



Federal Resources for Addressing Behavioral Health Needs of People Experiencing or at Risk of Homelessness

PURPOSE

The purpose of this document is to provide state and local agencies, Tribes, health and human services systems, and community-based organizations with high-level information about federal funding, technical assistance, policy and regulatory flexibilities, and other resources available to support the delivery and financing of behavioral health (defined as mental health, substance use, or co-occurring mental health and substance use) services for people experiencing homelessness. This document also provides a brief overview of key evidence-based interventions for addressing the full range of mental health and substance use needs of people experiencing homelessness. There is a spectrum of circumstances involved in experiencing homelessness, but the U.S. Department of Housing and Urban Development (HUD) generally [defines](#) homelessness as “lacking a fixed, regular, and adequate nighttime residence.” This definition includes sheltered homelessness, in which an individual may be staying in such spaces as congregate shelters or transitional housing, and unsheltered homelessness, in which an individual’s nighttime residence is not meant for human habitation, such as outside or in cars.

INTERSECTION OF HOUSING AND BEHAVIORAL HEALTH

The [root causes](#) of [homelessness](#) are lack or loss of affordable housing or income. [Recent evidence](#) has also shown that some populations, such as Native American and Black individuals, have faced increasingly disproportionate risks of homelessness over the last 10-15 years. Behavioral health conditions can exacerbate and prolong housing instability and can interfere with successful transition into housing. [For example](#), people with mental illness have a higher risk of experiencing episodic or chronic homelessness than people without mental illness and have been less likely to experience transitional (i.e., brief) homelessness.

It is important to note that while there can be bidirectionality, it is more common for homelessness to trigger or exacerbate behavioral health disorders than for behavioral health disorders to cause homelessness. In the

2021-2022 California Statewide Study of People Experiencing Homelessness ([CASPEH survey](#)), the largest representative study of both sheltered and unsheltered homelessness in the United States since the mid-1990s, only 4% of respondents reported that their own substance use was the reason they left their last housing (mental health was not an identified option). The most often cited reason for leaving last housing was identified as lost or reduced income (12%), and 89% reported that they struggled to obtain housing and exit homelessness because they cannot afford housing.

While behavioral health conditions are not primary causes of homelessness, people experiencing homelessness are more likely than people who are housed to experience mental illness and substance use disorders. In [2023 data from the HUD CoC Program](#), the prevalence of “serious mental illness” ([SMI](#)), a mental illness that interferes with a person’s life and ability to function, was about 21% and the prevalence of “chronic substance abuse” was about 17% among people experiencing both sheltered and unsheltered homelessness. In the CASPEH report, about 66% of respondents self-reported any current mental health condition and about 40% reported either regular illicit substance use or heavy alcohol use. CASPEH respondents who indicated regular use of substances such as alcohol and opioids often reported that they used them to self-medicate and cope with trauma, pain, or depression. Some reported using amphetamines to stay awake and alert to prevent loss of belongings or avoid victimization.

Additionally, structural and social barriers like insurance, transportation, and discrimination make it harder for people to receive behavioral health treatment and follow medication regimens when they are homeless. Access to behavioral health treatment continues to be a challenge for both housed and unhoused people needing care, disproportionately so for many subpopulations including those without a home. The CASPEH study found that 20% of people experiencing homelessness with regular substance use reported that they wanted treatment but were unable to receive it. Of people with mental health conditions, only 18% received non-emergent mental health treatment (counseling or medication) within the last 30 days.

Behavioral health conditions are disproportionately prevalent among people experiencing housing instability and homelessness for several reasons. Housing instability and homelessness are themselves causes of new and re-occurring behavioral health problems, because they increase triggers, such as acute stress, uncertainty, and trauma. Exposure to violence and trauma are [known to worsen mental health](#) and lead to onset of new mental health conditions. For example, in the CASPEH study, 44% of respondents who had experienced a psychiatric hospitalization in their lifetime experienced it after their first instance of homelessness. About 36% of

respondents reported experiencing physical violence while experiencing their current episode of homelessness. [For comparison](#), only 1.2% of people aged 12 or older experienced violent crime in the United States in 2022.

Homelessness is on the rise in the United States. Given the increased prevalence of behavioral health disorders among people experiencing homelessness, stakeholders, policymakers, and providers should consider strategies to address these intersecting challenges that are evidence-based and compassionate. This resource document aims to facilitate such consideration. It also aligns with and builds on existing [guidance](#) and strategic efforts across the federal government, including:

- [All In](#): The Federal Strategic Plan to Prevent and End Homelessness (USICH)
- [ALL INside](#)
- [HHS-HUD Housing and Services Resource Center](#)
- [Housing and Services Partnership Accelerator](#)
- [The HHS Overdose Prevention Strategy](#)
- [The HHS Roadmap for Behavioral Health Integration](#)

EVIDENCE-BASED INTERVENTIONS

In addition to affordable and accessible housing, people with behavioral health conditions can benefit from services and supports that directly address their care and recovery needs including evidence-based behavioral health treatment, crisis stabilization, harm reduction, case management, and recovery supports. Services should be trauma-informed, person-centered and, to the extent possible, low barrier and offered in community-based settings. Certain people experiencing a behavioral health crisis may benefit from short-term residential or inpatient care, but crisis stabilization can also occur in a range of other settings including in dedicated crisis stabilization centers and by mobile outreach teams.

Within this continuum, an [array of evidence-based interventions](#) is available to meet the diverse, intersecting housing and behavioral health treatment and recovery support service needs of people with behavioral health conditions who experience housing instability and homelessness. Among those that have been demonstrated to be most effective are Housing First, Assertive Community Treatment, Intensive Case Management, and Critical Time Intervention. While these interventions differ in intensity and length, they are all community-based, voluntary, and simultaneously offer a combination of services to address both health and health-related social needs.

Housing First

[Housing First](#) provides a combination of (1) permanent supportive housing with no preconditions or barriers to entry, such as expectations or requirements of sobriety, engagement in treatment, or service participation with (2) voluntary supportive services to improve health, maximize housing stability, and prevent return to homelessness. The [alternative approach](#) of requiring people to receive treatment while living without a home prolongs homelessness and exacerbates health problems.

As documented in the [recent HUD Office of Policy Development and Research \(PD&R\) issue of *Evidence Matters*](#), research has consistently found that Housing First leads to greater long-term housing stability, reduced costs across health-care systems, and better outcomes related to behavioral health disorders and other intersecting vulnerabilities, such as those discussed above, across all subpopulations of people experiencing homelessness – including, notably, people experiencing [chronic homelessness](#). Among people with substance use disorder, programs maintaining greater fidelity to Housing First principles resulted in increased therapeutic trust and alignment with supportive services, which, in turn, reduced high-risk substance use.

Assertive Community Treatment

For people experiencing homelessness who have SMI and difficulty engaging in traditional outpatient services, the most effective intervention is pairing Housing First with [Assertive Community Treatment \(ACT\)](#). ACT is a community-based model that deploys a multidisciplinary team of professionals such as primary care and other health care providers, social workers, and peer support workers. Teams have a caseload of approximately 10-12 patients per provider. ACT has also demonstrated effectiveness as a stand-alone intervention (independent of Housing First).

Intensive Case Management

Intensive Case Management (ICM) is similar to ACT as a team-based intervention for mental illness that can be implemented on its own or in the context of Housing First. It typically involves less intensive services than ACT for people whose mental health needs are less acute or serious, relying on a case manager who provides a core set of human services and coordinates care with other providers (e.g., behavioral health specialists).

Critical Time Intervention

Critical Time Intervention (CTI) is meant to assist people who are in key transitional periods such as entering permanent housing or being discharged from the hospital. Like ICM, it uses case management services to

improve coordination and continuity of clinical care, improve access to other assistance, and reduce risk of homelessness.

Challenges With Implementation

These interventions are not without limitations. For example, there are often systemic barriers that hinder their implementation, such as the insufficient supply of affordable housing and provider shortages. Additionally, a lack of standardized guidelines can lead to wide variation in their implementation.

While many communities have created ACT teams to serve people experiencing homelessness with SMI, these ACT teams are [often not operationalized with fidelity](#). That is, ACT is often not delivered exactly as conceived or planned. This could be related to caseloads that are unreasonable and/or incomplete staffing. While we see workforce shortages throughout the behavioral health field, in the case of ACT teams in particular, reimbursement challenges related to limited billing structures and other funding limitations may contribute to this challenge.

As policymakers at all levels of government continue to tackle the growing challenge of homelessness, it is important that they employ evidence-based strategies and interventions. Moreover, these interventions should meet the needs of people experiencing homelessness. While housing first principles should be applied, providing additional services and supports is often crucial to successful transitions into and sustainment of housing. Behavioral health conditions are disproportionately represented among people experiencing homelessness, so having established services to meet behavioral health needs is necessary for successful, holistic interventions. The Department of Health and Human Services has an array of programs that can support organizations and communities in addressing behavioral health disorders and homelessness in an evidence-based and compassionate way.

Existing Federal Programs to Address Behavioral Health Needs of People Experiencing or at Risk of Homelessness

Agency/Resource	Description	Components
SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)		
Grants		
<p><u>Projects for Assistance in Transition from Homelessness (PATH)</u></p>	<p>A formula grant supporting 56 grants to the 50 states, the District of Columbia, Puerto Rico, Guam, American Samoa, the United States Virgin Islands, and the Northern Mariana Islands. PATH funds community-based outreach and engagement, case management, assistance with accessing housing, mental illness and substance use disorder treatment services, and other supportive services for people with SMI or a co-occurring disorder (COD) who are experiencing homelessness or at imminent risk of homelessness. Each state PATH grantee is able to direct funds to sub-grantee local homeless services providers based on their assessment of need and service capacity. PATH outreach workers are specialized in engaging those who are most vulnerable in their communities and least likely to seek out services on their own, engaging in the extended trust building often necessary but often not billable under many conventional funding sources such as insurance.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery
<p><u>Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant Program</u></p>	<p>Currently support over 500 CCBHCs across the country in 46 states, the District of Columbia, Puerto Rico, and Guam. CCHBC Expansion Grants provide direct to provider funding to support implementation of the CCBHC model. This program is a part of the broader CCBHC initiative, which is implemented in partnership with CMS and ASPE. As with the different but complementary Section 223 CCBHC Medicaid Demonstration (described below in the CMS Section), the CCBHC Expansion Grants support access to a comprehensive coordinated set of community-based behavioral health supports based on a set of federally-developed CCBHC <u>Certification Criteria</u>. CCBHCs must provide the following nine categories of services, either directly or through formal relationships with designated collaborating organizations: 1. Crisis Services, 2. Screening, Assessment, Diagnosis & Risk Assessment, 3. Person- and Family-Centered Treatment Planning, 4. Outpatient Mental Health & Substance Use Services, 5. Outpatient Primary Care Screening and Monitoring, 6. Targeted Case</p>	<ul style="list-style-type: none"> ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery Supports

Management, 7. Psychiatric Rehabilitation Services, 8. Peer Support, Family Support & Counselor Services, and 9. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans. CCBHCs must also provide care coordination across these services and with other health and social services and also have the flexibility to provide services and supports out in the communities they serve, including as a part of supportive housing programs, street outreach, and other services focused on individuals experiencing homelessness. The CCBHC certification criteria include a number of provisions that directly address housing and homelessness, including requirements to:

- Support outreach, engagement, and retention activities to underserved individuals and populations.
- Provide targeted case management to assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports (The criteria recommend that CCBHCs provide targeted case management during critical periods, such as episodes of homelessness or transitions to the community from jails or prisons)
- Provide psychiatric rehabilitation services, including assistance finding and maintaining safe and stable housing.

Community Mental Health Services Block Grant (MHBG)

Provides funds and technical assistance to all 50 states, the District of Columbia, and territories to support the provision of comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system. MHBG supports the use of evidence-based programs like Permanent Supportive Housing (PSH) with person-centered case management that support tenancy and coordinate connection to other needed clinical and supportive services. As part of their application, each state and territory is required to submit a plan for their entire public mental health system (not just the MHBG – funded services). In addition to providing MHBG awards, SAMHSA’s Center for Mental Health Services (CMHS) provides states/territories with technical assistance to effectively implement their mental health plans. As part of this plan states must describe the State's outreach to and services for individuals who are homeless.

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Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG or SUPTRS BG)

A formula grant that provides funding to all 50 states, the District of Columbia, five (5) US Territories, three (3) Freely Associated States, and the Red Lake Band of Chippewa Indians to support the provision of substance use disorder (SUD) education, prevention, harm reduction, intervention, treatment, and recovery support services. Recovery Housing through the SUBG provides an

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individual or group in or seeking SUD recovery with recovery housing. This housing is delivered in an approved facility by an approved recovery housing organization. Recovery Housing facilities supported through the SUBG are required to be nationally or state certified and/or licensed as a SUD recovery housing facility by an appropriate government entity. Recovery Housing facilities are required to ensure that any approved activities are consistent with the definition of, and best practices for, recovery housing (42 U.S.C. 290ee-5; section 550 PHS Act, as amended), and meet the 11 Best Practices that are outlined in [SAMHSA's Best Practices for Recovery Housing, 2023](#).

Priority populations for the SUBG services include the following:

- Pregnant women with a SUD
- Persons who inject drugs
- Women with SUD with dependent children, including women seeking custody of dependent children
- Persons at risk for SUD and their families and communities
- Other persons with SUD and their families and communities
- Persons in recovery or seeking recovery from SUD and their families and communities
- Persons receiving SUD treatment who have HIV/AIDS, or who are at risk for HIV/AIDS
- Persons receiving SUD treatment who have TB, or who are at risk for TB.

Addresses the overdose crisis, driven primarily by illicitly manufactured fentanyl, by providing resources to states and territories for increasing access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

Allowable recovery support services include recovery housing and temporary housing supports (i.e., application fees, deposits, rental assistance, utility deposits, and utility assistance). Recipients must describe the mechanism(s) in place in their jurisdiction to ensure that a recovery housing facility to receive these funds supports and provides clients access to evidence-based treatment, including all forms of MOUD, in a safe and appropriate setting. Recipients must also describe how recovery housing supported under this award is in an appropriate and legitimate facility (e.g., state or other credentialing or certification or an established or recognized model).

State Opioid Response (SOR) Program

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- ✓ Recovery Supports

<p><u>Tribal Opioid Response (TOR) Program</u></p>	<p>Assists Tribal communities in addressing the overdose crisis by increasing access to FDA-approved MOUD, and supporting the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and co-occurring substance use disorders, and stimulant misuse and use disorders, including those involving cocaine and methamphetamine. This program also supports the National Tribal Behavioral Health Agenda's (TBHA) Cultural Wisdom Declaration (CWD) and inclusion of ancestral cultural knowledge, wisdom, ceremony, and practices of American Indian and Alaska Native tribes into the grant activities. The TOR program supports recovery housing and other housing resources for individuals experiencing homelessness.</p>	<ul style="list-style-type: none"> ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery Supports
<p><u>Treatment for Individuals Experiencing Homelessness (TIEH)</u></p>	<p>Supports the development and/or expansion of community infrastructure that integrates behavioral health treatment, peer support, recovery support services, and linkages to sustainable permanent housing. TIEH grantees engage and connect people with SMI, Serious Emotional Disturbance (SED), or co-occurring disorders (COD) who are homeless or at imminent risk to behavioral health treatment and recovery support services, as well as provide case management including connection to permanent housing. TIEH grantees focus especially in helping eligible people maintain housing and avoid a revolving door of placement, eviction and repeat homelessness.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery
<p><u>Grants for the Benefit of Homeless Individuals (GBHI)</u></p>	<p>Helps communities expand and strengthen treatment and recovery support services for people (including youth and families) experiencing homelessness who have SUDs or CODs. Grantees focus on linking eligible people to treatment services, permanent housing, supportive services, and eligible benefits.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery
<p>Minority HIV/AIDS Fund: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project (Portable Clinical Care Pilot Project)</p>	<p>Pilots an approach to comprehensive healthcare for racial and ethnic medically underserved people experiencing unsheltered homelessness through the delivery of portable clinical care delivered outside that is focused on the integration of behavioral health and HIV treatment and prevention services. Recipients will be expected to take a syndemic approach to healthcare delivery through utilization of low barrier SUD treatment; mental healthcare; HIV and viral hepatitis testing and treatment; HIV prevention including condom, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) distribution; and harm reduction services.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery

<p><u>National Child Traumatic Stress Initiative (NCTSI)</u></p>	<p>Improves treatment and services for children, adolescents, and families who have experienced traumatic events. The National Center for Child Traumatic Stress, a component of the NCTSI, coordinates the <u>National Child Traumatic Network (NCTSN)</u>, which includes various resources focused on child trauma, including those specific to homelessness. Example of those resources include:</p> <ul style="list-style-type: none"> ○ <u>Complex Trauma: Facts for Service Providers Working with Homeless Youth and Young Adults (2014)</u>: Offers information to service providers on how to support teens and young adults who are experiencing homelessness with a trauma history. ○ <u>Complex Trauma: Facts for Shelter Staff Working with Homeless Children and Families (2014)</u>: Guides shelter staff in offering support to children and families who are experiencing homelessness and who have experienced trauma. ○ <u>Psychological First Aid (PFA) for Families Experiencing Homelessness (2009)</u>: Is an adapted version of Psychological First Aid for those working with families experiencing homelessness. This manual offers information on homelessness and trauma, the role of shelter providers, as well as implementing the 8 PFA Core Actions in shelter settings. The manual includes worksheets and examples for providers to assist them in offering support. 	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery
<p><u>Crisis Counseling Assistance and Training Program (CCP)</u></p>	<p>A short-term disaster relief grant for states, U.S. territories, and federally recognized tribes. CCP grants can be awarded after a Presidentially declared emergency with CCP designated or the President has issued a major disaster declaration with Individual Assistance (IA) designated. CCP funding supports community-based outreach, counseling, and other mental health services to survivors of natural and human-caused disasters. The CCP provides services to those who have been displaced because of a disaster and may be experiencing homelessness and seeks to connect them with resources that may assist with temporary or permanent housing.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery
<p><u>Disaster Distress Helpline (DDH)</u></p>	<p>The first national hotline dedicated to providing year-round disaster crisis counseling. This toll-free, multilingual, crisis support service is available 24/7 to all residents in the U.S. and its territories who are experiencing emotional distress related to natural or human-caused disasters. The DDH Crisis Counselors provide callers with various resources, including resources related to housing.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery
<p><u>Grants for the Expansion and Sustainability of the Comprehensive Community</u></p>	<p>Provides resources to improve the mental health outcomes for children and youth, birth through age 21, at risk for or with serious emotional disturbances (SED), and their families. This program supports the implementation, expansion, and integration of the System of Care (SOC) approach by</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment

<p><u>Mental Health Services for Children with Serious Emotional Disturbance (Children’s Mental Health Initiative [CMHI])</u></p>	<p>creating sustainable infrastructure and services. Program grantees collaborate with schools and community-based organizations that support children and families experiencing homelessness or housing-insecurity.</p>	<ul style="list-style-type: none"> ✓ Case Management ✓ Recovery
<p><u>Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders</u></p>	<p>Improves and expands access to developmentally, culturally, and linguistically appropriate services and supports for transition-aged youth and young adults (ages 16-25) who either have, or are at risk for developing, serious mental health conditions. Grantees develop implementation plans to include referral pathways to needed treatment services and supports, and recovery support services that address critical needs including housing.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery
<p><u>Project AWARE (Advancing Wellness and Resiliency in Education)</u></p>	<p>Supports development of a sustainable infrastructure for school-based mental health programs and services to promote the healthy social and emotional development of school-aged youth and prevent youth violence in school settings. Through a three-tiered public health model, grantees provide behavioral health promotion, prevention, and intervention to school communities, including brief intervention services to support school-aged youth who are experiencing distress, trauma, or bereavement, or are at risk for development of mental health and substance use disorders, and referral pathways to ensure that school-aged youth that require more intensive services are referred to and receive necessary school-based and/or community mental health, substance use, and co-occurring supports and services.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery
<p><u>Cooperative Agreements for School-Based Trauma-Informed Support Services (TISS)</u></p>	<p>Increases student access to evidence-based and culturally relevant trauma support services and mental health care by developing innovative initiatives, activities, and programs to link local school systems with local trauma-informed support and mental health systems. Grantees provide screening, referral, and treatment support services to students and their families, including students experiencing homelessness, through school and/or partnering trauma-informed mental health service systems.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery
<p><u>Building Communities of Recovery (BCOR)</u></p>	<p>Mobilizes and connects a broad base of community-based resources to increase the prevalence and quality of long-term recovery supports for persons with SUD and/or COD. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as the promotion of and education about recovery. BCOR includes several provisions that address housing including:</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery

	<ul style="list-style-type: none"> ○ Fostering connections through infrastructure building between recovery networks, Recovery Community Organizations (RCO), and other RSS, including housing services, including housing supports, such as application fees, deposits, utility deposits, and utility assistance, and recovery housing. ○ Providing recovery housing 	
Recovery Community Services Program (RCSP)	<p>Provides peer recovery support services to individuals with SUD or COD, including those in recovery from these disorders. RCSP grant recipients are required to provide peer recovery support services which may include linkages to housing and/or recovery housing as a component of the SUD treatment and recovery continuum of care. The RCSP program supports the provision of recovery supportive social and community environments (in-person and virtually) that are trauma- and culturally informed and appropriate. These environments include, but are not limited to, drop-in centers; recovery centers; clubhouses and other safe environments for those seeking to achieve or maintain recovery from SUD.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery
State Pilot Program for Treatment for Pregnant and Postpartum Women	<p>Advances family-based services for pregnant and postpartum women with a primary diagnosis of a SUD, emphasizing the treatment of opioid use disorders; helps state substance use agencies provide outpatient treatment and recovery support services for pregnant and postpartum women with SUD; and promotes a coordinated system of SUD care within each state.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery
Services Program for Residential Treatment for Pregnant and Postpartum Women	<p>Provides funding for comprehensive services for pregnant and postpartum women with SUDs across the continuum of residential settings that support and sustain recovery. As a family-centered program, services also extend to family members and the minor children of the women, who may reside with the women in the program facilities at the woman's request.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery
Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families grant program (Youth and Family TREE)	<p>Offers comprehensive treatment, early intervention, and recovery support services for adolescents (ages 12-18) and transitional-aged youth (ages 16-25) diagnosed with SUD or COD, along with their families and primary caregivers.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery

<p>Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts (SAMHSA Treatment Drug Courts)</p>	<p>Supports expansion of SUD treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. These awards provide a continuum of care, including prevention, harm reduction, treatment, and recovery services, for individuals with SUD involved with the courts. Required activities include recovery support services (e.g., recovery housing, peer support services, childcare, supported employment, skills training and development, and transportation services) that provide emotional and practical support to maintain client/participant remission.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery
<p>Adult Reentry Program (AR Program)</p>	<p>Supports expanded SUD treatment and related recovery and reentry services to sentenced adults in the criminal justice system with a SUD and/or co-occurring substance use and mental disorders, who are returning to their families and community following a period of incarceration in state and local facilities including prisons, jails, or detention centers. Award recipients will be expected to screen and assess clients for the presence of SUD and/or co-occurring substance use and mental disorders, screen for infectious diseases for which those with SUDs are at high risk and provide evidence-based and population appropriate harm reduction, treatment, and recovery support services. Required activities include recovery support services (e.g., recovery housing, peer support services, childcare, supported employment, skills training and development, and transportation services) that provide emotional and practical support to maintain client/participant remission.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery
<p>Minority AIDS Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS (MAI: High Risk Populations)</p>	<p>Supports increased engagement in care for racial and ethnic medically underserved individuals with SUDs and/or CODs who are at risk for or living with HIV. Award recipients will be expected to take a syndemic approach to SUD, HIV, and viral hepatitis by providing SUD treatment to medically underserved racial and ethnic individuals at risk for or living with HIV.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery
<p>Medication-Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)</p>	<p>Provides resources to help expand and enhance access to MOUD. It is expected that this program will help to 1) increase access to MOUD for individuals with OUD, including individuals from diverse racial, ethnic, sexual and gender minority communities; and 2) decrease illicit opioid use and prescription opioid misuse.</p>	<ul style="list-style-type: none"> ✓ Outreach ✓ Evidence-Based BH Treatment ✓ Case Management Recovery

Training and Technical Assistance

SSI/SSDI Outreach Access and Recovery (SOAR)

Assists localities in expediting Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) applications for individuals who are homeless or at risk of homelessness and have a mental illness, medical impairment, or a co-occurring disorder. The SOAR Initiative provides training and technical assistance to increase the quality of disability applications and reduce the decision time.

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Homeless and Housing Resource Center (HHRC)

Provides training on housing and treatment models focused on adults, children, and families who are experiencing or at risk of homelessness and have SMI, SED, SUD, or COD. The HHRC works in partnership with national experts in homelessness, mental health, and substance use to develop up-to-date, comprehensive toolkits, webinars, and self-paced online trainings

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CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Many people at risk for or experiencing homelessness are [eligible for Medicaid](#) and can benefit from Medicaid's health care coverage, that includes a full array of treatment and services for mental illness and SUDs. Below are some of the more recent opportunities in Medicaid and the Children's Health Insurance Program (CHIP) for enhancing access to MH and SUD treatment and services for enrollees. In addition, references to some previously posted guidance documents and other resources describing additional Medicaid and CHIP authorities supporting coverage of MH and SUD treatment and recovery support are included at the end of this section.

Demonstration Program

Certified Community Behavioral Health Clinic (CCBHC) demonstration

Implemented in partnership with SAMHSA and ASPE, the CCBHC Demonstration promotes expansion of comprehensive services and supports in ambulatory clinic settings for Medicaid-enrolled people with mental illnesses and/or SUDs, including persons at risk for or experiencing homelessness. Through the CCBHC Demonstration (which is different from the CCBHC expansion grants administered by SAMHSA and described above), participating states may qualify for enhanced federal Medicaid reimbursement for services provided by community-based clinics that these states certify as meeting specific [criteria](#) designed to ensure the clinics offer comprehensive, accessible, coordinated services for mental health and substance use disorders and also help connect beneficiaries with recovery supports and services to address health-related social needs. In addition,

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- ✓ Case Management
- ✓ Recovery Supports

state Medicaid programs participating in this program must provide reimbursement for services provided to Medicaid beneficiaries at these clinics using a prospective payment system based on each clinic’s costs of providing this comprehensive model of care. These clinics “must provide services to anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, or age.” In addition, CCBHCs must provide care coordination to help people navigate MH and SUD care, physical health care, as well as social services (including housing services, educational systems, and employment opportunities), as needed. Moreover, CCBHCs provide care in community settings and can provide services in homes, public housing, shelters, and as part of supportive housing programs. Eight states were originally selected to participate in the CCBHC Demonstration. Beginning July 1, 2024, and every two years thereafter, up to ten additional states may be selected to participate in the demonstration. Ten additional states were selected to participate in the program in June of 2024. The federal agencies are working together to issue another round of planning grants later this year and then select another ten states for participation in the demonstration.

Another way for state Medicaid agencies to improve access to MH and SUD treatment among individuals experiencing homelessness or at risk for homelessness is outlined in a 2023 SMD letter entitled “[Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated](#)” (SMDL #23 -003). This demonstration opportunity provides states with federal financial participation for expenditures for certain pre-release health care services provided to individuals who are incarcerated and otherwise eligible for Medicaid prior to their release, including those likely to experience homelessness. [In general](#), Medicaid funds may not be used to pay for services for individuals while they are incarcerated, except when they are inpatients in a medical institution. Through this new section 1115 reentry demonstration, states may qualify for federal match for care provided to enrollees as they are transitioning out of incarceration thus improving access to MH and SUD treatment. States have flexibility to define this pre-release period as 30 days or more and up to 90 days immediately prior to the expected release date. In addition, this demonstration opportunity will help individuals leaving jails and prisons address barriers to obtaining housing and other social supports as they reenter their communities.

Section 1115 Demonstrations for Improving Community Reentry Following Incarceration

- ✓ Evidence-Based BH Treatment
- ✓ Case Management
- ✓ Recovery Supports

Guidance

CMS supports states in addressing Health-Related Social Needs (HRSN), which, when unmet, can drive lapses in coverage and access to care, higher downstream medical costs, worse health outcomes, and perpetuation of health inequities including among enrollees with mental illness and/or SUDs.* By addressing HRSN, state Medicaid and CHIP programs can help their enrollees stay connected to coverage and access needed health care services, and supplement – but not supplant – existing local, state, and federal supports. Under specific Medicaid and CHIP authorities, there are different evidence-based ways that state programs can partner with housing and social service agencies to improve access for people with specific clinical conditions including mental illness and SUDs. Housing services and supports are linked to improved health outcomes for people with MH conditions and SUDs who are experiencing homelessness and are examples of interventions that address HRSN.

HRSN Guidance and HRSN Framework

In November 2023, CMS published [guidance on opportunities to cover clinically appropriate and evidence-based services and supports that address HRSN](#) (HRSN Guidance), and a [framework of services and supports](#) (HRSN Framework) that CMS considers allowable under specific Medicaid and CHIP authorities and under 1115 demonstrations. The [HRSN Guidance](#) and [HRSN Framework](#) issued by CMS describe opportunities for states, in partnership with housing and social services, to provide clinically appropriate services such as housing transition services and case management that do not supplant existing social services and housing assistance, comply with federal laws and statutory authorities, and adhere to program goals

✓ Recovery Supports

Additional Guidance

CMCS has issued numerous other guidance documents describing opportunities for improving access to MH and SUD treatment and recovery supports through Medicaid and CHIP. Below is a list of some of those resources that states should consider for improving access to treatment and support for people with these conditions who are experiencing or at risk for homelessness.

- [Opportunities for Improving Access to Mental Health and Substance Use Disorder Services for Medicaid and CHIP Enrollees Experiencing Homelessness](#)
- [Provision of Medicaid and CHIP Services to Incarcerated Youth](#)
- [Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services](#)
- [Coverage of Early Intervention Services for First Episode Psychosis](#)
- [Coverage of Peer Support Services](#)

✓ Evidence-Based BH Treatment
✓ Crisis Stabilization
✓ Recovery Supports

* An individual's HRSN are derived from a person-specific assessment of social determinants of health While SDOH are broad environmental conditions, HRSN are specific to an individual and when unmet, these individual-level adverse social conditions contribute to poor health outcomes.

- [Coverage of Housing-Related Activities and Services for Individuals with Disabilities](#)

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

Technical Assistance

Health and Housing Institute (HHI)

Provides selected states 2 years of targeted technical assistance to support the development, implementation, and/or alignment of health and housing programs. The purpose of the Health and Housing Institute (HHI) is to support states pursuing cross-agency and federal-state-local strategies to increase access to safe, affordable housing and wrap-around services and supports for people who are experiencing homelessness or housing instability. Core state team members include state leadership from Medicaid, housing, behavioral health, aging, disabilities, governor’s office, public health, and corrections divisions. In March 2024, HRSA in partnership with the National Academy for State Health Policy announced the four states selected to participate in the [HHI 2024–2026](#) cohort: Connecticut, New Jersey, New Mexico, and Oregon. The HHI will collaborate with the [Housing and Services Partnership Accelerator](#) program via joint multi-state convenings, mutually available resources, and coordinated technical assistance opportunities.

- ✓ Evidence-Based BH Treatment
- ✓ Case Management
- ✓ Recovery Supports

Direct Services Grant Programs

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Funds 56 states and jurisdictions to support voluntary, evidence-based home visiting services for pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. Families choose to participate in home visiting programs, and partner with health, social service, or child development professionals to set and achieve goals that improve their health and well-being, promote positive parenting, prevent child abuse and neglect, and connect families to necessary resources in their communities. Home visitors use a range of strategies to meet the specific needs of families, including families who are experiencing homelessness or do not have access to stable housing. Strategies may include:

- Screening families for housing status and linking families to transitional housing, utility programs, and other economic supports.
- Conducting visits in shelters or other locations and during non-traditional hours that are best for families.

- ✓ Prevention
- ✓ Evidence-Based Treatment
- ✓ Recovery Supports

	<ul style="list-style-type: none"> ○ Educating caregivers about healthy home environments that support child development. ○ Supporting families over time in taking steps to meet their goals for economic well-being. 	
<p><u>Health Center Program</u></p>	<p>Comprised of nearly 1,400 health centers, operating at over 15,000 service delivery sites, including mobile units. Health centers provide primary health care, behavioral and oral health services, and care coordination to more than 30 million people. Patients are seen regardless of their ability to pay. The Health Center Program awards grants to Community Health Centers, Migrant Health Centers, Health Care for the Homeless Centers, and Health Centers for Residents of Public Housing to provide primary care services in underserved areas. There are Health Care for the Homeless grantees in all 50 states; Washington, DC; and Puerto Rico.</p>	<ul style="list-style-type: none"> ✓ Evidence-Based Treatment ✓ Case Management
<p>Transitions in Care for Justice-Involved Populations Notice of Funding Opportunity</p>	<p>In April 2024, HRSA announced an opportunity for health centers to apply for up to \$1 million in one-time funds through the Transitions in Care for Justice-Involved Populations Notice of Funding Opportunity. Funding will be used to strengthen transitions to care for people who will soon be released from jail or prison and reenter the community. HRSA expects to award \$51 million in total funding to approximately 51 health centers in FY 2025.</p>	<ul style="list-style-type: none"> ✓ Recovery Supports ✓ Case Management
<p>Behavioral Health Service Expansion Notice of Funding Opportunity</p>	<p>In April 2024, HRSA announced the Behavioral Health Service Expansion Notice of Funding Opportunity. This funding will be used to increase mental health and substance use disorder services at HRSA-funded health centers, including treatment with medications for opioid use disorder. HRSA expects to award \$240 million to approximately 400 health centers in FY 2024 and an additional \$200 million to the same recipients in FY 2025.</p>	<ul style="list-style-type: none"> ✓ Evidence-Based Treatment ✓ Recovery Supports
<p>Guidance</p>		
<p>Policy Information Notice</p>	<p>As of July 2024, HRSA is developing Policy Information Notice 2024-05: Health Center Program Policy Guidance Regarding Services to Support Transitions in Care for Justice-Involved Individuals Reentering the Community after soliciting public comment in early 2024. This Policy Information Notice is focused on services to support transitions in care for justice-involved people reentering the community.</p>	<ul style="list-style-type: none"> ✓ Recovery Supports ✓ Case Management

<p>Program Letter</p>	<p>On June 26, 2024, HRSA’s HIV/AIDS Bureau released a program letter that provides clarifying guidance regarding the use of Ryan White HIV/AIDS Program funds to cover housing security deposits for eligible Ryan White HIV/AIDS Program (RWHAP) clients.</p>	<ul style="list-style-type: none"> ✓ Recovery Supports ✓ Case Management
<p>Training and Technical Assistance</p>		
<p>National Training and Technical Assistance Partnership Cooperative Agreements</p>	<p>The National Health Care for the Homeless Council, the Corporation for Supportive Housing, the National Center for Health in Public Housing, and the National Nurse-Led Care Consortium work to address the unique health care and social needs of people experiencing homelessness or residing in public housing who receive care at health centers. These partners provide training and technical assistance to health centers to improve awareness of, screening for, and interventions to reduce housing insecurity, to remove barriers to health care access, and to increase referrals to harm reduction services.</p>	<ul style="list-style-type: none"> ✓ Recovery Supports ✓ Case Management
<p>Evidence-Based Models</p>		
<p>Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program</p>	<p>The SURE Housing initiative is a 4-year initiative (FY 2022 – FY 2025). The initiative supports a single organization that serves as an Implementation and Technical Assistance Provider to provide technical assistance to 10 sites implementing and adapting housing-related evidence-based interventions, evidence-informed interventions, and emerging strategies for the following three priority populations of people with HIV experiencing unstable housing, who often have the highest HIV-related disparities: lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people; youth and young adults (aged 18-24); and people who have been justice-involved.</p> <p>The goal of this initiative is to promote the replication of effective housing interventions in the RWHAP to decrease health and housing disparities and improve health outcomes along the HIV care continuum. The 10 sites participating in this initiative are RWHAP-funded organizations with proven capacity to leverage and provide housing services and with demonstrated partnerships with housing organizations, including those funded by the HUD Housing Opportunities for Persons with AIDS program. Implementation sites replicating interventions through the SURE initiative utilize the Rapid Re-Housing evidence-based model designed to help people quickly end their experience of homelessness and return to permanent housing. Through this initiative, sites implementing the Rapid</p>	<ul style="list-style-type: none"> ✓ Evidence-Based BH Treatment

Re-Housing model also adopt the Housing First and Trauma-Informed Care approaches for providing responsive and low-barrier services.

Grant Funding

Rural Communities Opioid Response Program (RCORP)

A large scale program focused on addressing substance use disorder in rural communities. The program offers funding and technical assistance to rural communities, enhancing access to behavioral health care services, including substance use disorder prevention, treatment, and recovery. There are a variety of individual grant program opportunities within RCORP. Supporting individuals experiencing homelessness could be an eligible activity within the grant. Additionally, the RCORP-Rural Center of Excellence on Substance Use Disorder Recovery at [The Fletcher Group](#) provides information and resources related to recovery housing and recovery supporting services.

- ✓ Prevention
- ✓ Treatment
- ✓ Recovery Supports

ADMINISTRATION FOR COMMUNITY LIVING (ACL)

Aging and Disability Networks

Aging and Disability Networks

Through its [Aging and Disability Networks](#), ACL offers a wide range of resources to help older adults, people with disabilities, families, caregivers, and communities support behavioral health and well-being. These community-based organizations, such as Centers for Independent Living (CILs) and Area Agencies on Aging (AAAs), provide non-medical services and supports for individuals with disabilities and older adults. Aging and Disability network organizations can also operate as [Community Care Hubs \(CCHs\)](#) that can manage referrals from hospitals and braid funding from Medicare, Medicaid, housing and social services to deliver services that address the needs of individuals experiencing homelessness and integrate behavioral health supports.

ACL helps support these networks and the programs and services they provide, including the following:

- [Aging and Disability Resource Centers](#) - These centers provide information and counseling to help individuals make informed decisions about long-term services and supports and help accessing programs. Provides person centered counseling to help people develop and activate their person-centered plans.

- ✓ Evidence-Based BH Treatment
- ✓ Case Management
- ✓ Recovery Supports
- ✓ Prevention

- [Americans with Disabilities Act National Network](#) - This program funds 10 regional centers for providing information, training, and technical assistance to individuals, businesses, and agencies with rights and responsibilities under the Americans with Disabilities Act.
- [Area Agencies on Aging](#) - These agencies address the needs of older adults at the local level through services and supports (like home-delivered meals and homemaker assistance) to support independent living. Area Agencies on Aging (AAAs) may also make [Legal Assistance Programs](#) that are funded by the Older Americans Act. AAAs also provides person centered counseling to help people develop and activate their person-centered plans.
- [Assistive Technology](#) - These programs support making assistive technology devices and services more available and accessible to individuals with disabilities and their families. AT programs help people learn about AT available for their functional need, learn how to use the AT, and help them acquire the selected AT device(s).
- [Centers for Independent Living](#) - These centers provide tools, resources, and supports for people with disabilities to integrate fully into their communities to promote equal opportunities, self-determination, and respect. Centers for Independent Living also provide person centered counseling to help people develop and activate their person-centered plans. Centers for Independent Living specifically have a core service which involves transitioning people out of institutions and/or diversion of individuals with disabilities at risk of institutionalization or homelessness.
- [Disability Information and Access Line \(DIAL\)](#) - DIAL connects people with disabilities to a broad range of services such as housing assistance, accessible transportation, legal assistance, and more to support independent living in the community. In addition, DIAL continues to be a critical hub for information and resources to support people with disabilities in staying up to date with vaccinations. DIAL's staff are trained to work with people of various communications abilities and will spend as much time as needed to ensure effective communication. DIAL's Information Specialists can assist people in all languages and are trained to work with callers who are deaf and hard-of-hearing. [Eldercare Locator](#) - Eldercare Locator is a call center and website that connects people to trustworthy services for older adults, people with disabilities, and their families in local communities. From transportation and housing options to financial and legal assistance, the Eldercare Locator can point you in the right direction.
- [Protection and Advocacy Systems](#) - These state systems work to protect individuals with disabilities by empowering them and advocating on their behalf to defend their personal and civil rights.

- [Senior Centers and Supportive Services for Older Adults](#) - Senior Centers and Supportive Services for Older Adults- Home and Community-Based Supportive Services (HCBS) program, fund an array of services including access to services and in-home as well as multi-purpose senior centers that coordinate and integrate services for older adults such as congregate meals, community education, health screening, exercise/health promotion programs, and transportation.
- [State Councils on Developmental Disabilities](#) - These self-governing organizations identify and address the most pressing needs of people with developmental disabilities in their state or territory through conducting advocacy, facilitating systems change, and capacity building efforts to promote self-determination, integration, and inclusion.
- [State Units on Aging](#) - These state and territory-level agencies develop and administer plans to provide assistance for older adults, families, and in many states also adults with physical disabilities. The State Unit on Aging administers the Older Americans Act formula funding in a state.
- [University Centers for Excellence in Developmental Disabilities](#) - These grants are affiliated with universities to serve as liaisons between academia and the community for advancing research, information sharing, and community services.

Direct Grant Funding

Traumatic Brain Injury (TBI) State Partnership Grant Program

The TBI State Partnership Grant Program provides funding to help states increase access to services and supports for individuals with TBI throughout the lifetime. The program currently has a total of 31 grantees. The goal is to create and strengthen systems of services and supports that maximizes the independence, health and well-being of people with traumatic brain injuries across the lifespan, their family members, and their support networks.

- ✓ Evidence-Based BH Treatment
- ✓ Case Management
- ✓ Recovery Supports

Technical Assistance

Housing and Services Resource Center (HSRC)

The Housing and Services Resource Center (HSRC) was created to serve people working in organizations and systems that provide housing, homelessness, health, independent living, and other supportive services that help people live successfully and stably in the community. The HSRC implements a federally coordinated approach to providing resources, program guidance, training, and technical assistance to public housing authorities and housing providers; state Medicaid, disability, aging, and behavioral health agencies; the aging and disability networks; homeless services organizations and networks; health care systems and providers; and tribal organizations.

- ✓ Evidence-Based BH Treatment
- ✓ Case Management
- ✓ Recovery Supports

	<p>The HSRC also aims to facilitate state and local partnerships between housing and service systems and assist communities in leveraging all available housing and service resources.</p>	
<p><u>Housing and Services Partnership Accelerator (HSPA)</u></p>	<p>A technical assistance opportunity for states with an approved section 1115 demonstration or an approved section 1915(i) state plan benefit covering housing-related supports and services for people experiencing or at risk of experiencing homelessness to strengthen their state Medicaid agency collaboration with agencies providing housing, aging and disability resources and programs. HSPA seeks to help states accelerate and improve their service delivery and effectiveness at reducing potentially avoidable, high-cost services such as emergency room visits and institutional care and to improve physical and mental health outcomes for Medicaid beneficiaries. HSPA topics include, but are not limited to:</p> <ul style="list-style-type: none"> ○ Best practices in contracting with managed care organizations and community care hubs and with aging, disability, health, behavioral health, and housing organizations. ○ Building disability, aging, health, behavioral health, and supportive housing provider network capacity to deliver, track, and receive payment for Medicaid housing-related services. ○ Strategies to support persons with disabilities and older adults to transition from hospitals, nursing homes or institutions to stable housing in the community through aging, disability, health, behavioral health, and housing partnerships. <p>Eight states and DC were selected and the HSPA is currently underway. There may be opportunities for future HSPA applications.</p>	<ul style="list-style-type: none"> ✓ Evidence-Based BH Treatment ✓ Case Management ✓ Recovery Supports
<p><u>Traumatic Brain Injury Technical Assistance and Resource Center (TBI TARC)</u></p>	<p>ACL’s TBI Technical Assistance and Resource Center helps TBI State Partnership Program grantees promote access to integrated, coordinated services and supports for people who have sustained a TBI, their families, and their caregivers. The Center also provides a variety of resources to non-grantee states, people affected by brain injury, policymakers, and providers.</p>	<ul style="list-style-type: none"> ✓ Evidence-Based Treatment ✓ Recovery Supports ✓ Prevention
<p><u>National Paralysis Resource Center</u></p>	<p>The mission of the National Paralysis Resource Center (NPRC) is to improve the quality of life for people living with paralysis through grants, information, and advocacy. The NPRC assists people as they navigate through the various stages of their recovery after the diagnosis of paralysis. Information Specialists are trained staff who help anyone — from newly paralyzed individuals and their family members to persons who have lived with paralysis and mobility impairments long-term.</p>	<ul style="list-style-type: none"> ✓ Evidence-Based Treatment ✓ Recovery Supports

<p><u>National Center on Law and Elder Rights</u></p>	<p>The National Center on Law and Elder Rights (NCLER) provides the legal services and aging and disability communities with the tools and resources they need to serve older adults with the greatest economic and social needs. A centralized, one-stop shop for legal assistance, NCLER provides Legal Training, Case Consultations, and Technical Assistance on Legal Systems Development.</p>	<p>✓ Prevention</p>
<p>ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)</p>		
<p>Direct Service Funding</p>		
<p>The Family Violence Prevention and Services Act (FVPSA)</p>	<p>The primary federal funding stream dedicated to the support of emergency shelter and related assistance for victims of domestic violence and their children. Trauma-informed programming at shelters and hotlines often includes addressing mental health and substance use issues or connecting to resources if needed.</p>	<p>✓ Crisis Stabilization</p>
<p><u>Prevention Demonstration Pilot</u></p>	<p>Requires grantees to develop a homelessness prevention plan by coordinating with a diverse group of community partners, which may include behavioral health providers and Runaway and Homeless Youth (RHY) grant recipients.</p>	<p>✓ Prevention</p>
<p>Basic Center Programs and Transitional Living Programs</p>	<p>Work to connect youth with the appropriate services, which may include behavioral health services. Additionally, RHY Street outreach program grant recipients can provide referrals to substance use and mental health services. Many offer harm reduction education and resources.</p>	<p>✓ Crisis Stabilization ✓ Harm Reduction</p>
<p><u>National Runaway Safeline</u></p>	<p>Responds to youth and families in crisis, serving as the national communications system for runaway and homeless youth, making more than 125,000 connections to help annually through hotline, online, and offline services.</p>	<p>✓ Crisis Stabilization ✓ Recovery Supports</p>
<p><u>The Affordable Housing and Supportive Services Demonstration program</u></p>	<p>Provides federal funding to Community Action Agencies (CAAs) and tribes that received Community Services Block Grant funding in FY23 and own affordable housing units. Award recipients are using funds to strengthen, expand, and enhance wraparound supportive services available to affordable housing residents to increase stability, economic mobility, and well-being.</p>	<p>✓ Evidence-Based Treatment ✓ Recovery Supports</p>

	<p>These services may include mental health, alcohol, and addiction services among many others (educational opportunities for youth and adults; afterschool and/or summer programs for children and teens; early child care, Head Start, Early Head Start, or other early childhood education programs/opportunities for young children ages 0 to 5; older adult care services; services for people with disabilities; self-sufficiency resources; resources on future homeownership; financial literacy training; transportation services for residents; referrals and connections to resources to help meet concrete needs; and health care services).</p>	
<p>Training and Technical Assistance</p>		
<p>Head Start and Early Head Start Programs</p>	<p>Children and families experiencing homelessness are categorically eligible for Head Start and Early Head Start programs. Head Start programs support children's growth from birth to age 5 with services that support early learning and development, health, mental health, family well-being and family engagement. Programs provide families with services and referrals for food, housing, shelter, health, mental health, substance use, employment, and education. The Office of Head Start provides resources designed to support staff in enrolling and providing services for children and families experiencing homelessness.</p>	<ul style="list-style-type: none"> ✓ Crisis Stabilization ✓ Prevention
<p>Community Services Block Grant (CSBG) Technical Assistance</p>	<p>The Office of Community Services provides ongoing training and technical assistance to Community Services Block Grant (CSBG) grant recipients as eligible entities can cover housing-related services when identified in their Community Needs Assessments. OCS will continue to provide information to states who are contemplating or already covering such services, for example, OCS published an Information Memorandum regarding the ability to use CSBG funding for mortgage assistance.</p> <p>OCS received \$1.6 million to help eight existing medical-legal partnerships increase their capacity to serve vulnerable families by providing comprehensive legal services and wrap-around social services to families with low incomes to address the root causes of health inequities.</p>	<ul style="list-style-type: none"> ✓ Prevention
<p>Guidance</p>		
<p>Joint Letter</p>	<p>During the 2023 National Minority Mental Health Awareness Month, as part of joint efforts to raise awareness, Family and Youth Services Bureau (FYSB), the Office of Minority Health (OMH), and SAMHSA released a joint letter, Advancing Mental Health Supports for Youth of Color Experiencing Homelessness and Other Youth Populations Critically in Need of Services and Supports which shared</p>	<ul style="list-style-type: none"> ✓ Prevention

their commitment to highlighting critical resources to support the mental health of youth of color experiencing homelessness and other youth populations critically in need of services and supports.