

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**DEPARTMENT OF HEALTH AND HUMAN SERVICES****DEPARTMENT OF VETERANS AFFAIRS**

[Docket No. FR-4805-N-01]

Notice of Funding Availability (NOFA) for the Collaborative Initiative To Help End Chronic Homelessness

AGENCIES: Office of Community Planning and Development, HUD; Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration, HHS; Substance Abuse, Mental Health and Provider Care Services, VA.

ACTION: Notice of funding availability.

SUMMARY: This notice announces a \$35 million initiative to help end chronic homelessness. The initiative, coordinated by the U.S. Interagency Council on the Homeless (ICH), involves the participation of three Council members: The Department of Housing and Urban Development, the Department of Health and Human Services, and the Department of Veterans Affairs. The initiative supports the Administration's goal to end chronic homelessness by seeking to create a collaborative and comprehensive approach to addressing homelessness.

SUPPLEMENTARY INFORMATION:**1. Title of Initiative**

Collaborative Initiative to Help End Chronic Homelessness: Notice of Funding Availability

2. Departments

Department of Housing and Urban Development
Department of Health and Human Services
Department of Veterans Affairs

3. Date of Issuance

January 27, 2003.

4. Deadline for Receipt of Applications

April 14, 2003.

5. Authority

Housing and Urban Development, 42 U.S.C. 11303
Veterans Affairs, 38 U.S.C. 1710, 1712 and 1722
Health and Human Services/Substance Abuse and Mental Health Services Administration, Section 509 and 520 of the Public Health Service Act
Health and Human Services/Health Resources and Services

Administration, Section 330, 42 U.S.C. 254b

6. Introduction

The U.S. Interagency Council on the Homeless (ICH) is coordinating a \$35 million joint initiative with the Departments of Housing and Urban Development (HUD), Health and Human Services (HHS), and Veterans Affairs (VA) to support the Administration's initiative to end chronic homelessness. This initiative seeks to create a collaborative and comprehensive approach to addressing the problems of homelessness of our most vulnerable citizens. This collaboration among the departments offers housing and service funding through a consolidated application. Applicants must show how the funds they are requesting will be part of a comprehensive and integrated community strategy to use funding sources, including mainstream services resources, to assist persons who are chronically homeless and homeless families with a disabled adult member (as defined in this NOFA) to move from the streets and emergency shelters into stable housing and receive the range of services and other support needed to promote and maintain greater self-sufficiency.

Funds will be awarded by HUD, two agencies within HHS, and VA based on one consolidated application. This application requests a description of the comprehensive approach (Section 1) being taken by each applicant, and includes four Agency-Specific application sections (Sections 2-5) tied to the four federal funding streams. Applications must address both the overall approach and specific technical requirements established by the participating agencies. Funding provided by HUD must be used to provide permanent housing; HHS/SAMHSA (Substance Abuse and Mental Health Services Administration) funds will be directed toward substance abuse treatment, mental health and related supportive services; and HHS/HRSA (Health Resources and Services Administration) funds will be used for primary health care services. Applicants will be able to obtain additional resources from local VA facilities by addressing the specific needs of chronically homeless veterans in their application.

7. Background and Purpose

Research indicates that as many as 150,000 people experience chronic homelessness in this country each year. People experiencing chronic homelessness often have an addiction or suffer from a disabling physical or

mental condition and are homeless for extended periods of time or experience multiple episodes of homelessness. For the most part, they get help for a short time but soon fall back to the streets and shelters. Because the needs of these persons are not comprehensively addressed, they cycle through the homeless system and consume a significant portion of available resources. In fact, research indicates that these individuals consume more than half of all homeless services. As such, there are significantly fewer resources available for 90 percent of the homeless—including families—who, with a little assistance, could often exit homelessness relatively quickly. By addressing the housing and service needs of persons who are chronically homeless, we will have more resources available to meet the needs of other homeless people. When persons who are chronically homeless have access to basic assistance like housing and treatment, they have fewer problems and are less likely to need expensive emergency interventions. The research makes it clear that one of our best hopes for ending homelessness of every sort depends on addressing chronic homelessness. We are setting policy and taking action based on that research.

Goals: The purpose of this initiative is to assist states and communities in ending or substantially reducing chronic homelessness. The goals are as follows:

1. Increase the effectiveness of integrated systems of care for persons experiencing chronic homelessness and homeless families with a disabled adult member by providing comprehensive services and treatment and linking them to housing.

2. Create additional permanent housing for persons experiencing chronic homelessness and homeless families with a disabled adult member. A critical element in ending chronic homelessness is the provision of adequate housing resources. As such, HUD's funds may be used only for permanent housing activities. For the purpose of this NOFA, permanent housing is defined as housing that has no limit imposed on the length of a resident's stay in the project and includes the Safe Havens program in addition to other programs described in HUD's Agency-Specific Section (Section 2).

3. Increase the use of mainstream resources (e.g. Medicaid, Temporary Assistance for Needy Families, Food Stamps, Substance Abuse Prevention and Treatment Block Grants, Mental Health Block Grants, Social Services Block Grants, State Children's Health Insurance Program, etc.) that pay for