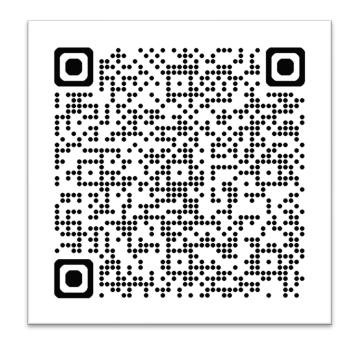


### **County Role in Housing & Behavioral Health**

- \$17.7 billion annually in housing and community development
- Create positive housing outcomes through housing support services, strategic planning and zoning, financial incentives for affordable housing development, and continuum-of-care networks
- Counties rely on key federal funding to administer housing programs and services, particularly to vulnerable individuals
- \$130 billion in community health systems
- Deliver community-based behavioral health services for mental illness and substance use through 750+ local authorities and providers

### **Restoring Civil Commitment**

- Overturning legal barriers
  - Attorney General directed to challenge past court rulings that limit government's ability to use civil commitment
- Supporting Expansion of Civil Commitment
  - DOJ and HHS with support states in expanding civil commitment:
    - Provide guidance and grants
    - Support institutional treatment
    - Encourage broad definitions of civil commitment laws



Scan the QR code for NACo's overview of the Executive Order

### Fighting Vagrancy on America's Streets

- HHS, HUD, DOJ and Transportation are directed to favor state and local governments that have certain entities which are strictly enforcing certain rules about homelessness and public safety:
  - Ban open drug use in public
  - Ban camping or sleeping in public spaces
  - Ban squatting
  - Adopt or enforce rules to hospitalize or commit individuals with serious mental illness or substance use issues (includes expansion of involuntary treatment)
- DOJ Attorney General has additional responsibilities to:
  - Provide additional law enforcement money to states and localities to help clear encampments
  - Ensure individuals with serious mental illness in jails/prisons aren't released
  - Stricter rules for prisons individuals must have and follow a reentry housing plan

#### Redirecting Federal Resources Toward Effective Methods of Addressing Homelessness

#### Shifts away from Housing First to treatment

- HUD and HHS are directed to stop prioritizing Housing First programs, but rather:
  - Emphasize treatment, recovery and self-sufficiency
  - End priority for Housing First programs and favor treatment and public safety programs
  - Hold grantees (i.e. counties) to higher performance standards

#### Mandatory treatment

 HUD is directed to require individuals receiving federal housing who have a mental illness or substance use disorder to use treatment services in order to receive assistance

#### Harm reduction programs

• Directs the HHS Secretary to ensure that discretionary grants from SAMHSA are not used to fund specific harm reduction or safe consumption initiatives related to the prevention, treatment, or recovery of substance use disorders

#### Health data collection and sharing

- HUD, DOJ and HHS can require programs that receive federal homelessness funds to:
  - Collect health-related information
  - Share data with law enforcement
  - Use the data to provide medical care

#### Further Guidance from SAMSHA on Harm Reduction Grant Restrictions

- **Key Clarification:** Restrictions will apply to **new grant awards**, and state agencies and grantees will receive guidance in the award terms on **what can and cannot be funded**.
- Supported Supplies & Services:
  - Overdose Prevention: naloxone, nalmefene (OORMs), test kits, medication lock boxes, overdose education, distribution mechanisms
  - Infectious Disease Prevention: wound care, home HIV/HBV/HCV test kits, sharps disposal, HIV/hepatitis education, navigation to treatment, PrEP/PEP referrals, STI risk-reduction (condoms)
  - Other: nicotine cessation, limited food/snacks during service

#### Not supported:

- Pipes, syringes, or other injection/smoking paraphernalia
- Sterile water, saline, vitamin C for drug use
- Any supplies that facilitate drug use not listed above



Scan the QR code for NACo's overview of county priorities for IMD Reform

### IMD Reform: Supporting the Executive Order & County Mental Health Goals

- **Divert from Jail to Care:** Counties prioritize treatment over incarceration for individuals with serious mental illness; expanding inpatient capacity is essential to make the Executive Order's vision work.
- IMD Reform Enables Local Capacity: Current rules block Medicaid reimbursement for essential inpatient beds, leaving many untreated.
- Legislative Opportunities: Bills like the Michelle Alyssa Go Act (Not yet reintroduced) and Increasing Behavioral Health Treatment Act (H.R. 4022) offer scalable ways to expand inpatient and outpatient services.

#### **Current Housing First programs:**

- HUD-VASH (HUD-Veterans Affairs Supportive Housing):
  Participants are placed into permanent housing quickly—
  without preconditions like sobriety or treatment requirements—
  and receive comprehensive wraparound services
- Continuum of Care (CoC) Program: Permanent supportive housing (PSH) and rapid rehousing
- **Permanent Supportive Housing (PSH):** Rapid housing entry, voluntary support services, tenant protections, and low-barrier admission.
- Rapid Re-Housing (RRH): Offers rapid placement into housing with support services, typically for those with lower service needs, following Housing First's model

Housing First programs could see significant changes – requiring treatment participation as a condition for keeping housing and funding impacts

