A significant number of the Regional Partnership Grantees have agreed that the lack of safe accessible and affordable housing in communities is a barrier to achieving the goals and objectives of the RPG program. The purpose of this briefing document is to provide guidance and resources to RPGs as sites develop strategic approaches to address the problem in their respective communities.

RPG Grantees need to develop a strategic approach to the network of housing agencies in support of sustainability in their community. In order to do this, the following questions must be considered:

- How do RPGs approach their local housing networks?
- How do grantees identify potential partners and resources in their community? [Such as Section 8, TANF, developer write-down deals made with individual cities, and Habitat-type programs.]\(^1\)

**Framing and Understanding the Problem:**

Housing is a treatment issue, an aftercare issue, a family income issue, and a sustainability issue.

- As a treatment issue, housing affects where both in-patient residential and outpatient programs are provided, as well as how long clients can stay in supportive housing arrangements
- As an aftercare issue, housing makes up a critical component of family stability, reducing the stress of readjustment if it is available, increasing it if it is not available
- As a family income issue, housing affects the likelihood of sustained recovery because affordable housing can help a family adjust to a new balance between the costs and benefits of work, support programs and regular meetings, child care, and transportation
- Serious aftercare takes into account employment, income support and entitlements, health, education, child care—and housing costs. But it does not separate housing from the rest of these issues of family income support, especially for lower-income parents in recovery whose economic distress is part of the pressure of them that affects relapse.
- As a sustainability issue, housing affects the total costs of treatment, recovery and aftercare, in that saving program costs by reducing the investment in housing may ultimately increase costs by losing clients due to housing-related stress and relapse

Housing is also a child welfare issue in many ways, in causing some of the symptoms of neglect, as a requirement for reunification, and as an indicator of family stability over time.

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\(^1\) The mix of these resources differs from site to site and each site needs to know who the local players are and how to access the whole system through whatever coordinating agency or planning body may exist.
For all these reasons, addressing clients’ needs for housing must be a part of planning for RPGs’ current operations and future funding.

**Recommended Steps in Developing a Sustainable Approach to Housing:**

Sustainability arises as a challenge when a partnership has developed a collaborative approach to achieving better outcomes for clients who need help from more than one agency. RPGs have collectively agreed that the lack of accessible and affordable housing in communities is a barrier to achieving the goals and objectives of the RPG program. Local collaborations are encouraged to examine the housing issue through thoughtful analysis on the context of the problem and resources within their community in order to develop a strategic approach. Analysis of the following elements will assist programs in framing the issue, as well as identify potential partners and resources to address the need:

1. Define the problem

2. Who needs housing? [demographics and eligibility—e.g. do clients typically have 2 years of TANF eligibility?]

3. When do clients need housing? [aftercare, chronic care management, as a preventive measure when neglect charges are made?]

4. Who can help us: Conduct an inventory of key providers and intermediaries, advocates for affordable housing
   a. What is the appropriate role of CW and treatment agencies in seeking housing for their clients?
      i. Securing housing resources and developing new housing, as single agencies and/or in coalitions.
      ii. Advocating for fair-share allocations of housing resources for their clients
         Child welfare agencies should not and cannot do the job of both housing and child welfare; the onus of providing safe, affordable housing to families must be returned to housing agencies.²

5. Estimate the costs and cost savings of stable housing
   a. Providing for the three elements (below) of housing costs for families in recovery
      i. Capital costs for construction or rehabilitation
      ii. Operating subsidies
      iii. Funding for staffing and support services
   b. What alternatives can affect affordability?
      i. How can physical construction approaches be combined with family income strategies to address affordability?
      ii. What group housing options can affect affordability?
      iii. What entitlements can help with affordability?
      iv. What new federal stimulus funding might help?

v. Are foreclosed properties a potential resource in the current economy?

vi. How transitional is transitional housing—what is the duration of subsidies?

6. Plan for the special needs of children that need to be built into housing—child care space, safety features, recreational space

<table>
<thead>
<tr>
<th>Self-assessment tool³</th>
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<td>Check those that apply</td>
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Partnerships and Capacity

☐ We are not sure how important housing is for our clients but are seeking new information on its significance to them.

☐ Housing is an important issue for our clients but we basically refer clients to other agencies who work on housing issues

☐ Housing is an important issue for our clients and affects their recovery and family stability so much that we feel we need to develop more internal expertise to deal with this issue

☐ Housing is an important issue for our clients and we are in the process of developing new collaborative efforts with agencies in the housing field

☐ We already have internal expertise and links to other agencies and are able to provide housing supports for our clients

Needs and Information from our agency.

☐ We have assessed our clients after discharge to determine how many are affected by housing shortages and instability.

☐ We have not done such an assessment but have access to good data from other agencies on our clients’ housing needs

Some suggested questions:

1. Have we assessed our clients’ needs for housing as an aftercare service, based on surveys during and after they leave treatment? Do we know what percentage of those clients that left our program with positive outcomes have decent housing arrangements at present? Do we have information on how poor housing affects our clients’ recovery?

2. Does our aftercare preparation program include a housing element?

3. Do we assess our clients’ earning power as part of aftercare, including their ability to afford local market-rate housing? Does our aftercare include a family income support element in which we review eligibility for support from the full array of available programs?

³ This is a draft of a tool that is being developed to help sites identify their current capacity to work on housing issues on behalf of their clients.
4. Do we have a current inventory of local programs that might help our clients? Could we get one from a local agency that works in the housing field? [Distinguish resource directory vs. funding sources—may have list of referral phone numbers but knowing when Section 8 opens up or how developers use tax credits is different]

5. Have we made efforts to have local programs set aside slots in transitional housing or other housing programs for our clients and their children?

6. Do we monitor allocations to our clients or categories of support that our clients might fit into?

7. Do we know deadlines for applying for housing resources for our clients?

8. Do we have staff to devote more time to housing issues? Would they require training and do we know where we could get it?

9. Have we found an agency that we can trust to represent our clients’ interests in local housing decision-making?

10. Do we have contacts in the local business community who could help with our clients’ housing needs?

Nationally, 573,000 women were admitted to treatment in 2006. 60% of them have children, on average about 2 children each. If housing 1/3 of them after treatment were the goal—the housing gap would be about 115,000 units—which is less than .001% of all housing units (130 million total units; 26% [34 million] in multi-unit dwellings) The total housing gap for homeless persons is estimated at approximately ; 5.4 million families are in a housing affordability crisis, meaning they pay more than half their income for housing. Homeless families with children represent 41% of the total homelessness problem.4

From the child welfare side of the ledger, it is estimated that 30% of foster care children could be removed from out of home care if their families had adequate housing. This would affect as many as 55,000 families nationally. The cost savings of this reduction in total housing costs could be substantial, since permanent housing is as much as 70% less than the cost of foster care.5

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4 US Conference of Mayors, 2002
5 Harburger and White. Child Welfare, p.500-502. This estimate does not take into account the additional social services and treatment required to support these families, which may reduce the total figure.
Resources Aimed at Housing Issues

National Organizations

Corporation for Supportive Housing
The Corporation for Supportive Housing is a national nonprofit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing.


Available Resources:

The website provides free guides to successful advocacy as well as a Supportive Housing Financing Guide. The Financing guide was created especially for housing developers, service providers, and supportive housing advocates, the information provided in this Guide focuses on federal funding streams.

CSH publishes reports, studies, and manuals aimed at helping nonprofits and government develop new and better ways to meet the health, housing and employment needs of those at the fringes of society. These publications are available for download or to order.

There are several toolkits available around Systems of Change; Developing and Operating Supportive Housing; Connecting Supportive Housing Tenants to Employment; and Ending Long-Term Homelessness.

Enterprise Community Partners
Enterprise helps build affordable housing for low-income Americans by providing financing and expertise to community and housing developers. Enterprise Community Partners is a national nonprofit that provides loans, grants and information resources.


Available Resources:

Enterprise has taken on a number of projects around improving conditions for low-income families and partnering with local non-profits to provide affordable housing. On their Programs page, you can find a list of their strategic priorities and information on financial support.

Financial Products – Enterprise offers a variety of financial products to assist with pre-development through construction.

Information Resources include a database that offers model documents and information on a variety of topics; software; newsletters and other periodic reports on trends and initiatives in community development for both industry professionals and the general audience; publications catalog; and, tutorials on starting up a new program in fundraising, housing, resident services or workforce development.
Department of Housing and Urban Development
HUD's mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination. To fulfill this mission, HUD will embrace high standards of ethics, management and accountability and forge new partnerships--particularly with faith-based and community organizations--that leverage resources and improve HUD’s ability to be effective on the community level.

http://www.hud.gov/

Available Resources:

HUD offers a variety of resources on housing and housing-related issues through an extensive online library with topics including research, public housing, homeless, fair housing, funding, and more.

Grant applications and funding announcements are available online on the Grants Page. Further information on ordering by telephone is also available there.

Housing information for families and individuals is available on Homebuying and Rental Assistance. There is also information on resources for senior citizens and people with disabilities.

Official HUD forms used in all programs and other commonly used forms are available online to print and download. Printed forms can be ordered online through the Direct Distribution System or by telephone at 1 (800) 767-7468.

HUD Handbooks, Notices and other documents are available to print or view at HUDCLIPS. For the FHA Home Mortgage programs, links to the most commonly used Handbooks and Mortgagee Letters are included in the FHA Mortgagor Starter Kit. Printed handbooks can be ordered online through the Direct Distribution System or by telephone at 1 (800) 767-7468.

Homelessness Resource Center (SAMHSA)
This resource center is an interactive community of providers, consumers, policymakers, researchers, and public agencies at federal, state, and local levels. We share state-of-the art knowledge and promising practices to prevent and end homelessness through:

- Training and technical assistance
- Publications and materials
- On-line learning opportunities
- Networking and collaboration

http://homelessness.samhsa.gov/

Homelessness Resource Exchange
The Homelessness Resource Exchange is a one-stop shop for information and resources for providers who are assisting persons who are homeless or at risk of becoming homeless. Program guidance and regulations, technical assistance (TA) and training resources, research and publications, and more are available for use by Federal agencies, state and local government agencies, Continuum of Care
organizations, homeless service providers, TA providers, persons experiencing homelessness, and other stakeholders.

http://www.hudre.info/index.cfm

Available Resources:

The resources on the right-hand side of the HRE homepage allow users to browse the resources available by topic area, audience, and type.

- **Resources by Topic:** Find resources categorized by homeless assistance topic areas, such as Continuum of Care (CoC) Planning and Administration, Homeless Prevention, and Accessing Mainstream Services and Supports.
- **Resources by Audience:** Find resources specific to your role (e.g., CoC Administrator or Case Manager).
- **Resources by Type:** Browse resources by type - Training and Technical Assistance materials or Research and Reports.

Quick Links - The HRE provides direct links to important program guidance and resources on the main HUD website, including information on HUD’s housing and homeless programs, links to other federal agencies’ homeless assistance programs, a direct link to HUD’s HMIS.Info website; CoC grant application materials, Frequently Asked Questions, e*SNAPs, a calendar of homelessness training events, and a feature to locate technical assistance organizations near you.

National Alliance to End Homelessness
National Alliance to End Homelessness is a leading voice on the issue of homelessness. The Alliance analyzes policy and develops pragmatic, cost-effective policy solutions. They work collaboratively with the public, private, and nonprofit sectors to build state and local capacity, leading to stronger programs and policies that help communities achieve their goal of ending homelessness. In addition, they provide data and research to policymakers and elected officials in order to inform policy debates and educate the public and opinion leaders nationwide.

http://www.endhomelessness.org/

Available Resources:

The Alliance offers a number of resources that provide information on federal policies that affect different homeless populations.

To help policymakers, advocates, and practitioners stay up to date on legislation, legislative updates on a number of key pieces of legislation and their policy priorities are made available. Their policy focus areas include families; Chronic Homelessness; Youth; Rural Homelessness; Veterans; Reentry; Domestic Violence; and, Mental Health and Physical Health.

In addition to providing congressional testimony, they have also developed a resource specifically for congressional staff, as well as an advocacy page for information on taking action to end homelessness.
The Ten Essentials Toolkit provides communities with the resources they need to develop plans to end homelessness. These essentials are innovative strategies being used in communities across the country. The toolkit is available for free to download.

The Center for Capacity Building provides training, technical assistance, and strategic planning to help build community assets by enhancing and expanding their core strengths in leadership, planning, program development, and performance measurement.

Local Community Plans are available for downloading on the website under their “Tools & Training” link. Hundreds of communities across the nation have committed to ending homelessness by dramatically transforming their homeless assistance systems. Each community commitment starts with a plan that outlines a framework to guide community-wide efforts to end homelessness.

The Alliance hosts national conferences, a monthly audio conference series, and provides links to numerous government and nonprofit agencies that assist in the effort to prevent and end homelessness.

**National Center for Housing and Child Welfare**
The National Center for Housing and Child Welfare bridges the gap between affordable housing and child welfare in order to improve the lives of America's most economically disadvantaged youth and families. NCHCW is dedicated to matching permanent housing resources with child welfare and community-based supportive services in order to ensure that no child lingers needlessly in foster care as a consequence of their family's inability to provide safe, decent, affordable housing. NCHCW is equally committed to ensuring that each young person who faces adulthood without the support of a permanent family has a solid plan for stable housing and services to support their successful transition to adulthood.


**Available Resources:**

“Out of Reach” – A link is available to this report published annually by the National Low Income Housing Coalition. The report documents the “growing mismatch between prevailing wages and decent rental housing” and provides information on housing costs across states.

Presentations are available to download on developing resources to address housing for families involved in the child welfare system and for youth aging out of foster care.

[Solutions for Families](#)

[Solutions for Youth](#)

Training is available for frontline workers from the housing system and the child welfare system using the Child Welfare League of America’s Keeping Families Together and Safe cross-training curriculum. Both the instructors’ manual and the participants’ manual are available to download.
Comprehensive information on the Family Unification Program (FUP) is available on the website, including an Overview PowerPoint; a template for a Memorandum of Understanding; a Frequently Asked Questions page; and a list of FUP sites.

NCHCW staff is following several pieces of legislation that have the potential to improve conditions and resources available to support housing-child welfare partnerships. Information is available on these legislative issues on how they work and what can be done to support them.

A suggested reading list of research reports that include empirical data related to the intersection of affordable housing issues and the child welfare system is available for download.

**National Coalition for the Homeless (NCH)**
The National Coalition for the Homeless (NCH) engages in public education, policy advocacy, and grassroots organizing. They focus their work in the following 4 areas: housing justice, economic justice, health care justice, and civil rights.


**Available Resources:**

- **Directory of National Homeless and Housing Organizations**
  Lists organizations working on homeless and housing issues on a national level.

- **Directory of Local Homeless Service Organizations**
  Lists online local homeless service organizations.

- **Directory of State Contacts for the Education of Homeless Children and Youth**
  Lists each state's coordinator for the Education of Homeless Children and Youth.

**National Low Income Housing Coalition (NLIHC)**
The National Low Income Housing Coalition is dedicated “to achieving socially just public policy that assures people with the lowest incomes in the United States have affordable and decent homes.” The website provides information about housing affordability in your community and nationally, resources on issues and initiatives around affordable housing, and advocacy information.

[http://www.nlihc.org/template/index.cfm](http://www.nlihc.org/template/index.cfm)

**Federal Funding Sources for Housing Support Services**
*For Individuals/Families affected by Substance Use Disorders*

**TANF Program**
The TANF program gives States broad flexibility to make program and funding decisions that they believe will best support the goals of the program and their individual circumstances. They may use Federal funds for a wide array of services and benefits that were previously allowable only through specific, categorical programs. States should view their Federal TANF grant as a source of funds that they may use creatively to support work and the efforts of low-income working families, promote marriage, and reduce and prevent out-of-wedlock childbearing. In support of these goals, they may use their funds
to fill gaps in the service delivery system, integrate program services, and supplement or enhance the services available through other programs.  

**Medicaid**

Medicaid is an open-ended entitlement for States financed by State and Federal funds. States must provide matching funds to receive Federal funds. The level of State-matching funding varies and is based on a number of factors. In some States, counties contribute to a portion of a State’s cost. The Federal match may range from 50 percent to 83 percent; it varies from State to State and from year to year.

Many of the health, case management, and supportive services provided to supportive housing tenants appear to qualify for Medicaid reimbursement. To access Medicaid funding for supportive housing services, a supportive housing project must house Medicaid-eligible tenants, provide services that are Medicaid-fundable, and include a qualified service provider. Medicaid reimbursement requires that the client, the service, and the provider are all qualified as Medicaid-eligible, with the provider having sufficient administrative capacity to meet state and Federal billing and record-keeping requirements.

**Workforce Investment Act Adult Program (WIA)**

WIA authorizes the provision of three levels of service: core, intensive, and training. Services covered include job search and placement assistance, development of individual employment plans, counseling and career planning, and occupational and basic job skills training. WIA funds can be used for supportive services for those participating in core, intensive, or training services and who are unable to obtain supportive services from other available programs. Supportive services may include, but are not limited to, transportation, child care, and housing assistance. How WIA funds are used and what portion goes to supportive services is left to State and local discretion.

**Child Welfare Services IV-B, Subpart 1**

Child Welfare Services funding is available for programs to prevent the abuse, neglect, and exploitation of children, and the removal of children from their homes; to develop alternative placements if children must be removed; and to reunify children with their families, when possible. In addition, these funds can be used to provide training to ensure a well-qualified child welfare workforce. The Child Welfare Services program is a formula grant with a 25-percent State match required to draw down Federal funds. Each State receives a base amount of $70,000 plus an additional allocation based on the State’s number of children younger than 21 and its per capita income. Funding for this program is discretionary and capped at $325 million.

States typically use these funds for the cost of personnel to provide protective services to children, licensing and standard-setting for foster and adoptive parents and private child care agencies and institutions, homemaker services, return of runaway children, and prevention and reunification services. States may also use the funds for training to ensure a well-qualified child welfare workforce. However, States may use funds to provide a parent with substance abuse treatment that is needed to resolve child welfare problems or for related support services, such as case management, child care, transportation, housing assistance, mental health services, screening and assessment, aftercare or recovery community support services, trauma and violence services, parenting and child development education, job training, and education.

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Promoting Safe and Stable Families IV-B, Subpart 2 (PSSF)

PSSF is a capped State entitlement program with a 25-percent State match requirement. Allotments are based on the number of children receiving food stamps in each State. Federal funding is capped at $305 million for mandatory funds, which are provided automatically without an annual appropriation, and up to $200 million for discretionary funds, which Congress must approve each year. The Child and Family Services Improvement Act of 2006, signed into law on September 28, 2006, reauthorized the PSSF program from 2007 to 2011. The new legislation included an additional $40 million annually in mandatory funds, some of which are designated for a competitive grant program to increase the well-being of and improve permanency outcomes for children affected by methamphetamine or other substance abuse, and some of which are provided as a formula grant to State child welfare agencies to support monthly caseworker visits.

At least 20 percent of PSSF funds must be spent on each of the following four service categories: family preservation, family support services, time-limited family reunification services, and adoption promotion and support services. States may spend less than 20 percent on each of the four categories if they have a strong rationale to justify the exception. Funds are used for services to the family as a whole but must meet both individual and family needs.

Community Mental Health Services Block Grant

The Community Mental Health Services (CMHS) Block Grant was established in 1981 and is the primary Federal funding source for improving mental health service systems nationwide. This block grant provides assistance to States to establish or expand an organized community-based system of care that provides mental health services to adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). This formula grant program includes a State MOE requirement, but no State match. Allotments to States are based on State population data by age group, total taxable resources, and a cost of services index factor. No State receives less than 20.6 percent of its FY 1992 allotment under the Alcohol, Drug Abuse and Mental Health Block Grant.

States have a fair degree of flexibility in how they use the funds to meet the program objectives and may provide a full range of community-based mental health and support services. Services for adults may include: Substance abuse treatment (for integrated treatment for individuals with co-occurring disorders); Health, mental health, and rehabilitation services; Employment and educational services; Housing services; Medical and dental services; Case management (the program specifies that this be provided to individuals with the most serious mental disorders); Family support and family reunification services; Child abuse and neglect prevention; Domestic violence services; Other supportive services (e.g., child care, transportation, food); Services provided by local school systems under IDEA; and, other activities leading to reduction of hospitalization.

Social Services Block Grant (SSBG)

SSBG funds States, Territories, and insular areas for the provision of social services directed toward achieving economic self-support or self sufficiency; preventing or remedying neglect, abuse, or the exploitation of children and adults; preventing or reducing inappropriate institutionalization; and securing referral for institutional care, where appropriate.

States have substantial discretion and flexibility in how funds are distributed to provide services that meet one of the following five program goals outlined in the law: (1) to prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of
children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate.

Chafee Foster Care Independence Program
The John H. Chafee Foster Care Independence Program assists current and former foster care youth in achieving self-sufficiency and successfully transitioning to adulthood. The program is for foster youth who are likely to remain in foster care until age 18 and those between ages 18 and 21 who have aged out of the foster care system. This is a capped entitlement ($140 million annually) formula grant program that requires a 20-percent State cash or in-kind match; the match can come from third-party, in-kind contributions. A State’s allocation is based on its relative number of children in foster care. Data submitted by States into the Adoption and Foster Care Analysis and Reporting System’s national database are used to calculate State allotments. Allotments may vary yearly as caseloads change. Each State receives $500,000 or at least the amount it received in FY 1998, whichever is greater. Congress appropriates these funds annually. An additional $60 million in discretionary funds is authorized for payments to States for education and training vouchers for youth who age out of foster care to assist them in developing skills necessary to lead independent and productive lives (this is known as the Chafee Educational and Training Voucher Program).

States have a great deal of flexibility in how they use Chafee funds but must use a portion of their funds for assistance and services to older youth who have left foster care but have not yet reached age 21. Funds may be used to provide activities and programs that include substance abuse prevention; education, vocational training, and related services; help in preparing for and obtaining employment; independent life skills training; financial management and budgeting training; housing and related general community support services; personal and emotional support through mentors and the promotion of connections to caring, dedicated adults; counseling and related support services; and preventive health services (e.g., tobacco prevention, nutrition education, pregnancy prevention).

Family Violence Prevention Services (immediate shelter)
This grant program helps States and Indian Tribes prevent incidents of family violence and provide immediate shelter and related assistance to victims of family violence and their dependents. The reauthorization of this formula grant program in 2000 established a base amount of $600,000 for each State. Any remaining funds are allotted based on each State’s population. At least 10 percent of funds are allocated to Indian Tribes, tribal organizations, and nonprofit private organizations approved by an Indian Tribe. Existing programs are required to provide a minimum 20-percent cash or in-kind local match; for new programs, the match is 35 percent.

States must allocate at least 70 percent of funding to entities to provide immediate shelter for victims of family violence and related assistance and at least 25 percent for other family violence and prevention-related services. States have substantial discretion in how they use the latter; services may include, but are not limited to: Community prevention and outreach; Preventive health services within domestic violence programs (including nutrition, disease prevention, exercise, and substance abuse prevention); Referrals to appropriate health care services, including substance abuse treatment, and other community services; Employment training and educational services; Parenting training and education; Individual, family, or group counseling; Children’s counseling, support services, and specialized programs; Crisis intervention; Transportation and technical assistance in obtaining other Federal and State assistance; Legal advocacy and assistance; Child care services; Linkage to child protection services; and, Trauma-informed and trauma-specific services.
Housing Opportunities for Persons with AIDS

The Housing Opportunities for Persons with AIDS (HOPWA) program helps States and localities develop long-term comprehensive strategies to address the housing needs of persons with low incomes and HIV/AIDS and their families. This assistance enables individuals living with HIV/AIDS and their 85 families to establish or maintain stable housing, reduce their risks of homelessness, and improve their access to health care and other related support. The HOPWA grant program includes both formula (90 percent of appropriated funds) and competitive project grants (10 percent). The formula grants are allocated to States and cities qualifying as eligible metropolitan statistical areas (population of more than 500,000 and at least 1,500 cumulative AIDS cases). The metropolitan areas allocation is based on its proportionate share of the incidence of AIDS cases.

HOPWA funds have helped many communities establish strategic AIDS housing plans, better coordinate local and private efforts, engage in program planning and development activities, fill gaps in local systems of care, and create new housing resources. Funds may be used for a variety of permanent housing information and placement services:

- Counseling, information and referral, and resource identification
- Purchase, lease, construction, rehabilitation, and conversion of housing
- Rental or mortgage payment assistance
- Operating costs for housing (e.g., utilities, insurance, furnishings, security)
- Technical assistance, training, and oversight in establishing and operating a community residence

Appropriate support services must be provided as part of any HOPWA-assisted housing and are seen as an essential component of overall client assistance. Funds may be used for a range of support services including, but not limited to: Drug and alcohol abuse treatment and counseling; Health services (restrictions apply); Mental health services; Outreach; Needs assessments; Case management/care coordination; Child care; Personal assistance; Education; Employment; assistance and training; Legal services; Life skills management; Nutritional services; Intensive care when required; Assistance in obtaining local, State, and Federal government benefits and services; and, Transportation.

HIV Care Formula Grants

This grant program helps States improve the quality, availability, and organization of health care and support services for individuals and families with HIV disease. All Title II HIV Care grants are determined by formula. Each State’s allocation is based on its estimated number of living AIDS cases. Under the new 2006 law, grantees must spend at least 75 percent of funds to provide core medical services, which include: Outpatient and ambulatory health services; Pharmaceutical assistance; Substance abuse outpatient care; Mental health services; Oral health; Medical nutritional therapy; Health insurance premium assistance; Home health care; Hospice services; Home- and community-based health services; HIV/AIDS early intervention services; and, Medical case management, including treatment adherence services.

Remaining funds may be spent on support services that are needed for individuals with HIV/AIDS to achieve their medical outcomes, such as: Outreach; Medical transportation; Legal services; Housing services; Linguistic services (e.g., interpretation and translation); Case management (non-medical); Child care and respite care; Health education/risk reduction; Child welfare and family services (including foster care and adoption services); Psychosocial support services; and, Referrals for health care and other support services.
States must use a percentage of the grant to provide health and support services to infants, children, and women with HIV disease, including treatment measures to prevent the perinatal transmission of HIV. The reauthorization also provides for supplemental grants to States for the universal testing of newborns for HIV/AIDS. It also supports the provision of family-centered care for women and children with HIV/AIDS, including the provision of support services such as referrals for inpatient hospital services, treatment for substance abuse, mental health services, and other social services.

**Project for Assistance in Transition from Homelessness**

The Project for Assistance in Transition from Homelessness (PATH) helps States provide community-based support to individuals with SMI or a co-occurring SMI and substance use disorder and who are homeless or at imminent risk of becoming homeless. This formula grant program provides allotments based on a State’s urban population compared with the total U.S. urban population. States with larger populations receive more funding; however, each State receives a minimum allotment of $300,000. There is a required one-third cash or in-kind State match (i.e., State or local agencies must put up $1 for every $3 of Federal funds they receive).

Funds may be used for a variety of services and activities including: Substance abuse treatment (for those with co-occurring disorders); Outreach; Screening and diagnostic treatment services; Habilitation and rehabilitation services; Community mental health services; Case management services; Assistance in obtaining income support and other services; Referrals for primary health services, job training, and educational services; A limited set of housing services; Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are homeless require services; and, Supportive and supervisory services in residential settings.

**Residential Substance Abuse Treatment for State Prisoners**

The Residential Substance Abuse Treatment (RSAT) for State Prisoners program provides assistance in developing and implementing residential substance abuse programs for incarcerated inmates in State and local correctional facilities; assists offenders and communities with the reentry and reintegration process; and creates and maintains community-based treatment and other aftercare services for offenders. Under this formula grant program, each participating State is allocated a base award of 0.4 percent of the total available RSAT funds. The remaining funds are allocated to States based on their prison population relative to the total prison population nationwide. The program requires a 25-percent cash State match.

Funds may be used to implement three types of treatment programs: residential, jail based, and aftercare. At least 10 percent of a State’s allocation must go to local correctional and detention facilities (provided such facilities exist) for either residential or jail-based substance abuse treatment programs. Residential and jail-based treatment programs must be set apart from the general correctional population; focus on the substance use problems of the inmate; and develop the inmate’s cognitive, behavioral, social, vocational, and other skills to solve his or her substance abuse and related problems. Residential programs must last between 6 and 12 months, whereas jail-based programs must be a minimum of 3 months and based on effective, scientific practices. Aftercare services must involve coordination between the correctional treatment program and other social service and rehabilitation programs, such as education and job training, probation and parole, halfway houses, self-help, and peer group programs. To use funds for aftercare, States must certify that they provide an adequate level of residential treatment services. To qualify as an aftercare program, the head of the substance abuse treatment program must work with State and local authorities and other substance abuse treatment
organizations to place program participants into community substance abuse treatment facilities on their release.

**Substance Abuse Prevention and Treatment Block Grant (SAPT)**
The SAPT Block Grant funds states, tribes and territories to support substance abuse prevention and treatment programs for people at risk of or abusing drugs and alcohol. (20% of funds allocated to states must be spent on substance abuse primary prevention services.) While the program enables states and localities to provide substance abuse prevention and treatment services through a variety of means, both statute and regulations place special emphasis on provision of treatment and primary prevention services to injecting drug users, and to women who use substances and are pregnant or with dependent children. States have considerable flexibility in how they use these funds, however, inpatient hospital substance abuse programs, cash payments to recipients, capital development, and needle-exchange and provision programs are precluded. The block grant accounts for approximately 40% of public funds expended by states and territories on substance prevention activities and treatment services. States and territories annually submit a report and plan describing how they expended block grant funds from the previous year and how they intend to obligate the funds in the coming year. States generally allocate the majority of their funds to local political subdivisions, e.g., county mental health departments, through a formula grant.  

**Miscellaneous Resources & Literature**

Habitat for Humanity: Affordable Housing Statistics
http://www.habitat.org/how/stats.aspx

The Housing and Economic Recovery Act of 2008 was adopted by Congress on July 26 and signed by President Bush on July 30. This resource provides a summary of the substantive changes to housing bond law.


**ABSTRACT.** Understanding the history of the affordable housing cooperatives in the United States helps us understand the general history of American affordable housing policy. This paper contains a decade-by-decade summary of the history of affordable cooperatives. The affordable cooperative movement has evolved from ethnic and union groups which developed self-help cooperatives in the 1920s, through the federal funding of low-income cooperatives in the 1960s and 70s, to local nonprofit organizations using ad hoc packages of funds to organize cooperatives during the 1980s and 90s. As this history unfolds, it provides answers to contemporary policy questions affecting both cooperatives and affordable housing in general.

County of Santa Cruz, Planning Department: 2008 Continuum of Care Project Summary
This site provides a listing of all affordable housing projects in Santa Cruz as of 2008.