

June 10, 2010

## **NCH Public Policy Recommendations** **Homeless Access to Recovery through Treatment Act**

### **RECOMMENDATIONS**

**Ensure homeless people with addictions and mental illness receive the necessary treatment and assistance to help them recover and end their homeless conditions.**

*U.S. Representatives* – Introduce or cosponsor the Homeless Access to Recovery through Treatment Act (HART Act, H.R. 4129 in the previous Congress).

*U.S. Senators*- Introduce or cosponsor the Homeless Access to Recovery through Treatment Act (HART Act, H.R. 4129 in the previous Congress).

### **ISSUE STATUS**

Representatives Hilda Solis (D-CA), Julia Carson (D-IN), Jim Ramstad (R-MN) introduced the Homeless Access to Recovery through Treatment Act (H.R. 4129) in late 2007. The bill's sponsors and advocates are seeking reintroduction and a broad base of co-sponsorship to establish support for inclusion of the HART Act provisions within the larger Substance Abuse and Mental Health Services Administration (SAMHSA) reauthorization measure currently under development.

### **WHY THIS MATTERS**

- Addiction and mental illness – frequently co-occurring – often lead to and prolong homelessness and tend to be exacerbated by the experience.
- Among surveyed homeless people, 39 percent have some form of mental health problem, and SAMHSA estimates that between 20 percent and 25 percent meet criteria for serious mental illness. In addition, 38 percent of surveyed homeless people have an alcohol problem, and 26 percent report problems with other drugs.
- In 2004, more than 175,300 admissions (13 percent) to substance abuse treatment facilities were homeless at the time of admission.
- A person experiencing homelessness is more than twice as likely to have had five or more previous treatment episodes as their housed counterparts.
- Untreated addictions and mental illnesses present serious barriers to employment and permanent housing, perpetuating an ever-worsening cycle of poor physical health, hospitalization, social dysfunction, incarceration, poverty, and homelessness. These are tragic outcomes for homeless persons and their families; burdens on healthcare, social service, and corrections systems; and costs to taxpayers.
- Homelessness presents serious barriers to treatment for behavioral health conditions. People experiencing homelessness are impoverished, uninsured or underinsured, and often alone. Lack of documentation, lack of transportation, and difficulty adhering to treatment regimens prevent many homeless individuals from succeeding in mainstream behavioral health care, including in the public behavioral health care safety net systems established for persons without insurance. Due to monetary constraints and limited understanding of homelessness, many mainstream behavioral health service providers are unable to offer the full range of care necessary to address the complex needs of people experiencing homelessness. People experiencing homelessness present complex challenges for which most mainstream providers are ill equipped or untrained.

- A helpful, but ultimately inadequate, work-around to these mainstream system failures has been two federal behavioral health care programs targeted to persons experiencing homelessness – Projects for Assistance in Transition from Homelessness (PATH) and Grants for the Benefit of Homeless Individuals/Treatment for Homeless Persons (GBHI/THP).

## **BACKGROUND**

The Homeless Access to Recovery through Treatment (HART) Act (H.R. 4129) seeks to strengthen and expand substance abuse and mental health services to persons experiencing homelessness. It would improve the Substance Abuse Prevention and Treatment Performance Partnership Block Grant, Community Mental Health Services Performance Partnership Block Grant, PATH and GBHI/THP programs of the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

The HART Act would improve State planning and implementation of their federally-funded behavioral health care safety net systems with regard to homelessness; establish preferences for homeless persons—the poorest Americans – in such systems; and ensure patient discharge from such systems into stable and appropriate housing. The bill would fine-tune, but not substantively alter, the already-effective targeted homeless PATH and GBHI/THP programs. The HART Act would increase homeless youth access to behavioral health services. And the bill would strengthen federal planning, reporting, and collaboration regarding behavioral health services to the homeless population.

National organizations that endorse the HART Act include: American Psychiatric Association, National Association for Children’s Behavioral Health, National Association for the Education of Homeless Children and Youth, National Center on Family Homelessness, National Coalition for the Homeless, National Health Care for the Homeless Council, National Law Center on Homelessness & Poverty, National Network for Youth, National Policy and Advocacy Council on Homelessness, Therapeutic Communities of America, and US Psychiatric Rehabilitation Association.

*For further information on the public policy recommendations of the National Coalition for the Homeless, contact the NCH public policy staff at [info@nationalhomeless.org](mailto:info@nationalhomeless.org) or 202.462.4822, or visit [www.nationalhomeless.org](http://www.nationalhomeless.org).*