 2019 that were employed by Health Centers. And that's 24,000 enabling providers. And to give you some context, I think we're somewhere in the 200,000s overall for our Health Center FTE. So it's a significant chunk of the work that they do. And I think that's a real opportunity for collaboration at the local level in terms of building those relationships to have those folks who are doing outreach and connecting with populations, the primary purpose perhaps being the delivery of health care but then to understand and connect how to support those folks to connect with you to support their being housed. Because someone has to say it in this webinar, that housing is health and health is housing. And so, really, we might be in two different departments but very common goals. Next slide.

So I also wanted to just talk about the current state and where we are as it relates to COVID and resources that Health Centers in your communities have. So we recently awarded Health Centers $6.1 billion in American Rescue Plan funding. These are one-time funds. So some of them might be hiring folks but understanding the limitation of one-time dollars and doing that. And they have two years to use these dollars. And you can see on the right side of the slide the kinds of activities and the flexibilities that they have in terms of the use of those dollars. So certainly those dollars are supporting efforts to ensure equitable access to vaccines and capacity to support those activities as we're trying to get to that movable middle and the COVID-19 response and treatment capacity. Absolutely. But these resources also provide support to Health Centers to maintain and increase their capacity, understanding that there are, even throughout the pandemic, that there are ongoing needs of patients for care and needs for Health Centers to be positioned to support folks who re-engage in care or newly are in need of care from a Health Center, either as a result of the pandemic in a direct or indirect way or just because that has occurred in the community and they need care and postponed it until now. And then also have support for recovery and stabilization.

So those two bullets toward the bottom there are very flexible. Health Centers received these dollars in April and had some time after the fact to help to think about how they would use them. And their plans are in with us and they are beginning to use those dollars at the local level. And I think the takeaway here is that-- and I guess I should give context to this as well. So $6.1 billion for these two years-- our entire budget for the Health Center program annually is about $5.7 billion. And so this is almost a 50% increase in terms of the dollars going directly to Health Centers over the course of the next two years. So there are

new resources in the community that can help them do more of what they were already doing. And so I think that's the important takeaway for there. And then next slide.

Some examples. And so in the space of examples-- this is taken from the document referenced on the slide. And I think a takeaway I'd like for you to have here is that a terrific resource for you is the National Health Care for the Homeless Coalition. I've included a link below that is a reference that can get you to what some of these examples were in terms of the kinds of activities that Health Centers could use those funds to support. Those funds being the American Rescue Plan funds. And then just in terms of some really specific takeaways and in terms of some of the examples of what's occurring across the country and maybe to get your juices flowing. And as it relates to telehealth, in Alameda County, California they're using their Rescue Plan capital funds. We provided them some resources to support physical infrastructure. And they're installing telehealth kiosks in shelters as a way to expand access to care and lower missed appointments. The Denver Health Care for the Homeless or Coalition for the Homeless invested in backpack telehealth street medicine. And they're now able to conduct outreach to encampments and other unsheltered locations and deliver care and connect clients in the encampment to providers and to other resources in the community. Unity Health in D.C., Father Joe's Villages in San Diego, Heartland Alliance and Lawndale in Chicago, Hennepin Healthcare in Minneapolis, the Health Care for The Homeless program in Seattle, and many others are delivering health care in-person or via telehealth in non-congregate programs. And then a last example is Heartland Alliance and Lawndale in Chicago worked with the community coalition to develop standards of care in shelters, a model that they're hoping can be replicated in other areas. And in all of those cases, those are opportunities obviously for those Health Centers to connect folks to resources that can support their being positioned differently in terms of their housing status. And so I'll be happy to share in the chat a flashed blast link that you can explore and see if you'd be interested in connecting with the resources from the National Health Care for The Homeless Coalition. We actually provide them funding. HRSA funds them to provide training and technical assistance to Health Centers as it relates to individuals and families experiencing homelessness. And they do have this resource where they can share the top issues they're hearing and strategies that are playing out in terms of addressing challenges and new resources that Health Care for The Homeless field to be aware of. And so to the extent that could be an interesting space for you also to connect and learn about potential ways that you could be partners at the local level, that's an opportunity that you might want to explore. Next slide.

And so this is my contact information. And so the Health Care for The Homeless Coalition can give you lots of great examples. I also welcome a reach-out and I promise to connect you to the person who can best assist you if I'm not that person, if there's any way that me and the Bureau of Primary Health Care and/or otherwise can support the important work that you're doing in your communities. Thanks.

RACHEL POST: Thank you so much, Jen. We have just a couple of questions that I'd like to ask for you to answer.

JENNIFER JOSEPH: Yes.

RACHEL POST: So one question is, to what extent do HRSA Health Centers partner with other health care provider systems?

JENNIFER JOSEPH: That's a great question. So: Very much so. They actually, in terms of the vertical integration of care, Health Centers are often-- they have to have admitting privileges at hospitals. And so they have relationships with specialty care providers. And then in that horizontal level of the community is where they really are working together at the community level. And it's something that we encourage as much as possible to really maximize the resources in the community. And so an example of what that looks like is if someone is providing is able to provide a service to your patients-- your Health Center patients-- and they can do it on a sliding scale that's complying with our requirements, you as a Health Center can satisfy your requirement to us by supporting your patients and engaging in getting that service elsewhere in the community. We don't want a Health Center to add medication-assisted treatment services if next door to the Health Center those services are available and accessible to patients served by the Health Center. Let's not do that. Let's make sure that we're putting those services in the places where people wouldn't otherwise have access to them. And that occurs sometimes with Health Centers too. So if there's a Health Center that is really focused on homeless populations and receives funding for that purpose and there's a Health Center nearby, they might contract with that other Health Center to serve those patients experiencing homelessness because that other organization is probably better suited or may be better suited to provide services to those populations. And then increasingly-- well, I guess historically and then increasingly, Health Centers are getting beyond those four walls and have been since the inception of the program.

The origin of the Health Center program was really about migrant workers and access to clean water and healthy food and was really sort of grounded in kind of an equity focus. And so Health Centers, historically, have worked very closely across their communities to-- not just in their scope or project that's supported by us-- to connect folks to housing services. Some Health Centers, as you may know, actually receive funding from HUD and provide those services themselves. They're not doing that as a Health Center. They're doing that as sort of outside their scope of project, but it is part of who they are and how they serve their communities. And so there's lots in that space that extends from those enabling services. And I can go on with examples of CEOs who were talking to me about, like, here's all we're doing, but then I got to get this bus line into this community because this place is opening up a manufacturing plant and our community needs to have transportation there because we need those jobs. And she saw that as her role as a Health Center CEO.

RACHEL POST: Great. Thank you so much, Jennifer. I know we'll have more questions at the end. And I know that we have included, I think, in the Q&A box a link to FindHealthCenter.HRSA.gov so that folks on this call with public housing authorities or CoCs, if you're not familiar with who your community Health Center is, that link should help you locate them. So next slide, please

OK. And one more. Great. Thanks so much. Now it's my pleasure to introduce Michelle Daly, the Lead Public Health Advisor for Co-occurrence and Homeless Activities branch with the Center for Substance Abuse Treatment and Dorrine Gross, the Path Program Coordinator at the Division of the State and

Community System Development Center for Mental Health Services. They're both with the Substance Abuse and Mental Health Services Administration. Next slide. And thank you all for joining today.

MICHELLE DALY: Thanks so much, Rachel. And actually, you can go back to the previous slide and we'll just keep that up for a little bit. Good afternoon, everyone. As Rachel said, I'm Michelle Daley. And I work on our targeted homeless programs. Today, myself and my colleague Dorrine Gross will highlight some SAMHSA programs in which grant funds support housing-related services across all of those categories mentioned earlier for those with mental and/or substance use disorders, including co-occuring substance and mental disorders. We want to thank HUD certainly for the opportunity to participate in this webinar series and our HRSA colleague, Dr. Joseph, for providing information about HRSA and their health-centered care model, which is inclusive of behavioral health services. And as a side with that last question, we have multiple SAMHSA grantees both in our targeted homeless programs and across other SAMHSA programs that are Health Centers. So they also receive or as entities apply for funds within our behavioral health system as well.

So the mission of SAMHSA is to reduce the impact of substance use and mental illness on America's communities. SAMHSA believes that behavioral health is essential to health. Prevention works. Intervention is critical. Treatment is effective and people recover. Our mission is supported through grant funding, public education and training, surveillance, regulation and standard setting, and practice improvement. Housing stability, a social determinant of health, is extremely important to SAMHSA as it impacts access and initiation of services, how individuals and families engage with the services being provided, and completion in the outcomes of those services provided. We support Housing Frst both as an approach and as an evidence-based practice.

The COVID-19 pandemic has placed additional strains on individuals, families, and our systems of care that have required adjustments to the collective work that we do at the local level, state levels, and then also at the federal level as well. The Biden-Harris administration has mobilized a government-wide response to COVID-19 to support efforts on a multitude of health, housing, and other related areas. SAMHSA COVID funding includes $4.25 billion of supplemental funds. Similar to what HRSA said, spending for that is through March of 2023. And $3.56 billion of American Rescue Plan Act funds with spending for those dollars through September of 2025. We're in the process of distributing these funds. And along with our FY21 appropriation that, when combined, is approximately $13.82 billion. Next slide.

So this slide includes results from our most recent National Survey on Drug Use and Health or NSDUH from 2019. You see that for those 18 and above, 7.7% or 19.3 million people had a substance use disorder. 20.6% or 51.5 million people had a mental illness in which one of four had a serious mental illness. And that's about 13.1 million people, just over 5% of adults. And also, 3.8% or 9.5 million people had both a substance use disorder and mental illness. When we look at the HUD populations and sub-populations report, we see that just over 25% are categorized as severely mentally ill and about 20% as having chronic substance abuse. We don't have access to the age breakdown, so these percentages might be within five percentage points lower. But regardless, we see that those experiencing

homelessness have higher percentages of mental or substance use disorders than those with housing stability. Next slide.

I'll discuss some of the CSAT programs at SAMHSA that may be utilized to support housing-related behavioral health service. And my colleague Dorrine Gross will discuss CMHC programs. Next slide.

The Substance Abuse Prevention and Treatment Block Grant or SABG provides funds to all 50 states, DC, Puerto Rico, US Virgin Islands, the six Pacific jurisdictions, and the Red Blood Band of Chippewa Indians of Minnesota to prevent and treat substance abuse. The Center for Substance Abuse Prevention or CSAP administers the SABG. Next slide.

The SABG funds treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals that demonstrate success in improving outcomes and are supporting recovery. Not less than 20% of the SABG allotment must be spent on substance abuse primary prevention strategies that are directed to those not identified to be in need of treatment. The single state agencies for Substance Abuse Services or SSAs within the states receive the SABG funds and allocate funds to a variety of different types of sub-recipients within their states. Next slide.

This slide provides some specific information regarding the SABG appropriation in addition to the COVID-19 supplement and the APRA funds. The SABG received a slight increase for opioid and recovery support over this past year. And spending on that would be used through September of '22. Next slide.

In terms of housing, the block grant authorizing legislation and implementing regulations permit the use of SABG funds for rental payments through establishment of a revolving loan fund in which entities may set aside $100,000 to establish and maintain the ongoing operation of a revolving fund to make loans for the cost of establishing group homes for individuals recovering from substance use disorder. And that's directly or through a grant or contract with a non-profit entity. Next slide.

So for recovery housing established through the revolving loan fund, the SABG may also be used for service provision within the established recovery residence. And there's some additional information on that. Next slide.

This slide, we have both examples of housing-related activities proposed by states for the COVID-19 supplement and activities funded through the revolving loan fund. Plans for the ARPA funds are due this month. These examples combine service provision with recovery housing and community-based housing. Next slide.

Another one of our large programs that really-- maybe a little more so than our SABG funds-- that may operate similar to some of our targeted homeless funds is our large State Opioid Response (SOR) program. This program rewards states and territories through the SSAs-- similar to the SABG, so money going into the state-- to address the opioid crisis by increasing access to Medicaid-assisted treatment, reducing unmet treatment needs in reducing opioid overdose deaths through prevention, treatment, and

recovery support services for opioid use disorders. In FY20, this program was expanded to support evidence-based prevention treatment and recovery support services to address still stimulant misuse and use disorders, including for cocaine and methamphetamine. The next few slides provide more information about the SOR program that you can refer to later when you take a look at the slides that are being posted afterwards. Could we go to the next slide.

Some more recovery support evidence-based practices. Next slide.

Some innovations.

And then if you go to the next slide, these next two slides are-- the examples from Connecticut and DC that you see are both coordinated with other housing and service systems. The DC example included outreach services that integrated connections to coordinated entry if people were not already included. I think just by seeing some of those stats there about how many engagements and then, ultimately, how many new SPDATs they did, I think DC is doing a really nice job on getting people into coordinated entry. Next slide.

The Pennsylvania examples show SOR funds being used to increase case management services in a broad framework, including housing-related, employment and education, benefit enrollment assistance, and transportation, to name a few. In Ohio, the SOR funds supported services with a faith-based recovery housing program. Next slide.

Here's just some information. There is TA available through the Opioid Response Network that is accessible to the public. Next slide.

And then here's some additional takeaways, some SOR-specific information, as well as some other general SAMHSA resources and things specifically around opioid use disorder. Next slide.

The final program I'll mention today is the CSAT Grants for The Benefit of Homeless Individuals program or GBHI, which many of you on this call may be familiar with. And hopefully some of you actually have those grants. This focuses specifically on individuals and families experiencing homelessness who have a substance use disorder or recurring mental and substance use disorder. This five-year program has annual funding up to $400,000. And we have 85 current grantees across 33 states to expand community treatment and recovery support services. Next slide.

This slide shows the required services for GBHI and notes that, actually, the FY20 cohort of 13 grants are allowed to use grant funds for up to 90 days of rental assistance and other housing initiation costs, such as security deposits and utility activations. Other housing-related services include providing referrals for housing support, coordinating and collaborating with managed care organizations, PHAs and CoCs to obtain and sustain housing. Grantees utilize case managers, peers, and other staff to assist with housing identification, housing supports, and landlord engagement, to mention a few. Grantees ensure that people are included in coordinated entry.

And you could look at GBHI and other SAMHSA discretionary programs as two-way referrals for HUD housing funds overall and specifically for the Emergency Housing Vouchers. We hope that your coordinated entry system prioritization that you have in your CoCs seeks those with high service needs as SAMHSA funds are able to support identification of housing, behavioral health services, and other case management service for those with mental and substance use disorders.

And this is kind of throughout the process. A lot of our grantees in the GBHI program and other targeted homeless programs do a lot of work in outreach and engagement, getting people who sometimes are reluctant to take advantage of services, maybe using motivational interviewing or some other evidence-based practice to encourage service utilization. The GBHI program has demonstrated stability in housing. And through the pre/post tenancy work that they do, at six month follow-up, we have a positive rate of change of 343% and, at discharge, a positive rate of change of 554% in housing stability. So our grantees do a really good job. And they're doing this work that we're here-- not only are they providing the behavioral health services for individuals, but they are all doing the work around housing stability and identification.

And behavioral health outcomes also show positive rates of change and abstinence at 42.1 at six month and 63.9 at discharge and reduced use for all drug use outcomes and decreases in impact of mental illness for all of the factors that we look at. So thank you for allowing me to share. Hoping to talk to you more toward the end, but right now I want to introduce my colleague Dorrine Gross with our Center for Mental Health Services.

DORRINE GROSS: Thank you so much, Michelle. OK. So as Michelle mentioned, I am Dorrine Gross. I'm the PATH Program Coordinator in the Center for Mental Health Services, also known as the CMHS at SAMHSA. And I will highlight some of the programs in which CMHS support housing-related services and behavioral services for those who are experiencing homelessness or at risk of becoming homeless and have a serious mental illness or a co-occurring disorder. Co-occurring meaning mental health and substance abuse at the same time.

OK. So the first program I'll highlight here is the CMHS Community Mental Health Services Block Grant. The Community Mental Health Services Block Grant program makes funds available to all 50 states, the District of Columbia, Puerto Rico, and the US Virgin Islands as well as six Pacific jurisdictions to provide community mental health services. So as part of the Mental Health Block Grant funding, states must submit a plan to provide comprehensive community mental health services to adults with serious mental illness and children with serious emotional disorders. Next slide, please.

OK. The state must demonstrate a system of integrated social services, educational services, juvenile services, substance abuse services, youth services, health and mental health services to serve adults with serious mental illness and children with serious emotional disturbance. The state plan must describe the state's outreach to and services for individuals who are homeless with a SMI and SED. So the Mental

Health Block Grant program eligible housing support services include outreach, engagement and referrals, service coordination and ongoing tenancy and wraparound services. Next slide.

Another CMHS program is the Treatment for Individuals Experiencing Homelessness. The purpose of this program is to support the development and/or expansion of the local implementation of the infrastructure that integrates behavioral treatment and recovery support services for individuals, youth and families with SMI and SED or co-occurring disorders who are or experiencing homelessness. Next slide.

The TIEH program grants are awarded for up to five years to states, territories, community-based public and nonprofit entities with annual funding of up to $1 million for state governments and territories and up to $500,000 for tribes and community-based public and nonprofit entities. So the overall annual allocation is over $26 million for 48 grants across 26 states and one territory. Next slide.

So grantees that receive TIEH grant funds are expected to do the required services that are listed here on this slide. And in addition to strengthening behavioral health treatment, the TIEH program requires enrollment in HUD's coordinated entry systems. OK. So the TIEH grant program eligible housing support services include outreach, pre-tenancy, housing service coordination, and ongoing tenancy support. Next slide.

The next program I'd like to highlight is the PATH program, which stands for Projects for Assistance in Transition from Homelessness. So the goal of the PATH program is to reduce or eliminate homelessness for individuals with serious mental illness and co-occurring disorders and who are experiencing homelessness or at risk of becoming homeless. Next slide.

So for PATH, funds are distributed to states and territories. And the rewards range between $50,000 to $8.8 million. And that includes direct as well as indirect costs. The territories receive the least amount of funds, and they receive around $50,000. And then the smaller states receive a minimum allocation of about $300,000. And then the larger states, their allocation can range up to-- can be as high as $8.8 million. And as you can imagine, with California being the largest state, they actually receive the maximum amount in PATH dollars. And then all of the other states fall between the range I mentioned before. And then the allocation amount for each state depends on a legislatively determined formula. So each year, using that particular formula, SAMHSA decides how much money each state will receive in PATH dollars. So the most recent annual allocation for PATH was $64 million. And the PATH funds, actually, in terms of who can receive the PATH dollars, PATH funds are limited to the 50 states, the District of Columbia, Puerto Rico, the four US territories. And then what they basically do is make grants to public and local nonprofit organizations to provide a variety of authorized services. OK. Next slide.

And speaking of services, this slide shows the list of PATH eligible services. The states get to decide which services they will use PATH for. And in most cases, just to let you know, that most states usually use the PATH for outreach and case management. Those are the two areas that those PATH dollars are used mostly for. And then, while PATH dollars may not be used for housing, these funds can be used for housing services.

And we'll talk a little more about that in a few minutes; housing services and engagement as well as referrals. So we basically do all of that in the PATH program. Next slide.

In reference to housing services, PATH housing services, this is the list of housing services grantees can support with PATH funds. And most states use PATH funds for security deposits, the costs associated with matching eligible homeless individuals with appropriate housing services, and then also one-time rental payment to prevent eviction.

So in the scheme of things, I think since PATH-- the funds are not as much as, say, the Mental Health Block Grant funds that most states receive, so the PATH dollars are really, really important to states for doing things on the front end. And that is to provide the outreach and referring clients to other resources that are available. So as you can imagine, there is a lot of coordination going on with the PATH program and working with others in terms of partnership. So that's really, really important for the PATH program. I just want to also mention that, for more information about the PATH program in your state, I would highly recommend that you reach out to the state PATH contact. That's a good starting point. And then also visit the SAMHSA website, which includes the PATH program. There's a lot of information in reference to the PATH program. If you have not heard of the PATH program before or worked with the PATH program, I encourage you to take advantage of those two resources. I just also want to mention that each state has local PATH providers that really are doing a lot of coordination and collaboration with Continuums of Care as well as public housing authorities in their state. So the collaboration is going on. If you're not familiar with that, again, I encourage you to reach out and find out more about that collaboration that's going on in each of the states. Next slide.

OK. So at this point I just want to talk about partnership and pairing of HUD and HHS resources, just kind of giving an example of some of the things that are going on at the ground level. And again, I think that there are quite a few states and local providers that are doing a great job and partnership and pairing of HHS and HUD resources. For example, the New Reach program in Bridgeport, Connecticut serves individuals experiencing homelessness and those who are at risk of homelessness, including those with mental illness and substance abuse disorder. This program serves over 2,000 individual clients over the course of the year. The target population includes adults as well as children and families. And some of the things they do: they have shelter diversion in individuals and families, permanent supportive housing, rapid re-housing, shelter services; they also provide behavioral health support services and crisis intervention; and they also provide coordination of primary and crisis care through partnership with the Federally Qualified Health Centers and local hospitals. Next slide, please.

And just one more example of that partnership and pairing. Columbus House in New Haven, Connecticut, they serve up to 1,000 people on any given day and over 3,000 individual clients over the course of a year, primarily adults from ages 18 through 87 years old. They provide shelter for individuals and families, transitional living programs, permanent supportive housing, and rapid rehousing. And then, finally, they receive GBHI grant funds from SAMHSA as well as PATH funds.

So again, the focus is on the coordination. The one thing I wanted to say about the other example for New Reach, which is in Bridgeport, they also receive PATH funds as well as TIEH grant funds from SAMHSA. So they have resources coming in from various Federal programs which really helps to focus on their mission. Next slide.

So here is a list of SAMHSA resources you may find useful. I encourage you to take advantage of these links and just go there and explore. There's a lot of information there. And if you have any questions, please let us know. Next slide.

So here's our contact information, Michelle Daly as well as myself. So feel free to reach out to us if you have any questions about anything we shared today. Thank you so much. And I will turn it over to Rachel.

RACHEL POST: Thank you so much, Dorrine. And thank you, Michelle. We do have a couple of questions. One question for Michelle is, is the GBHI grant an annual funding opportunity?

MICHELLE DALY: It is not an annual funding opportunity. One thing I believe, prior to fiscal year, so hopefully in the next couple of months, there will also be some forecasting that HHS will be doing on grants.gov. The other thing I want to point out for people thinking about the future funding, the next year, next fiscal year available on our SAMHSA.gov website. And I'll put the link in the chat after I say this. But under the About Us area you can see our budget for FY22. And so I would suggest to people that it's always, for the out you're coming up, that you take a look at that. And you could look up GBHI. And at the end of all the sections it has what the budget request and an idea of what we may do and fund for the coming year.

RACHEL POST: Great. Thank you so much, Michelle. Sorry. Go ahead.

MICHELLE DALY: No, nothing else on that one.

RACHEL POST: OK. And then, Dorrine, we had a question from an individual saying, so does this mean that some states will not offer all of the services described through PATH depending on the contract?

DORRINE GROSS: Yes, that is correct. That is correct. So the states have the option of selecting from those menu of services. They're not required to do all of those services. And again, most of them select outreach and case management. And then the rest of the states, they select from the other services that are listed there. I'm trying to think. I don't think we have any-- well, maybe very few states that actually try to do all of the services. It's uncommon. We don't see that very often. Usually they focus on a few of the services and then use other resources to do the other types of services that are needed.

RACHEL POST: Great. Thank you so much. And I know that, Michelle, you did provide a list of the GBHI grantees. And maybe we can share that in the Q&A generally so that the entire audience can have access to that as well.

MICHELLE DALY: Yeah, certainly.

RACHEL POST: Great. Thank you. OK. We will have, I think, a little more time for some Q&A in a moment. But I'd like to go ahead and move on to the next slide.

Thank you all so much for sharing your wisdom. So in terms of the next steps for public housing authorities and continuums of care and other participants today, housing stakeholders, it's really important to learn how Health Centers and state behavioral health agencies plan to use their enhanced resources and whether housing-related supports and services are part of their plans and to clarify which agencies administer any new as well as existing funds at the local level. So behavioral health agencies, community Health Centers, I think we've given you some links to use that can help you locate those systems in your state. And then also outreach to engage local partners as necessary, informing them of the availability of housing vouchers for their target populations. So this I can't overemphasize because I know that some of the questions have related to what if we don't have this in our community, this available resource or the way that this particular SAMHSA or HRSA program is currently constructed doesn't meet the needs, the specific needs of the EHV recipients we're intending to serve. It's very important to work in partnership with those systems because, where there is an available housing resource, there are sometimes opportunities to shape a program to serve that subset of a population. And so it's really important to work together collaboratively across those systems and inform them of these available housing resources. Next slide.

Also offer to educate your local partners about Coordinated Entry. Not all of them understand what that is. You all have been doing this for some time. And talk about how that system is able to sort of evaluate the needs of individuals experiencing homelessness by vulnerability and by degrees of need. Clarify the process for making referrals so that they understand how to refer in for Emergency Housing Voucher eligible individuals. And determine how PHAs will prioritize target populations that may not be involved in Coordinated Entry. And then establish pathways to gain timely access to housing-related supports and services for EHV recipients. In an ideal world these cross-system partnerships can be-- if they're not already in existence-- cultivated quickly so that the recipients of Emergency Housing Vouchers have services available through these different partner systems on day one. Next slide.

I think now we're going to take a couple of minutes to poll the audience to ask, which of the following agencies who deliver Health Resources and Services Administration and/or SAMHSA resources are PHAs and CoCs already partnering with for housing-related supports and services? And if you select “other,” it would be great if you could put what that system is into the Q&A box so we can learn from each other about what other systems you're involved with. All right. Where are we? Almost done. Great. OK. So that's exciting to see. 62% of you are already working with your behavioral health agencies. 44% are working with Community Health Centers. And 25% are working with others. And now I'm looking in the Q&A to see if we have a list of others. So one person said that they don't have any one. Area Agency on aging, State DHCD. And this person's on the Housing and Health Committee. Partner agencies have a variety of organizations. OK. That's great. Thank you for sharing that.

So it looks like there still may be some opportunity to expand the participants on today's call, partnerships with Community Health Centers, certainly more room for Behavioral Health Agencies as well.

Let's go on to the next polling question. OK. So what have been the greatest barriers to accessing needed housing-related supports and services? And you can select as many of these as you would like. All right. Where are we? About ready to show the results of this one? Great. OK. So lack of funding for services, lack of provider capacity to deliver services. Both of those got 54%. Individuals you serve don't meet eligibility criteria for services, that was 27%. Lack of information on where or how to make referrals for services, that's another 40%. Individuals are not engaged or interested in receiving services, 37%. And then we had 12% select "other." Tight housing market, waiting lists, lack of housing capacity. And then one person said specifically some of the providers do not meet requirements imposed by the lenders to provide case management in PSH and units available for housing eligible households. OK. Could we see those results again, Laura? Great. Thank you. So I think I would encourage folks to take the information provided today and come back to the other two webinars. The Centers for Medicare and Medicaid Services will be on August 12. My hope is that there will be information from that webinar as well that's very helpful in terms of lack of funding for services, and lack of provider capacity to deliver services. With regards to eligibility criteria, I think there's still more information that can be provided around how to determine if some folks might meet eligibility criteria through some assistance with benefits and entitlement and certainly dissemination of more information with regards to referrals and information that HUD has provided around how to engage folks into services. Thank you. And with that, let's go on to the next slide.

And I think we have time for a few more questions. Jen, I see that there's a question here for you asking for a little bit of clarification about the Health Center program. And in the matrix that we provided in an earlier slide, we hadn't checked off some of the boxes related to support services that someone was asking. It sounds like Health Centers can provide some ongoing case management and supports. But it sounds like this is very much-- that there may be some limitations. I'm wondering if you might be able to clarify further.

JENNIFER JOSEPH: Sure. And I'm also happy to connect folks to-- we have a document that provides a description of the services that Health Centers provide that might be helpful in that sense. And so I think that, on the slide I shared where it referred to eligibility for programs and referral to other services, that is really the space where there's a lot of room for them to be outside of the primary focus of the delivery of primary care and those comprehensive services. And so those connecting folks to those services and facilitating those connections, making referrals, closing referral loops. And ideally, I think increasingly, Health Centers are trying to build those things into their electronic health records so they understand not only what someone's-- They're assessing for social determinants of health or social risk factors, as we defined it, and then identifying that as an issue. They're referring folks to those partners to help support and provide those services using those care coordinators, Community Health workers, to facilitate those connections and then, ideally, getting data back so that they can understand what has occurred and close that referral loop and have that information available the next time they encounter that individual. And so, as I described all of that, it still sort of comes back to the home of primary care.

And I think there's some nuance in terms of how far they can use our dollars for the actual delivery of a service versus a facilitation of access, right? So the transportation to facilitate the access for the facilitation of connecting folks to that other service is where sort of the limitation is. So they can't use our dollars to provide housing, but they can use our dollars to connect people to housing. And there's a lot that can go into connecting somebody, right? There could be outreach, there could be several conversations, there could be multiple touches and lots of ways that that can occur. But the actual support of that service or what someone has access to that is beyond the scope of what our resources can support.

RACHEL POST: Great.
JENNIFER JOSEPH: Do you think that helps? OK. You're nodding. So hopefully that works for the person who asked the question.

RACHEL POST: I think that that provides greater clarification.

JENNIFER JOSEPH: OK.

RACHEL POST: And we have one other question from the audience related to how would you advise PHAs us to connect with-- other than just simply having a list of their Community Health Centers-- if there aren't existing partnerships because PHAs don't offer behavioral health services. How might they go about engaging a Community Health Center in a partnership?

JENNIFER JOSEPH: Yeah, that's a great question. I suppose the answer is, ideally, there are spaces in the community where these conversations are happening and people are around tables together. I know that's an oversimplification of what's real. I think just finding that point person in a Health Center who-- I think even just making a phone call, find a Health Center or you understand where there are sites in your community and making that connection to just say this is who I am, housing is my thing and who do I talk to in the Health Center whose role that would be. And then, hopefully, that gets one to that person. I think the assumption that someone's paying attention to that is reasonable. And if there isn't someone, who can I talk with who might be interested in helping to do more in that space?

RACHEL POST: That's great. Great. Thank you. All right. Well, I am not seeing any other questions in the Q&A box. Let me just check in with my colleagues, Fran and Marie, to see if there are any others. I'm seeing a no. So I think that is all that we have for today. I want to thank HUD for sponsoring, hosting, this webinar. I want to thank Jen with HRSA, Michelle and Dorrine with SAMHSA so much. And look forward to folks joining on August 12 to hear from the Centers for Medicare and Medicaid Services. Thanks, everyone. Hope you have a good rest of your week.

MICHELLE DALY: Thank you.