



The Services for Ending Long Term Homelessness Act (SELHA) - HR 1471, S 709 Authorizing Summary

Why is this important?

Between 200,000 and 250,000 people experience long term or chronic homelessness. They are homeless for long periods of time or repeatedly. They have one or more disabilities, and they often cycle between homeless shelters, the streets, mental health facilities, emergency rooms, hospitals, and jails. The public cost for their care is extremely high, and their outcomes are very poor.

Permanent Supportive Housing successfully and cost effectively ends homelessness for this group. A study of supportive housing found that each unit saved taxpayers approximately \$16,000 in public costs for health care, mental health, criminal justice, shelters, and other emergency systems of care. More importantly, the people in supportive housing have better mental health, less substance abuse, fewer arrests, more employment, and less reliance on public assistance than when they were homeless.

Why is a new program needed?

Supportive Housing is effective because it combines permanent housing with needed services, including mental health and substance abuse. HUD has increased funding for supportive housing in recent years, focusing on the housing costs. However, HHS has no efficient mechanism for targeting services to supportive housing. Instead, most communities rely on dozens of funding sources, many of which are not well suited to supportive housing or to meeting the many needs of chronically homeless people. A new program is needed to provide these services in an efficient and targeted manner.

How would it work?

SELHA would authorize funding for a flexible array of services in permanent supportive housing, focused on helping people move toward recovery and self sufficiency. It would be administered by the Substance Abuse and Mental Health Services Administration within HHS. Services would include mental health, substance abuse, health education and referral, self sufficiency, and case management. It would also:

- require an aggressive match to leverage partnerships with states and local governments and links to mainstream systems;
- fund multi-year, renewable grants based on performance criteria, including the outcome of ending long-term homelessness.

The program would provide, for the first time, a mechanism for communities to deliver the services needed to end chronic homelessness in an efficient and cost effective manner. It would provide an incentive for mainstream programs to recognize and improve services for this most vulnerable of populations.

Bill Status

SELHA was introduced in both the Senate and the House (bill numbers respectively are HR 1471 and S 709) in April 2005 by Senator Mike DeWine (R-OH) and Representative Deborah Pryce (R-OH), respectively. The Senate legislation was referred to the Committee on Health, Education, Labor and Pensions. The House legislation was referred to the House Committee on Energy and Commerce and the Subcommittee on Health.

The legislation has achieved much bi-partisan support. As of September, 2006, there are 118 co-sponsors of the House legislation and 19 co-sponsors of the Senate legislation, both with about equal numbers of Republicans and Democrats.

A nationwide coalition of organizations and community leaders urges Congress to enact legislation to authorize funding for services in permanent supportive housing as part of a comprehensive strategy to end long-term or "chronic" homelessness in 10 years. For more information, contact Norm Suchar at 202.638.1526 x103 or nsuchar@naeh.org or Jonathan Harvitz at jonathan.harvitz@csb.org