

Mental Health Reform: A Key Component of Ending Homelessness

Federal Policy Update, July 2016

Mental Health Reform Overview

More than 10 percent of people who seek substance abuse or mental health treatment in our public health system are homeless.¹ And people who are in early recovery from these conditions are often at risk of homelessness. People suffering from mental illness or substance use disorders may be left without a steady source of income, stable housing, or social support as a result of their illness.

S. 2680, the *Mental Health Reform Act of 2016* would provide more comprehensive mental health services within the public health system. The bill improves coordination between federal agencies in order to better serve people with mental illness, raises authorizing limits on grants to states to provide treatment and recovery, ensures that federal funding supports the development of evidence-based practice, and increases access to care for individuals seeking mental health care.

H.R. 2646, the *Helping Families in Mental Health Crisis Act of 2016* identifies people experiencing homelessness as a priority population for mental health treatment and social supports.

Current Status

In late April, S. 2680 passed the Health, Education, Labor, and Pensions Committee, and is ready for consideration by the full Senate. In early July, H.R. 2646 passed the full House.

Recommendation

S. 2680 should be brought to a Senate floor vote as quickly as possible. This bill and H.R. 2646 should be brought to a conference committee to create comprehensive reform for the mental health system.

The final legislation should include grants that target mental health treatment to people experiencing homelessness, increase access to mental health services, and connect housing supports to treatment. Mental health reform is a key component of ending homelessness for the disproportionate number of people who experience homelessness while suffering from mental health or substance use disorders.

Specifically, these provisions that relate to homelessness from each bill should be included in the final legislation:

S. 2680, the *Mental Health Reform Act of 2016*

- Request that the United States Interagency Council on Homelessness (USICH) and partner agencies design national strategies for providing services in supportive housing to assist in ending chronic homelessness and implement programs that address chronic homelessness.
- Raise authorized spending levels for Community Mental Health Service Block Grant programs (MHBG), grants for treatment and recovery for homeless individuals, and Projects for Assistance in Transition from Homelessness (PATH) grants. The bill also requests that the funding formulas for the MHBG and PATH be reassessed. All of these grant programs can be used to fund important services for people who are experiencing homelessness or at risk for becoming homeless.
- Require programs to report on reduction of homelessness and urge development of evidence-based practices.
- Require the Department of Health and Human Services (HHS) to develop an action plan to enforce mental health parity and increase access to mental health care.

H.R. 2646, the *Helping Families in Mental Health Crisis Act of 2016*

- Authorize an interdepartmental serious mental illness committee to develop a federal plan to improve outcomes for people with SMI and to reduce homelessness and increase employment for this population. This committee is directed to include a committee member who is an expert on homeless services.
- Establish an Assertive Community Treatment (ACT) program with special consideration for grant applicants with potential to reduce homelessness.
- H.R. 2646 also continues funding for MHBG programs. This bill's language requires state plans to include descriptions for how the MHBG will serve people experiencing homelessness and provide employment and housing supports as components of mental health interventions.

¹ Substance Abuse and Mental Health Services Administration & Office of Applied Studies. (2006). Homeless admissions to substance abuse treatment: 2004. The DASIS Report, 26, 1–4.