

Appendix A: Overview of Programs Operated by the U.S. Department of Health and Human Services That May Serve Persons Experiencing Homelessness

HHS identifies 18 targeted and non-targeted programs as relevant to serving eligible homeless persons. The *targeted programs* are much smaller in scope, but are designed specifically for individuals or families who are experiencing homelessness. *Mainstream programs* are designed to serve those who meet a set of eligibility criteria that is often established by the states, but generally address provision of services to low-income populations. Very often, persons experiencing homelessness may be eligible for services funded through these programs. These programs are located in five of the organizational components of HHS and their role in serving persons experiencing homelessness are detailed in this Appendix.

HHS Targeted Homelessness Programs

Grants for the Benefit of Homeless Individuals (GBHI) (also referred to as Treatment for Homeless)

The Grants for the Benefit of Homeless Individuals (GBHI) program enables communities to expand and strengthen their treatment services for homeless individuals with substance abuse disorders, mental illness, or with co-occurring substance abuse disorders and mental illness. Eligible applicants are community-based public and private nonprofit entities. Since the inception of the Treatment for Homeless program, over 10,000 persons have received grant-supported services. As of October 2006, there were 91 active GBHI grants.

Programs and activities include: (1) substance abuse treatment; (2) mental health services; (3) immediate entry to treatment; (4) wrap-around services; (5) outreach services; (6) screening and diagnostic treatment services; (7) staff training; (8) case management services; (9) supportive and supervisory services in outpatient and residential settings; and (10) referrals for primary health services, job training, educational services, and relevant housing services.

Funds may not be used to: (1) pay for housing (other than residential substance abuse treatment and/or residential mental health programs); (2) carry out syringe exchange programs; and (3) pay for pharmacologies for HIV antiretroviral therapy, STDs, TB and hepatitis B and C services.

Health Care for the Homeless (HCH)

<http://bphc.hrsa.gov/hchirc/>

The purpose of the Health Care for the Homeless (HCH) program operated by the Health Resources and Services Administration (HRSA) is to provide primary health care, substance abuse treatment, emergency care with referrals to hospitals for in-patient care services and/or other needed services, and outreach services to assist difficult-to-reach homeless persons in accessing care, and provide assistance in establishing eligibility for entitlement programs and housing.

Eligible grant recipients include private nonprofit and public entities. Eligible recipients of services include persons who are literally homeless, as well as those who are living in transitional housing arrangements. Services provided include primary health care, substance abuse, mental health, and oral health services; extensive outreach and engagement; extensive

case management services; and assistance with accessing public benefits, housing, job training, etc. HCH works within guidelines for the Community Health Center (Health Center) program. Health centers serve all residents in their catchment area, regardless of ability to pay. Health Centers serve homeless individuals as appropriate, therefore, Centers located in communities that do not have HCH programs may serve persons who are homeless. Approximately 650,000 persons are served annually by HCH program grantees.

Projects for Assistance in Transition from Homelessness (PATH)

<http://www.pathprogram.samhsa.gov/>

PATH is a formula grant program operated by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide financial assistance to states to support services for homeless individuals who have serious mental illness or serious mental illness and substance abuse. The formula allots funds on the basis of the population living in urbanized areas of the state, compared to the population living in urbanized areas of the entire United States, except that no state receives less than \$300,000 (\$50,000 for territories). States must agree to make available nonfederal contributions equal to not less than \$1 (in cash or in kind) for each \$3 of Federal funds provided in such grant. Territories have no matching requirements. Not more than 20 percent of the payment may be expended for housing services.

Eligible programs and activities include: (1) outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol or drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) a prescribed set of housing services.

According to the latest available data, state-funded community based agencies used FY 2003 allocations to provide PATH eligible services to 86,000 enrolled persons. Persons served were among the most severely disabled. Thirty-six percent of clients had schizophrenia and other psychotic disorders; 59% of persons served had a co-occurring substance use disorder in addition to a serious mental illness; and almost 69% of clients served were living on the street or in emergency shelters.

Programs for Runaway and Homeless Youth (RHY)

The Administration for Children and Families (ACF) funds 669 public, community and faith-based programs through three grant programs that serve the runaway and homeless youth population. Ninety percent of grant dollars awarded are used for preventive activities, and/or housing activities for youth who are at-risk of experiencing homelessness or are already in a homeless situation, and ten percent of funds are used for support services.

Eligible applicants for the Basic Center and Transitional Living Programs are states, units of local government, a combination of units of local government, and public or private nonprofit agencies, organizations or institutions. Federally recognized Indian Tribes, Indian Tribes that are not federally recognized and urban Indian organizations are also eligible. Eligible applicants for

the Street Outreach Program include any private, nonprofit agency, non-federally recognized Indian Tribes and urban Indian organizations.

Basic Center Program

The purpose of the Basic Center Program is to establish or strengthen locally-controlled, community and faith-based programs that address the immediate needs of runaway and homeless youth and their families. Basic Centers provide youth with temporary emergency shelter, food, clothing, and referrals for health care. Other types of assistance provided to youth and their families may include individual, group, and family counseling; recreation programs; and aftercare services for youth once they leave the shelter. Grants can also be used for outreach activities targeting youth who may need assistance. Basic Centers seek to reunite young people with their families when possible, or to locate appropriate alternative placements.

Transitional Living Program

The purpose of the Transitional Living Program is to provide shelter, skills training, and support services to youth, ages 16 through 21, who are homeless, for a continuous period, generally not exceeding 18 months. Youth who have not reached the age of 18 years during an 18 month stay may remain in the program for an additional 180 days or until their 18th birthday, whichever comes first.

Youth are provided with stable, safe living accommodations and services that help them develop the skills necessary to move to independence. Living accommodations may be host family homes, group homes, including maternity group homes, or “supervised apartments.” Skills training and support services provided include: basic life-skills and interpersonal skill building; educational opportunities (vocational and GED preparation); job placement; career counseling; and mental health, substance abuse, and physical health care services.

Street Outreach Program

The purpose of the Street Outreach Program is to provide educational and prevention services to runaway, homeless and street youth who have been subject to, or are at risk of, sexual exploitation or abuse. The program works to establish and build relationships between street youth and program outreach staff in order to help youth leave the streets. Support services that will assist the youth in moving and adjusting to a safe and appropriate alternative living arrangement include: treatment, counseling, information and referral services, individual assessment, crisis intervention, and follow up support. Street outreach programs must have access to local emergency shelter space that is an appropriate placement for young people and that can be made available for youth willing to come in off the streets.

Title V Surplus Property Program

<http://www.psc.gov/aos/federalprop/titleV.html>

Title V of the McKinney-Vento Homeless Assistance Act (Title V), authorizes the Secretary of Health and Human Services to make suitable federal properties categorized as excess or surplus

available to representatives of persons experiencing homelessness as a permissible use in the protection of public health. The purpose of the program is to provide federal surplus land and buildings to organizations which serve the needs of the homeless. Eligible applicants are states and their political subdivisions and instrumentalities, and tax-supported and nonprofit institutions, which provide a broad array of services to the homeless. Eligible activities include emergency and transitional housing and related services; substance abuse and mental health programs for homeless individuals; homeless ex-offender aftercare programs and miscellaneous other supportive homeless services. A policy change that took effect in September of 2006 expands the allowable uses of surplus real property to include permanent supportive housing. Currently, there are 80 active properties on which numerous services are provided to homeless individuals and/or families. There are approximately 3,000 transitional housing beds and 800+ emergency housing beds being successfully operated by homeless assistance providers receiving properties pursuant to Title V of the McKinney-Vento Homeless Assistance Act.

HHS Mainstream Programs

Access to Recovery (ATR)

<http://atr.samhsa.gov/>

Access to Recovery (ATR), operated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and established in 2003, supports a grantee-run voucher program for substance abuse clinical treatment and recovery support services built on the following three principles: consumer choice, outcome oriented, and increased capacity. ATR is a competitive grant program, and selected ATR Grantees have designed their approach and targeted efforts to areas of greatest need, areas with a high degree of readiness, and to specific populations, including adolescents. Critically, grantees are using the new funds to supplement, not supplant current funding and are building on existing programs. The goal of the program is to expand clinical treatment and recovery support services to reach those in need.

Child Support Enforcement Program

<http://www.acf.hhs.gov/programs/cse/>

The mission of the child support enforcement program is to assure that assistance in obtaining support (both financial and medical) is available to children through locating parents, establishing paternity and support obligations, and enforcing those obligations. The program is a federal/state/tribal/local partnership to help families by promoting family self-sufficiency and child well-being. All States and territories run a child support enforcement program, usually in the human services department, department of revenue, or the State Attorney General's office, often with the help of prosecuting attorneys, district attorneys, other law enforcement agencies and officials of family or domestic relations courts. Native American Tribes, too, can operate culturally appropriate child support programs with Federal funding. Families seeking government child support services must apply directly through their state/local agency or one of the tribes running the program. Services are available to a parent with custody of a child whose other parent is living outside the home, and services are available automatically for families receiving assistance under the Temporary Assistance for Needy Families (TANF) program.

The child support program in each state can be a helpful resource to families consisting of single custodial parents with children, since a reason for the homelessness may be non-payment of child support. In addition, child support programs can help homeless noncustodial parents, through outreach, address any outstanding child support issues (perhaps helping them with the order modification process) and connecting them with organizations that can help them with basic skills, such as how to seek and maintain employment, and understand issues surrounding court and child support agency processes.

Community Mental Health Services Block Grant (CMHSBG)

<http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN95-0022/>

The Community Mental Health Services Block Grant (CMHSBG), operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a formula grant to states and territories for providing mental health services to people with serious mental illnesses. The formula for determining the federal allocations of funds to the states is determined by Congress. The funds are intended to improve access to community-based health care delivery systems for adults with serious mental illnesses and children with serious emotional disturbances. States design a services delivery plan that addresses the unique needs of the state's populations. Mental health plans must respond to federal criteria that include: 1) a comprehensive community based mental health system with a description of health and mental health services, rehabilitation services, employment services, housing services, educational services, substance abuse services, medical and dental care; 2) mental health system data and epidemiology estimates of incidence and prevalence in the state of serious mental illness among adults and serious emotional disturbance among children; 3) services for children with serious emotional disturbance provided in an integrated system of care; 4) targeted services to rural and homeless populations with a description of state's outreach to and services for individuals who are homeless and how community-based services will be provided to individuals residing in rural areas; and 5) management systems for financial resources, staffing and training for mental health providers, and training of providers of emergency health services. CMHSBG funds are used to carry out the plan, evaluate programs and services carried out under the plan, and for planning, administration and educational activities that relate to providing services under the plan. Block grant funds are used by each state as they determine their needs; therefore, the program does not require states to report on expenditures related to homelessness.

Community Services Block Grant (CSBG)

<http://www.acf.hhs.gov/programs/ocs/csbg/>

The purpose of the Community Services Block Grant (CSBG) operated by the Administration for Children and Families (ACF) is to provide services and activities to reduce poverty, including services to address employment, education, better use of available income, housing assistance, nutrition, energy, emergency services, health, and substance abuse needs. Funds are allocated by formula to 50 states and the District of Columbia, Puerto Rico, Guam, American Samoa, the Virgin Islands, the Northern Marianas, and state and federally-recognized Indian tribes. Funds are used by states to support a network of local community action agencies, federally and state recognized Indian tribes and tribal organizations, migrant and seasonal farm worker organizations, or private/public community-based organizations to provide a range of services and activities to assist low-income individuals, and families, including the homeless, to alleviate

the causes and conditions of poverty. As a flexible block grant awarded to states and U.S. Territories, CSBG does not collect specific data on amounts expended on homelessness.

Community Health Centers (CHC)

<http://bphc.hrsa.gov/chc/>

The Community Health Centers, operated by the Health Resources and Services Administration (HRSA), provide health services to underserved populations. This includes people who face barriers in accessing services because they have difficulty paying for services, have language or cultural differences, or because there is an insufficient number of health professionals/resources available in their community. Health Centers provide health care services as described in statute and regulation. They provide basic preventive and primary health care services. Health Centers also provide services that help ensure access to the primary care such as case management, outreach, transportation and interpretive services. Services are provided without regard for a person's ability to pay. Fees are discounted or adjusted based upon the patient's income and family size from current Federal Poverty Guidelines. All grantees must demonstrate that all persons will have access to the full range of required primary, preventive, enabling, and supplemental health services, including oral health care, mental health care and substance abuse services, either directly on-site or through established arrangements. In FY 2006, the entire Health Center program, including HCH, received \$1.785 billion (including funds for Tort Claims). Health Center reporting does not support an estimate of expenditures on homelessness outside of the HCH program.

Family Violence Prevention and Services Grant Program (FVPS)

<http://www.acf.hhs.gov/programs/fysb/content/familyviolence/programs.htm>

The purpose of the Family Violence Prevention and Services program, operated by the Administration for Children and Families, is to fund grants to state agencies, territories and Indian Tribes for the provision of shelter to victims of family violence and their dependents, and for related services, such as emergency transportation and child care. Grantees use additional resources to expand current service programs and to establish additional services in rural and underserved areas, on Native American reservations, and in Alaskan Native Villages. The program also supports technical assistance and training for local domestic violence programs and disseminates research and information through five resource centers.

Head Start

<http://www.acf.hhs.gov/programs/hsb/>

Head Start and Early Head Start are comprehensive child development programs operated by the Administration for Children and Families (ACF) that serve children from birth to age five, pregnant women, and their families. It is a child-focused program with the overall goal of increasing the school readiness of young children in low-income families. Head Start serves homeless families eligible for the program in areas such as nutrition, developmental, medical and dental screenings, immunizations, mental health and social services referrals, and transportation. Section 645 of the 1998 Head Start Act establishes income eligibility for participation in Head Start programs by reference to the official poverty line, adjusted annually in accordance with changes in the Consumer Price Index. Homeless families often fall within these guidelines. In

FY 2005, Head Start served approximately 20,000 homeless children and their families throughout the country at a cost of \$143,705,000.

Maternal and Child Health Services Block Grant (MCHBG)

<http://mchb.hrsa.gov/>

The Maternal and Child Health Services Block Grant (MCHBG), operated by the Health Resources and Services Administration (HRSA), has three components: formula block grants to 59 states and Territories, grants for Special Projects of Regional and National Significance, and Community Integrated Service Systems grants. It operates through a partnership with State Maternal and Child Health and Children with Special Health Care Needs programs. The Program supports direct care; core public health functions such as resource development, capacity and systems building; population-based functions such as public information and education, knowledge development, outreach and program linkage; technical assistance to communities; and provider training. Most services supported by MCH block grant funds fall within four areas: 1) Direct Health Care - Basic health care services are provided to individual clients generally on a one-on-one basis between health care professionals and patients in a clinic, office, or emergency room; 2) Enabling Services - These services help targeted populations in need to gain access to the care that is available to them. Types of services include transportation to care, translation services, respite care for family caregivers, and health education programs; 3) Population-based Services - Most of these services are preventive services that are available to everyone. Examples include immunizations, child injury prevention programs, lead poisoning prevention activities, and newborn screening programs; and 4) Infrastructure Building - These activities form the foundation of all MCH-funded services. Activities include: evaluation, monitoring, planning, policy development, quality assurance, training and research. Neither HRSA nor states collect financial data on how many of its program dollars support homeless mothers and children, nor does it collect program data that indicates how many homeless mothers and children are served by Title V.

Medicaid

<http://www.cms.hhs.gov/home/medicaid.asp>

Medicaid, operated by the Centers for Medicare and Medicaid Services (CMS), is a jointly funded, federal-state health insurance program for certain low-income and needy people. In FY 2005, Medicaid provided coverage to more than 44.7 million individuals including 21.7 children, the aged, blind and/or disabled, and people who are eligible to receive federally assisted income maintenance payment. Total expenditures for the Medicaid program in FY 2005 were \$182 billion, however, state Medicaid programs are not required to report to CMS on the homelessness or housing status of persons who receive health care supported with Medicaid funding; therefore, Medicaid data systems are not designed to produce estimates of expenditures on services provided to persons who are homeless.

Ryan White CARE Act

<http://hab.hrsa.gov/history.htm>

The Ryan White CARE Act, operated by the Health Resources and Services Administration (HRSA), authorizes funding for the bulk of the agency's work on HIV/AIDS. Programs are funded through states, disproportionately impacted metropolitan areas, community health centers, dental schools, and health care programs that target women, infants, youth, and families. An increasing number of the people accessing HIV/AIDS services and housing have histories of homelessness, mental illness, and chemical dependency. The HRSA bureau responsible for administration of the CARE Act, the HIV/AIDS Bureau (HAB), has approached the issue of housing and healthcare access through housing policy development, direct service programs, service demonstrations, as well as in technical assistance and training activities to grantees. According to our CY 2004 CARE Act Data Report (CADR), of the 2,467 providers responding to the question whether they delivered services to special target populations, 1,184 providers indicated that they provided services to persons experiencing homelessness.

Types of housing assistance provided through the CARE Act:

- Housing referral services defined as assessment, search, placement, and advocacy services;
- Short-term or emergency housing defined as necessary to gain or maintain access to medical care;
- Housing services that include some type of medical or supportive service including, but not limited to residential substance treatment or mental health services, residential foster care, and assisted living residential services (does not include facilities classified as an institute of mental diseases under Medicaid);
- Housing services that do not provide direct medical or supportive services but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. Necessity of housing services for purposes of medical care must be certified or documented.

Social Services Block Grant

<http://www.acf.hhs.gov/progrms/ocs/ssbg/>

The Social Services Block Grant (SSBG) operated by the Administration for Children and Families (ACF) assists states in delivering social services directed toward the needs of children and adults. Funds are allocated to the states on the basis of population. SSBG funds support outcomes across the human service spectrum, and these outcomes are associated with strategic goals and objectives such as employment, child care, child welfare, adoptions, and youth services. The SSBG allows states flexibility in their use of funds for a range of services, depending on state and local priorities. The SSBG is based on two fundamental principles: (1) state and local governments and communities are best able to determine the needs of individuals to help them achieve self-sufficiency; and (2) social and economic needs are interrelated and must be met simultaneously. States have the flexibility to spend SSBG funds on a variety of services. Of these, services to promote self-sufficiency are the most relevant to homelessness. In FY 2004, the most recent data available, states reported spending \$111 million on self-sufficiency services, including education/training, employment services, family planning

services, independent/transitional living for adults, pregnancy and parenting, and substance abuse services. As a flexible block grant awarded to states and U.S. Territories, SSBG does not collect specific data on amounts expended on homelessness.

State Children's Health Insurance Program (SCHIP)

<http://www.cms.hhs.gov/home/schip.asp>

The State Children's Health Insurance Program, operated by the Centers for Medicare and Medicaid Services (CMS), is a partnership between the Federal and State Governments that provides health coverage to uninsured children whose families earn too much to qualify for Medicaid, but too little to afford private coverage. The federal government establishes general guidelines for the administration of SCHIP benefits. However, specific eligibility requirements to receive SCHIP benefits, as well as the type and scope of services provided, are determined by each state. Total expenditures for the SCHIP program in FY 2005 were \$5.129 billion, however, state SCHIP programs are not required to report to CMS on the homelessness or housing status of persons who receive health care supported with SCHIP funding; therefore, SCHIP data systems are not designed to produce estimates of expenditures on services provided to eligible homeless persons.

State Protection and Advocacy Agencies (P&As)

<http://www.acf.hhs.gov/programs/add/states/pnafactsheet.html>

The Administration for Children and Families oversees a program to support a Protection & Advocacy (P&A) System in each State, Territory, as well as a Native American Consortium, to protect and advocate for persons with developmental disabilities. All States, Territories, and a Native American Consortium (total of 57) are funded under the Protection & Advocacy for Individuals with Developmental Disabilities (PADD) program that requires the governor to designate a system in the State to empower, protect, and advocate on behalf of persons with developmental disabilities. The PADD program provides information and referral services and exercises legal, administrative and other remedies to resolve problems for individuals and groups of clients with developmental disabilities. The PADD program protects the legal and human rights of all persons with developmental disabilities. The amount of funding for the PADD program in an individual State is based on a formula that takes into account the population, the extent of need for services for persons with developmental disabilities, and the financial need of the State.

The PADD program in each State has a significant role in enhancing the quality of life of persons with developmental disabilities in every community. The PADD is mandated to:

- investigate incidents of abuse and neglect, follow up on reports of such incidents, and investigate if there is probable cause to believe that such incidents have occurred; and
- have access to all client records when given permission by the client or the client's representative authorization and have access records without permission when there is probable cause that abuse or neglect is involved

Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

The Substance Abuse Prevention and Treatment Block Grant (SAPTBG), operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a formula block grant to states to provide substance abuse treatment and prevention services to individuals in need. The formula grant is intended to provide maximum flexibility to states in determining allocations of the block grant to all populations within the states, dependent on state needs and priorities, including vulnerable and underserved populations such as the homeless and those at risk of homelessness. The authorizing legislation does not, however, specify homeless services and current policy does not encourage set-asides for specific populations. For FY 1999 (the only year for which a special analysis was compiled), the 40 participating states reported just over \$26 million SAPTBG funds were spent on alcohol and drug abuse services to homeless populations, approximately 1.64 percent of the Block Grant (Analysis by the National Association of State Alcohol and Drug Abuse Directors [NASADAD], 2002).

Temporary Assistance for Needy Families (TANF)

<http://www.acf.HHS.gov/programs/ofa/>

Temporary Assistance for Needy Families (TANF) is a block grant to states operated by the Administration for Children and Families (ACF). Title IV-A, section 404 of the Social Security Act (Act) allows states, Territories and federally recognized Indian Tribes to use Federal TANF funds in any manner that is reasonably calculated to accomplish a purpose of the TANF program. Section 401 of the Act sets forth the following four TANF purposes: (1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and (4) encourage the formation and maintenance of two-parent families.

Each state, territory, and participating Tribe decides the benefits it will provide and establishes the specific eligibility criteria that must be met to receive financial assistance payments and/or other types of TANF-funded benefits and services. TANF agencies provide a range of benefits to eligible families who are homeless or at-risk of becoming homeless. Common benefits and services provided to homeless families include: cash assistance for temporary shelter arrangements; assistance to obtain permanent housing; case management services; one-time cash payments; and vouchers for food, clothing, and household expenses. For at-risk families, common benefits include counseling, housing referrals, assistance for past due utility bills, and assistance for arrearages in rent or mortgage payments. As a flexible block grant to states, states are not required to report data related to homelessness.