

Section 3: HHS/SAMHSA Section— Substance Abuse Treatment, Mental Health Services and Supportive Services—25 points

I. Overview

A. Purpose

The purpose of the substance abuse and mental health services component of this collaborative NOFA is to ensure that the target population receives, as part of a comprehensive system of services, the mental health and substance abuse treatment they need to achieve the highest level of recovery possible. Specific objectives are to reduce or eliminate symptoms, increase independence and community functioning, and avoid relapse. Recognizing the high prevalence of co-occurring mental health and substance abuse disorders, another objective is to improve the effectiveness of mental illness and substance abuse treatment by ensuring that the appropriate level of service integration is achieved. To achieve these objectives, an overall goal is to increase the reliance on mainstream programs for funding behavioral health services to the maximum extent possible.

Background: People who experience chronic homelessness tend to have disabling mental health and substance abuse problems. Recent estimates suggest that at least 40 percent have substance use disorders and 20 percent have serious mental illnesses. Often individuals have more than one of these conditions. An estimated 50 percent of adults with serious mental illnesses who are homeless also have a co-occurring substance use disorder. Among veterans who are homeless, one-third to nearly one-half have co-occurring mental and addictive disorders. These problems not only contribute to persons' risk for becoming homeless, but also to the difficulty they experience in overcoming it.

People who are chronically homeless require a broad range of services and supports that are coordinated with each other and linked to permanent housing. SAMHSA has identified evidence-based and promising practices that are effective in preventing and ending homelessness among people with serious mental illnesses and substance use disorders. These include: outreach and engagement, housing with appropriate supports, multidisciplinary treatment teams/intensive case management, integrated treatment for co-occurring disorders, motivational interventions, modified therapeutic communities, and self-help programs.

B. Eligibility

Eligible entities are States, political subdivisions of States, Indian tribes and tribal organizations, and public or private non-profit entities, including community-based and faith-based providers of homeless services, health care, housing and other closely linked services for persons experiencing chronic homelessness. The lead applicant need not be a direct provider of substance abuse treatment or mental health services.

In addition to meeting these criteria, SAMHSA requires that any agency that will be using SAMHSA funds to provide substance abuse or mental health services must be licensed and have been providing services for a minimum of two years prior to the date of the application. The reason for this is to ensure that there is minimal start-up time required in providing services to the target population by experienced providers.

For proof of two years experience and licensing, you must include copies of licenses for this period or a copy of your Articles of Incorporation as an appendix in your application. Examples are copies of an organization's prior and current year operator's licenses, *i.e.*, (1) *Issue Date: 5/1/2001, Expiration Date: 4/30/2002*, (2) *Issue Date: 5/1/2002, Expiration Date: 4/30/2003*.

II. Amount Allocated

Approximately \$7 million is available in FY2003 for this component and approximately 10 awards will be made. Subject to the availability of future funds, grantees will receive additional funds in grant years 2 and 3 for substance abuse and mental health services on a declining basis: 100 percent for Grant Year 1; 70 percent for Grant Year 2; and 40 percent for Grant Year 3. To qualify for continuation funds, grantees are required to demonstrate that the difference in grant amounts in Grant Years 2 and 3 is being offset by increasing revenue from mainstream financing resources such as Medicaid, Block Grants, State general funds, local sources, etc. The purpose of this provision is to increase long-term reliance on mainstream programs and to improve program sustainability after termination of discretionary grant funds.

In order to promote successful continuation by attending to mainstream financing opportunities early, applicants must address the types of mainstream funding that will be sought, an assessment of the extent of eligibility among the target population, projections of potential revenues and discussion of the administrative actions

that will be taken to capture the target revenue. Special attention should be paid to needed billing and collection mechanisms.

III. Program Description

A. Allowable Activities

Funds must be used to provide substance abuse treatment, mental health services, and supportive services that promote entry to and maintenance in permanent housing. Examples of allowable activities in each of these areas are the following:

- Street outreach and engagement
- Assertive community treatment/intensive case management
- Supportive housing
- Substance abuse treatment including detox, residential treatment, intensive outpatient, and outpatient treatment
- Mental health services including treatment for trauma and post traumatic stress disorder
- Integrated/coordinated treatment for co-occurring disorders
- Motivational interventions
- Modified therapeutic communities
- Medications management
- Self-help programs
- Psychosocial rehabilitation
- Assistance in accessing income support and entitlement
- Supportive employment
- Discharge planning
- Parental skills training
- Child care and family support
- Transportation

Examples of how these services can be provided include the following:

- Strengthen or expand an existing program to include persons who are chronically homeless by providing street outreach and engagement.
- Provide treatment and services to persons participating in homeless programs.
- Provide treatment and supportive services to maintain persons in stable housing.
- Develop referral linkages with community service providers to create a "no wrong door" approach for accessing treatment and services.
- Enable participation in treatment and/or services by providing transportation or child care.
- Providing for the coordination efforts of partnering entities.
- Managing the implementation of the comprehensive approach.
- Developing a strategic plan for accessing mainstream programs and sustaining the initiative.
- Monitoring the evaluation of the comprehensive approach.
- Build linkages among substance abuse treatment providers and/or