

Interagency Council On the Homeless FY 1996 Program Funding and Application Schedule

as of April 18, 1996

Program Title (Agency)	FY 1996 Funding Level ** (\$ in millions)	FY 1996 Notice of Fund Availability	Application Deadline	Eligible Applicants	For Additional Information Call
HEALTH					
Health Care for the Homeless (HHS)***	\$65.4	April/May 1996**	August 1996	Private nonprofit and public entities.	(301) 594-4430
MENTAL HEALTH/SUBSTANCE ABUSE					
PATH (formerly Mental Health Services for Homeless Grants) (HHS)*	T.B.D. 20M (from 29)	T.B.D.	T.B.D.	States, D.C., and territories.	(301) 443-3706
Substance Abuse/Mental Illness Demo (ACCESS) (HHS)	T.B.D.	N.A.**	N.A.**	Public or private nonprofit entities, including universities, units of state or local govern- ment, and other public or private nonprofit organizations.	(301) 443-3706
EMERGENCY SERVICES AND SHELTER					
Emergency Food and Shelter Program (FEMA)*	\$100.0 (est.) (from 130)	January 1996 (partial allocation)	Selected jurisdictions have 25 days after receipt of notices to respond to the National Board.	Jurisdictions are selected for funding based on criteria established by the National Board. (Indian tribes and nonprofit organizations are eligible subgrantees.)	(703) 706-9660 or (202) 648-3107
Emergency Shelter Grants (HUD)* (Indian ESG Set Aside)	T.B.D. **** (\$1.15)	February 1996 (partial allocation) (March 5, 1996)	Varies (April 26, 1996)	States, certain metropolitan cities, counties, and territories. (Indian tribes have a separate, competitive application process. Call (202) 755-0102 for information.)	HUD Field Office (CPD) or (202) 708- 4300
COMPREHENSIVE ASSISTANCE					
Shelter Plus Care (HUD)	T.B.D. ****	March 15, 1996	June 12, 1996	States, units of general local government, Indian tribes, and PHAs.	1-800-998-9999
Section 8 Assistance for SRO Housing (HUD)	T.B.D. ****	March 15, 1996	June 12, 1996	Private nonprofit organizations and PHAs.	1-800-998-9999
Supportive Housing Program (HUD)	T.B.D. ****	March 15, 1996	June 12, 1996	States, units of general local government, Indian tribes, PHAs, private nonprofit organizations, and community mental health corporations that are public nonprofit corpora- tions.	1-800-998-9999
Homeless Providers Grant and Per Diem Program (VA)	\$6.0	March 14, 1996	April 29, 1996	States, units of general local government, Indian tribes, PHAs, and private nonprofit organizations.	(202) 565-7235
Runaway and Homeless Youth Program (Basic Centers) (HHS)	\$8.0	April 15, 1996	June 1, 1996	States, units of general local government, Indian tribes, PHAs, and private nonprofit organizations.	1-800-351-2293

**Interagency Council on the Homeless
FY 1996 Program Funding and Application Schedule (Continued)**

as of April 18, 1996

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COMPREHENSIVE ASSISTANCE (CONTINUED)					
Transitional Living Program for Homeless Youth (HHS)	\$6.3	April 15, 1996	June 14, 1996	States, units of general local government, Indian tribes, PHAs, private nonprofit organizations	1-800-351-2293
Family Support Centers (HHS)	T.B.D.	Program slated to be included in larger block grant	T.B.D.	T.B.D.	(202) 401-4807
EDUCATION AND TRAINING					
Homeless Children and Youth Education Grants (ED)*	\$23.0 (est.)	May 1996	June 1996	State education agencies and the BIA on behalf of Indian schools.	(202) 260-0997
Homeless Veterans Employment and Training Program (DOL)	\$1.3	March 15, 1996	April 15, 1996	State and local public agencies and nonprofit organizations.	(202) 219-9355
SPECIAL INITIATIVES FOR HOMELESS PERSON WITH MULTIPLE DIAGNOSES					
Housing Opportunities for Persons with AIDS (Competitive) (HUD)	\$7.0	February 28, 1996	May 21, 1996	States, units of general local government, and private nonprofit organizations.	HUD Field Office (CPD) or (202) 708-1934
Ryan White Care Act Special Projects of National Significance (HHS)	\$2.5	February 28, 1996	May 28, 1996	States, units of general local government, and private nonprofit organizations.	(301) 443-9976
PROGRAMS NOT FUNDED IN FY 1996					
EMERGENCY SERVICES AND SHELTER					
Emergency Community Services Grants (HHS)	Not funded in FY 1996. For information about other funding possibilities, contact the State Office of Community Services concerning the Community Services Block Grant Program.				(202) 401-9333
EDUCATION AND TRAINING					
Adult Education for the Homeless Grants (ED)	Not funded in FY 1996. Contact State Directors of Adult Education for information about other funding possibilities.				N/A

* These programs provide formula grants to the entities listed as "eligible applicants." Contact these entities for additional information on funding availability for local projects.

** Funds to be used to continue support for existing grantees.

*** The school-based health care program for homeless children is administered separately.

**** To be determined pending final Congressional action on HUD's FY 1996 budget. A total of \$823.0 million is estimated to be available for the four programs administered by HUD.

T.B.D. = To be determined.

Note: The information contained herein is subject to change without notice. Contact the administering agency for the latest information.

451 Seventh Street, S.W.

Suite 7274

Washington, D.C. 20410-0000

(202) 708-1480

Interagency Council On the Homeless
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Runaway and Homeless Youth Program (Basic Centers) (HHS)	\$11.0 (est.)	May 1996	45 days	States, units of general local government, Indian tribes, PHAs, and private nonprofit organizations.	(202) 205-8049

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COMPREHENSIVE ASSISTANCE (CONTINUED)					
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Family Support Centers (HHS)	T.B.D.	Program slated to be included in larger block grant	T.B.D.	T.B.D.	(202) 401-4807
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Interagency Council on the Homeless

October 1995

INTERIM REPORT

IMPLEMENTATION OF PRIORITY: HOME! THE FEDERAL PLAN TO BREAK THE CYCLE OF HOMELESSNESS

BACKGROUND

The Clinton Administration's policy on homelessness was articulated in a May 1994 report entitled *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*. *Priority: Home!* was prepared by the Interagency Council on the Homeless, a working group of the White House Domestic Policy Council. The Interagency Council is comprised of the heads of 18 Federal agencies with programs and other resources that can be used to assist the homeless. There was unprecedented consultation with representatives of State and local governments, service providers, public interest and advocacy organizations, and other concerned individuals in writing the report.

Priority: Home! includes a thorough analysis of the nature and causes of homelessness and a comprehensive overview of Federal and local assistance and relief efforts. It acknowledges the importance of two broad and sometimes overlapping classes of problems--"crisis poverty" and chronic disabilities--which can interact and result in large-scale homelessness.

Priority: Home! proposes the development of a seamless system of housing and services called the "continuum of care," a concept which encompasses early assessment, transitional housing and services, and permanent housing to promote long-term independence and self-sufficiency, as well as short-term emergency needs.

Other key recommendations include doubling the HUD McKinney homeless assistance budget, improving the mental and physical health systems, increasing Federal housing subsidies for homeless families, fighting illegal discrimination, and exploring the use of tax incentives to assist low-income households with housing costs.

To prevent future homelessness, *Priority: Home!* cites the need to increase education, job training, and employment opportunities while increasing accessibility to social services and affordable housing for homeless people.

IMPLEMENTATION STEPS

Priority: Home! recommends a number of initiatives and agency actions to assist those who are currently homeless or at risk of homelessness through long-term "structural" changes and cross-cutting agency actions. Shortly after the publication of *Priority: Home!*, the Interagency Council established work groups to recommend specific action steps for implementing the various recommendations. The work groups were formed around the following topical areas: (1) making prevention equal to remediation in policy planning; (2) integrating the services system for homeless persons with mainstream programs so that it no longer operates as a parallel system; (3) expanding and enhancing access to long-term, affordable housing; (4) improving the delivery of mental health and substance abuse services for those who need them; (5) increasing access to health care and nutrition services; (6) addressing special needs in rural areas; and (6) improving interagency coordination.

The work groups were directed to take necessary steps to implement the recommendations in *Priority: Home!* The adequacy of current Federal efforts in these areas was assessed, and additional steps that Federal agencies could take to improve, build upon, or otherwise enhance this strategy were identified.

SIGNIFICANT ACCOMPLISHMENTS TO DATE

While some of these actions require legislative changes, others can be acted upon administratively. There have been numerous changes in Federal policies and programs since the May 1994 publication of *Priority: Home!*, and the Administration and Congress are currently reviewing proposals for major revisions to key support programs such as welfare and Medicaid in connection with the F.Y. 1996 budget. However, there has been major progress in implementing the principles and recommendations in *Priority: Home!* Highlights include the following accomplishments:

Increased Funding

- o The Administration was successful in doubling the HUD budget for targeted homelessness assistance programs under the McKinney Act from \$571 million in FY 1993 to \$1.12 billion in FY 1995.
- o The Administration has strengthened the support network for homeless veterans by doubling the VA budget for homeless veterans from \$32 million in FY 1992 to \$76 million in FY 1995.
- o The Administration reaffirmed its commitment to improved outreach by approving \$6.4 million in FY 1995 for the

continuation of 35 SSI Outreach Demonstration grants. These grants either target homeless people or populations which include homeless people.

Program Improvements

- o DoD and HUD have worked with Congress to enact the Base Closure Community Redevelopment and Homeless Assistance Act of 1994 to improve the process for making surplus property on closed military bases available for homeless assistance while allowing local reuse committees to balance homeless assistance needs with other economic and community development needs.
- o HUD developed a legislative proposal to consolidate all five of its McKinney homeless assistance programs into a single Homeless Assistance Grant Program to enhance local flexibility in designing effective programs and filling local gaps in the continuum of care. The proposal initially submitted to Congress in 1994 is still pending.
- o HUD awarded \$900 million in homeless assistance funds to 818 projects in 228 communities in 1995 through a consolidated and streamlined competition designed to foster community planning. These projects are key components in specific communities' continuum of care strategies to break the cycle of homelessness.
- o HHS has proposed consolidating its mental health, substance abuse and primary health care programs to provide greater local flexibility, encourage more comprehensive approaches and improve program administration. Grant recipients will be encouraged to address the needs of homeless persons in their plans.
- o USDA is evaluating the results of \$2.8 million in small demonstration grants to 26 community organizations in 10 States to test innovative ways of providing outreach and enrollment assistance to homeless persons and other hard-to-reach groups in connection with the Food Stamp Program.
- o HHS has proposed consolidating three programs for runaway and homeless youth into a single, comprehensive program for this population.
- o Many of the Administration's proposals for the reauthorization of the Education for Homeless Children and Youth Program were adopted in the Improving America's Schools Act of 1994 (IASA), including a new requirement that homeless children and youth must have access to the education and other services they need to meet the same challenging academic standards to which all students are

held. The IASA also makes all homeless children and youth eligible for Title I, the largest Federal compensatory education program serving disadvantaged children.

- o VA has awarded more than \$11.5 million to 63 projects in 25 States and the District of Columbia to expand the VA continuum of care to homeless veterans through partnerships with nonprofits and public entities under the Homeless Grant and Per Diem Program.
- o To ensure that the housing needs of persons with HIV/AIDS are met, HUD established a new Office of HIV/AIDS Housing. The office administers the Housing Opportunities for Persons with AIDS program, assists persons with AIDS in accessing other HUD programs for which they may be eligible and provides technical assistance to service providers. A working group consisting of housing providers and persons living with HIV/AIDS meets regularly to provide first-hand perspectives on ways to improve the programs and operations of HUD in this area.
- o The Social Security Administration (SSA) received the distinguished Hammer Award for developing the plan to redesign the disability claims process. SSA is committed to implementing a new disability determination process that will deliver significantly improved service to the public, including homeless people.

Improved Data

- o Under the auspices of the Interagency Council on the Homeless, 12 Federal agencies are co-sponsoring a National Survey of Homeless Assistance Providers and Clients to provide current information on the providers of homeless assistance and the characteristics of homeless persons who use services. The Census Bureau is conducting the survey on behalf of the sponsoring agencies between October 1995 and February 1996.
- o The Census Bureau is testing methods to ensure that homeless persons are included in the national decennial census in 2000.
- o HUD and HHS are collaborating with the University of Pennsylvania and the Fannie Mae Foundation to develop and test a uniform community-level homeless data system to guide local policy and program planning.
- o HHS is restructuring its national Head Start information system to include information on homeless children.
- o HUD developed and is implementing a computer mapping

software program as a tool to assist localities in comprehensive, consolidated community planning and development. Computer mapping enables localities to use technology to outline areas of need by Census tract block groups down to the street level. It also pinpoints existing and planned projects, including continuums of care for homeless families and individuals.

- o VA conducted a one-day hospital census of its patients to determine homeless veterans' access to VA medical care services.

Provision of Technical Information and Other Assistance

- o USDA's Office of Rural Economic and Community Development sponsored three regional interactive workshops and a national conference to obtain information on the special nature of homelessness in rural areas and recommendations on ways to combat it. FEMA, VA, other Federal agencies and local homeless coalitions provided support by hosting special workshops at these meetings. USDA will publish a conference report by December 1, 1995 that includes regional highlights and strategies for addressing rural homelessness.
- o Through its CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) for Veterans initiative, VA has undertaken a nationwide assessment of the needs of homeless veterans through a series of VA-hosted mini-summits on homelessness at each of its 171 medical centers. All of the relevant agencies in each medical center catchment area are brought together at these meetings to energize community-wide efforts to improve assistance to homeless veterans and develop new strategies to address identified needs.
- o HUD is offering in 40 cities a nationwide series of technical assistance workshops to help service providers develop an effective continuum of care in their community to help homeless persons gain self-sufficiency to the extent possible.
- o HHS sponsored a national conference, "A Call to Action", to mobilize the mental health and substance abuse communities to become involved in community homeless assistance planning efforts.
- o The Department of Labor (DOL) required grantees under the Job Training for the Homeless Program to "partner" with and provide technical assistance to at least one Job Training Partnership Act (JTPA) administrative entity. This partnership would implement strategies likely to prove effective in increasing the number of homeless persons

served by JTPA and enhancing the services that this mainstream program offers them.

- o As part of a major technical assistance effort focused on "mainstreaming" services to homeless people through the JTPA system, DOL conducted workshops at national and regional conferences of key employment and training organizations, including the National Association of Private Industry Councils, the National Association of Workforce Development Professionals and the Western Job Training Partnership Institute. These workshops have included instructions for grantees in the use of Internet to improve their access to information and the provision of services to the homeless. As a result of these technical assistance efforts, more than half of the Job Training for the Homeless Demonstration Program grantees have secured State or local funding resources to provide employment and training and other supportive services to homeless individuals.
- o HHS has offered a series of workshops for Health Care for the Homeless providers and developed a self-assessment tool and other technical assistance materials to help providers to continue to be viable in a managed care environment, and thereby continue to be able to provide health care services to homeless persons.
- o VA has continued its support of Stand Downs and Homeless Veterans Programs to provide homeless veterans with clothing, food and linkages to programs and benefits. VA supported over 40 Stand Downs and Benefit Fairs in FY 1994, assisting over 16,000 homeless veterans. Since 1993 VA has distributed more than \$16 million worth of excess clothing and personal supplies to homeless veterans.
- o HHS sponsored a training institute to advance models of working with homeless persons with mental illnesses and substance abuse disorders. Participating communities, which had to send at least one representative from the mental health and substance abuse service systems, developed strategies for implementing programs in their communities.

Miscellaneous Actions

- o The White House formed an interagency task force on veterans, including VA, HUD and other key agencies, to improve the coordination of Federal programs for veterans. In response to the special needs of homeless veterans, a Task Force on Homeless Veterans, chaired by VA, has been established under the Interagency Council on the Homeless.
- o FEMA is working to encourage the 2,500 local boards and 11,000 agencies under the Emergency Food and Shelter

National Board Program to incorporate prevention activities into their local plans.

- o The Corporation for National and Community Service has created a partnership with HUD to match some of HUD's funds for the Supportive Housing program with human resources available through AmeriCorps and VISTA volunteers to assist local, community-based organizations. VA's AmeriCorps project, "Collaboration for Homeless Veterans" focuses on improving the lives of homeless veterans through a collaboration of community-based providers, VA medical centers and regional benefit offices.
- o The Department of Justice filed an amicus brief on behalf of overturning a Santa Ana, California, ordinance that clearly targeted the homeless community by prohibiting sleeping in public with a blanket.
- o Transfers of Federal surplus real and personal property have continued under the authority of Title V of the McKinney Act. For example, GSA has transferred 45 sites valued at more than \$84.4 million to homeless providers under this program.
- o HHS is leading an interagency group including representatives of HUD, VA, Justice and other agencies to develop an effective discharge planning process for persons with mental illnesses or substance abuse disorders.
- o Because it administers key benefits that assist homeless people, the Social Security Administration was made a full member of the Interagency Council on the Homeless.
- o SSA and VA continue to operate a joint pilot project that provides benefits and services to homeless mentally ill veterans at 11 sites. SSA staff coordinate outreach and benefits certification with VA staff to locate and assist homeless veterans in obtaining SSA benefits.

MEMORANDUM FOR CHR

FROM: Molly Brostrom

RE: Interagency Council Meeting

Summary/Follow-Up to Homelessness Policy Exchange

Meeting structured into three Discussion Areas:

1. Implications of Current Trends toward Mainstreaming and Block Granting?

Summary: People who are difficult to serve may be lost in effort to improve efficiency, especially when coupled with budget cuts. Suggestions included:

- Ensure that mainstream programs are truly accessible by requiring inclusion of homeless providers in program planning, enhancing outreach, training for state and local program administrators on addressing homeless needs comprehensively, and increasing accountability and monitoring of program implementation
- Protections for homeless in block grant environment such as include local homeless providers in program design and assessments of needs, set-asides, and limits on amount of money that can be spent on short-term, emergency solutions.

Follow up: Memo/document from CHR/ICH to (agencies/state and local administrators/governors/NGA) urging that the lessons of recent years not be lost -- generally, urging continued attention to homelessness in a comprehensive manner; specifically, asking/requiring homeless inclusion in state/local plan; asking if there is oversight; asking how homeless access mainstream programs

Memo could also highlight what agencies are already doing: e.g. performance partnerships at HHS

*Dust needs to settle so we know lay of land

**Suggestion that a memo be sent earlier to Secretaries asking that they ensure that their legislative shops are considering homelessness as they work with Hill on block grants, etc. (DoEd)

2. Coordination and Collaboration

Summary: Concern that implementation of local continuum of care difficult because programs and funding sources are fragmented -- must submit numerous applications with varying deadlines, numerous performance reports in different formats... Also, HHS and DOL should take a stronger role in funding supportive services. Suggestions --

- Joint RFPs
- Stronger role for DPC; include consumers and providers on ICH

Follow up: Fully explore joint funding; at minimum, provide clear description of potential funding sources with deadlines, logistical information

3. Civil Rights of the Homeless

Summary: Cities are increasingly enacting ordinances and adopting policies that begin to criminalize homelessness. Suggestion that cities encourage more public-private partnerships and constructive policies (e.g.); limit federal funding that can support discriminatory actions; and federal amicus support to homeless plaintiffs in key cases.

Followup: DOJ?

Additional follow up:

****Technical ASsistance** workshop by ICH to help advocates/providers decipher the new landscape -- e.g. what programs still exist; how to access mainstream programs...

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Ideas for Following Up ICH Interest Group Meeting 10/26

Listed below are the various follow up activities suggested at the Policy Group meeting on December 1. The ones highlighted in bold a recommended.

1. Letter from Carol Rascoe to the heads of federal departments/agencies outlining the changes taking place in the way programs for homeless people are being administered (i.e., more emphasis on formula driven non-competitive programs, more local and state decision-making, etc.). The letter would encourage department and agency heads to ensure that program expertise is transferred to the appropriate levels.
2. Workshop, perhaps in conjunction with the National Governors' Association, on changes in federal programs to address homelessness.
3. Request that any legislation making changes in social programs include a "homelessness impact statement."
- 4. **Update ICH information piece on federal programs assisting homeless people and target NOFA or fund release dates.**
5. **Develop an information piece on how to better integrate funding across program lines. Since fewer and fewer federal programs are competitive, there are limited opportunities for programs to be integrated at the federal level. Most competitions are now held at the local and state level (FEMA, ESG, HOPWA, CDBG, HOME, etc.) This ICH piece would focus on how states and localities could better coordinate their funding of homeless programs for homeless people and how state and local governments, as well as local FEMA boards, could better coordinated RFP processes and local planning.**
6. [This possible activity is not directly related to the 10/26 ICH interest group. However, it is an item of significant interest to the groups which participated in that meeting. It is based on a promise made by Secretary Cisneros to convene an ICH forum on the needs of multiply-diagnosed homeless persons.] **Hold a forum on the needs of multiply-diagnosed homeless persons. This would be an add on to the HHS-HUD initiative which is focusing on funding and technical assistance on this issue. The goal would be to develop policy and program which could be incorporated into legislative or program recommendations for FY97 and beyond.**

January 25, 1995

HOPWA, Ryan White ; f.a. from HUD
Plan 1: HUD/HHS joint NOPAs - s'home in Feb
April → f'up mtg w/mt gpts to learn what their
thoughts on f'up to this initiative

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0.9 m del?

DRAFT

January XX, 1996

MEMORANDUM TO: POLICY GROUP MEMBERS AND STAFF CONTACTS

FROM: FRED KARNAS, JR.
ACTING EXECUTIVE DIRECTOR

SUBJECT: FOLLOW-UP ACTIVITIES FOR THE DECEMBER 5
POLICY GROUP MEETING

This memorandum summarizes key matters discussed at the December 5 Policy Group meeting and identifies required follow-up activities.

Jacquie Lawing of HUD opened the meeting by introducing Fred Karnas, Jr., Director of HUD's Office of HIV/AIDS Housing and former Executive Director of the National Coalition for the Homeless. She announced that Secretary Cisneros has asked Mr. Karnas to serve as acting executive director of the Council until a permanent director can be brought on board. Following introductions of the other agency representatives in attendance, Mr. Karnas proceeded with the previously announced agenda:

A. OCTOBER 26 MEETING WITH PUBLIC INTEREST GROUPS
AND HOMELESS ASSISTANCE PROVIDERS--FOLLOW UP ACTIVITIES

Molly Brostrom of the Domestic Policy Council staff called attention to the written summary of the "Homelessness Policy Exchange" included in the packets for the meeting. The October 26 event, which was attended by representatives of national organizations, providers and clients, was sponsored and moderated by presidential advisor Carol Rasco. Ms. Brostrom indicated that Mrs. Rasco will send a memo to the heads of Federal agencies with a request that they follow up with their program staff on the concerns raised during the meeting, including the need to transfer Federal expertise to State and local managers of block grants and the need to ensure that homeless issues are addressed in State and local program plans. The next meeting with these organizations may take the form of a workshop on new and revised Federal programs, perhaps in conjunction with the National Governors Association. Additional meetings will be held in the future. In response to a recommendation from Mike Fishman of USDA, it was agreed that an effective way to monitor the impact of program changes on homeless people would be to ask

agencies to discuss this in the legislative analyses submitted to OMB with any new proposals. It was also recommended that a summary of the new Federal funding "landscape" with advice to homeless providers on accessing that funding be prepared and distributed to advocates by mid-January or as soon as possible after final FY 1996 budget decisions are completed.

Ms. Brostrom also noted that a second key recommendation was that Federal agencies make a greater effort to coordinate application requirements and announcements of funding availability. It was agreed that Council staff would work with DPC staff to identify options for first steps in this area.

Carol Coleman reported that FEMA has encouraged its local boards to begin planning prior to the 1996 EFSP appropriation becoming available. Mary Ellen O'Connell indicated that HHS is planning to convene a meeting of public interest groups to educate them on ways to access HHS programs.

C. AGENDA FOR DECEMBER 20 FULL COUNCIL MEETING

After a brief discussion, it was agreed that the contents and sequence of the draft agenda for the upcoming full Council meeting would remain unchanged. It was recommended that the Administration consider issuing a statement on the possible adverse impacts of the reconciliation and appropriations bills on homeless and at-risk people. Molly Brostrom indicated that she would work with Katherine Meredith of OMB to see what could be done in this regard, perhaps in conjunction with a Presidential message on December 21, Homeless Persons Memorial Day.

D. INTERAGENCY ACTIVITIES TO ASSIST HOMELESS PERSONS WITH MULTIPLE DIAGNOSES

Fred Karnas reported that Secretary Cisneros and Secretary Shalala have been discussing ways to improve services to homeless persons with multiple diagnoses involving HIV/AIDS, mental illness and/or substance abuse. An initial proposal will be presented to the full Council at its next meeting. Future activities might include special technical assistance efforts to share lessons learned from the ACCESS Demonstration and the PATH program.

E. INFORMATION ITEMS

--Interim Report on Implementation of *Priority: Home!*

George Ferguson of the Council staff called the group's attention to the October 1995 interim report on the implementation of *Priority: Home!* prepared with the input of

agency representatives. He asked that agencies continue to report updates and new accomplishments.

--Status of National Survey of Homeless Assistance Providers and Clients

Nampeo McKinney of the Census Bureau gave a status report on the survey and distributed a summary of the impact of the recent government shutdown on survey operations. A working group comprised of representatives of the 12 sponsoring agencies meets at least bi-weekly.

--Establishment of ICH Task Force on Homeless Veterans

Marsha Martin of VA discussed the formation of this new interagency task force that was formed last summer under the auspices of the Council at the request of the DPC. The VA health care system is being reorganized into a more holistic approach, and VA through the task force would like to improve the availability and coordination of homeless assistance resources available from agencies other than VA. Ms. Martin distributed information on the Winter Haven Fair for homeless veterans planned for December 19 at the D.C. Armory, and invited agency representatives to participate.

--Implementation of Base Closure/Homeless Assistance Act

On behalf of Patrick O'Brien of DoD, George Ferguson reported that HUD and DoD had issued the necessary regulations over the summer to implement the 1994 Base Closure Redevelopment and Homeless Assistance Act. Both agencies have prepared technical assistance materials as well. A proposed amendment that would change HUD's role in the review and acceptance of local redevelopment plans is under review by the conference committee on the Defense Authorization Act. DoD and HUD staff are continuing to monitor these discussions.

--Congressional Action to Repeal Title V

It was reported that the House of Representatives has approved a measure that would repeal the provisions governing disposition of surplus personal and real property under Title V of the McKinney Act. Title V would be replaced by a streamlined process that involves review and approval only by GSA. The measure may be problematic, though, because it eliminates the eligibility of homeless providers for personal property and restricts use of real property to housing purposes. Although the President has indicated that he will veto the bill containing this provision, GSA agreed to track it and to advise other agencies of its status through Council staff.

--Congressional Action on Budget for Homeless Assistance Programs and Welfare Reform

Katherine Meredith called attention to the draft summary of funding for homeless assistance programs included in the packet for today's meeting. With the exception of HUD, the estimated conference amount is simply an average of the House and Senate bills. An updated chart will be distributed at the upcoming full Council meeting. Mike Fishman distributed a report for the group's information entitled, "The Effects of Budget Reconciliation on the National Nutrition Safety Net" prepared by USDA's Food and Consumer Service.

--Results of Interactive Forums on Rural Homelessness

John Pentecost of USDA reported that an editor is currently making final changes to a draft report on its four 1995 interactive forums on rural homelessness that was prepared for USDA by Martha Burt of the Urban Institute. The final report will be distributed at the upcoming full Council meeting.

--HUD Continuum of Care Workshops

Maggie Taylor indicated that HUD has completed about 20 technical assistance conferences on the continuum-of-care concept. She distributed a schedule of upcoming meetings, and invited other agencies to participate.

Fred Karnas ended the meeting by noting that the U.S. Conference of Mayors is scheduled to release its annual report on hunger and homelessness in American cities on December 19.

A notice containing the date, location, and draft agenda for the next Policy Group meeting will be faxed to Policy Group members and staff contacts in early February.

HUD - working on releasing \$3
FEMA - \$100M

→ How do you anticipate release of funding?
- if none, where are other opp's for funding?

3/13 Mtg - P.S. at + policy ops → issue of accountability of mainstream
f'up. w/ letter/memo
- mem pt of auth^{the} appropriate process
→ OMB raise w/ agencies
- impact statement?

* ⇒ Update issue brief on h'lessness → 1-page

10 AM
Census

- waiting for fall option

Jacqui/Fred - ICIT Status

- 1 - monthly policy op mtgs
- 2 - Revitalize communication w/ state contracts + to HUD
reg'l offices

other actors: Census Bureau, Priority Home!

Homeless Persons Adv Group - State Coalitions on H'lessness

What would DPC like?

(Nat'l Coalition to End H'lessness)

H'lessness as middle class/mainstream issue?

boards of orgs → bankers

success stories → h'less to work

⇒ Look @ SuperNOFA fl

- million in or 1 out in dollars

I N T E R N A L W O R K I N G D O C U M E N T
NOT FOR DISTRIBUTION

SUMMARY

Homelessness Policy Exchange:
Moving Forward in a Changing Environment

White House Conference Center
October 26, 1995

More than 30 organizations sent representatives to an interactive exchange on homelessness policy chaired by Carol Rasco, Assistant to the President for Domestic Policy. Mrs. Tipper Gore, Special Advisor to the Interagency Council on the Homeless, and representatives of the 18 member agencies of the Council also participated in the meeting.

Each of the following issues was introduced by a pre-selected discussant from a national organization. Additional concerns and recommendations related to each issue were raised by other guests and are summarized below. Many of the participants praised the Administration's policy support and commitment of financial resources for homeless assistance programs. The summary that follows addresses the principal substantive issues that were raised by the participants.

DISCUSSION ISSUE 1: WHAT ARE THE IMPLICATIONS OF CURRENT TRENDS TOWARD MAINSTREAMING AND BLOCK GRANTING?

Introduction: Nan Roman, Vice President for Policy and Programs, National Alliance to End Homelessness

Concerns

It is critical that Congress and the Administration not neglect homeless people in the process of reinventing, streamlining, and making government more efficient. People who are difficult to serve--either because they require a lot of services, because their problems are complex, because they are hard to reach, or because they are unpopular to serve--may be lost in the effort to improve efficiency, especially when these efforts are coupled with budget cuts.

Recommendations From One or More Participants

1. In the laudable effort to direct additional resources to homeless people by making the "mainstream" programs more available to them, it is important to ensure that special efforts are made to make these programs truly accessible. Examples include requiring inclusion of homeless providers in program planning; enhancing outreach; training State and local government program administrators to view homeless assistance needs comprehensively; ensuring geographic accessibility of service

locations; increasing accountability and monitoring of program implementation; and imposing sanctions when appropriate.

2. While the move to block grants is admirable, there is a need for special protections for homeless people. To protect the rights of homeless people in a block grant environment, Federal agencies should require grant recipients to include local homeless providers in program design and assessments of needs and barriers to program participation by homeless people. Agencies should provide Federal leadership by establishing set-asides for homeless assistance programs within block grants (or, alternatively, a national reserve from the overall appropriation) to minimize local political obstacles. Agencies should restrict the amount of money that can be spent on short-term, emergency solutions, and provide incentives for innovative approaches, homelessness prevention activities and permanent solutions. Positive outcomes from previous experiences that required participation by homeless and formerly homeless people in program design should be reviewed and built upon.

3. In view of impending budget cuts, require that scarce resources are targeted to those who are most in need. Do not isolate service delivery and other issues related to homelessness from the broader issues related to the needs of other low-income populations.

DISCUSSION ISSUE 2: HOW CAN FEDERAL COORDINATION/COLLABORATION IN HOMELESSNESS ASSISTANCE BE IMPROVED?

Introduction: Mary Ann Gleason, Executive Director,
National Coalition for the Homeless

Concerns

It is difficult to implement an effective local continuum of care because programs and funding sources are fragmented. Because multiple government agencies are involved in providing services and funding, providers must cope with varying application deadlines, write numerous applications, and submit annual activity and performance reports in different formats. Some funds from the Supportive Housing program administered by HUD pay for mental health and other supportive services that traditionally came out of HHS, which potentially results in less money available from HUD for housing activities. HHS and DOL should take a stronger role in funding supportive services.

Recommendations From One or More Participants

1. Federal agencies should issue joint RFPs to promote holistic approaches. Federal agencies should consider pooling funding resources into a single pot for applications which support a continuum of care.

2. The Domestic Policy Council should play a greater role in interagency coordination and use the Interagency Council on the Homeless as a vehicle for true collaboration. Consumers and providers should be included on the Interagency Council.
3. Federal program and policy staff need to be trained on the diverse and disparate needs of homeless people.
4. The Administration should make funding for housing programs and protection of the neediest (e.g., individual entitlement to Medicaid) a priority in post-veto budget negotiations with Congress.

DISCUSSION ISSUE 3: HOW CAN WE ENSURE THE CIVIL RIGHTS OF HOMELESS PEOPLE ARE PROTECTED?

Introduction: Maria Foscarinis, Executive Director,
National Law Center on Homelessness and Poverty

Concern

Because of the failure to address homelessness in a long-term fashion, cities are increasingly enacting ordinances and adopting policies that essentially criminalize homelessness. These laws and practices raise major Constitutional, policy and "real life" concerns.

Recommendations From One or More Participants

1. Cities should encourage public-private partnerships and adopt more constructive policies (e.g., Dade County, FL meal tax, Las Vegas, NV police outreach, and Nashville, TN withdrawal of panhandling ordinance.)
2. The Federal Government should not allow Federal funds to support discriminatory actions by (a) withholding funding from cities that violate the rights of their homeless residents; (b) including and enforcing respect for civil rights as a criterion in funding decisions wherever Federal agencies have authority to do so; (c) including civil rights requirements in regulations; and (d) adopting a civil rights policy statement which builds and expands upon the "Fighting Discrimination" section in "Priority: Home!"
3. The Federal Government should actively promote constructive alternatives by providing models for cities to use.
4. The Federal Government should provide amicus support to homeless plaintiffs in key cases.

GENERAL RECOMMENDATION

The Interagency Council and national groups should publicize innovative local approaches and models of coordination through printed publications and/or use of the Internet.

HHS Progress on

Priority: Home!

Contents

Key Action Items of *Priority: Home!*

Table of Progress on *Priority: Home!*

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Inter-Agency Activities

Legislative Language

Interagency Council on the Homeless Meeting
April 2, 1996

Mika

Summary of HHS' Key Action Items of *Priority: Home!*

Increasing our knowledge of the population and services needed through

- Promotion of research demonstration
- Bonus points to grant applicants

Improving our ability to collect and utilize data on the population and services utilized through

- Data quality (improvement)
- Data management

Evaluation of our program designs so as not to create barriers to services through

- Evaluation program standards

Informing the field to improve policies, collaboration and services through

- Knowledge dissemination
- Knowledge development coupled with dissemination

Assisting Regions, States, and agencies to establish effective programs through

- Technical Assistance

Providing training opportunities for service providers through

- Interagency collaboration through cross-training
- Training

Expanding and improving service delivery, as well as, increasing compliance

- Services review
- Service expansion
- Service Improvement
- Increase service compliance
- Technical Assistance to States and Regions
- Meeting with constituent groups and knowledge dissemination
- Service delivery
- Service delivery as a part of community planning and development

HHS Progress on "Priority: Home!"

Administration for Children and Families

Completed	Ongoing	Description
	x	Federal-State collaboration: Identify and implement alternative uses of EA and AFDC to reduce use of welfare hotels.
x		Services review: Consider barriers to access in family and children's programs in the process of reorienting these programs to support family-focus and self-sufficiency.
	x	Data improvement: Implement a Head Start tracking system with specific data on access by homeless children.
	x	Service expansion: Head Start and child care services to homeless
	x	Knowledge development and dissemination: A handbook for child welfare agencies on successful housing authority-child welfare agency
x		Evaluate program standard: Ensure they do not create barriers to serving homeless families.
x		Knowledge development and dissemination: Coalition building workbook for providers.

Assistant Secretary for Planning and Evaluation

Completed	Ongoing	Description
	x	Data management: Test the feasibility of centralized data systems for homeless providers.
	x	Promotion of research and demonstration: On homelessness, substance abuse and mental health issues.

Centers for Disease Control and Prevention

Completed	Ongoing	Description
x		Knowledge dissemination: Lessons learned to enhance TB treatment compliance.
	x	1) Increase service compliance: Increase vaccination levels. 2) Technical Assistance to States and Regions. 3) Knowledge dissemination: Availability of services (free vaccines) for health care providers that work with homeless children.
	x	1) Knowledge dissemination: Incidence of HIV/AIDS, TB and other chronic conditions among the homeless population. 2) Data quality: Collaboration with local health departments to improve the quality of reported data and the incidence of HIV/AIDS, TB.
	x	1) Service improvement: Implement the CDC HIV Prevention Community Planning Guidance to help identify high priority HIV prevention needs and share them. 2) Planning inclusiveness: Under served groups (including the homeless) are represented in the community planning committees.
x		1) Technical Assistance: State and local programs in identifying local solutions to the lack of housing for TB patients. 2) Knowledge dissemination: Publish strategies from successful programs.

Substance Abuse and Mental Health Services Administration

Completed	Ongoing	Description
x		Interagency collaboration: Funding announcements, review processes and coordination at State and local levels.
	x	Promotion of research and demonstration: On homelessness, substance abuse and mental health issues.
	x	Service improvement: Develop a description of the continuum of care for persons with serious mental illnesses and those with substance use disorders.
x		Training: Conduct cross-training to headquarters and field staff on mental health, substance abuse and housing.

Center for Mental Health Services

Completed	Ongoing	Description
x		Knowledge dissemination: Distribute "A Blueprint for A Cooperative Agreement Between Public Housing Agencies and Local Mental Health Authorities."
x		Technical Assistance: On safe havens and their importance in the continuum of care.
	x	Service Improvement: Define a model of adequate discharge planning.
	x	Service Evaluation: Evaluate effective treatments for persons with co-occurring disorders.
	x	Service Improvement: Define comprehensive discharge planning and evaluation component, as well as develop a best practices model.

Center for Substance Abuse Treatment

Completed	Ongoing	Description
	x	Service evaluation: Evaluate effective treatments for persons with co-occurring disorders.

Health Care Financing Administration

Completed	Ongoing	Description
	x	Service evaluation: Evaluate the Statewide Medicaid 1115 health care reform demonstration projects.
x		Program development and reimbursement: Consider developing terms and conditions in the 1115 demonstration contracts with states that address performing outreach and informing homeless persons of Medicaid eligibility and entitlements.
	x	1) Service Increase: Encourage the provision of health care to more Medicaid beneficiaries through State directed managed care arrangements. 2) Quality of Services: Consider results of 3-state QARI demonstration project and opportunities to focus quality assurance efforts on vulnerable populations.
x	x	Knowledge dissemination and meeting with constituent groups.
	x	Service improvement: Encourage state Medicaid programs to use the new option (services provided to low income persons infected with TB).

Health Resources and Services Administration

Completed	Ongoing	Description
	x	Meetings with constituent groups and knowledge dissemination.
	x	1) Service compliance: Increase vaccination levels. 2) Technical Assistance to State and regional offices: Assign outreach consultants. 2) Knowledge dissemination: Availability of services for health care providers.
x		1) Service delivery: Provide comprehensive primary care services. 2) Service coordination: With homeless liaisons and state coordinators of EHCY.
x		Knowledge dissemination: Disseminating lessons learned through program evaluation activities.
x		1) Technical Assistance: Prepare to transition to managed care arrangements. 2) Knowledge dissemination and training : Related to managed care.
x		Interagency collaboration: Through cross training, promoting development of managed care networks, encouraging health care providers to participate in the continuum of care planning process.
x		1) Knowledge dissemination: On the incidence of HIV/AIDS, TB and other chronic conditions. 2) Data quality: improve the quality of reported data and the incidence of HIV/AIDS, TB, etc among the homeless.
	x	Knowledge development and dissemination: A handbook or other training/resource materials on developing respite care and adult day care centers for persons with AIDS.
x		Service improvement: Identify model plans of housing programs for persons with HIV/AIDS and their families.
x		Training: Preventing and treating HIV/AIDS and TB among homeless persons.
x		Knowledge development and dissemination: Create a food and nutrition resource manual targeted to service providers.

National Institutes of Health

Completed	Ongoing	Description
	x	Promotion of research and demonstration: On homelessness, substance abuse and mental health issues.

National Institute of Alcoholism and Alcohol Abuse

Completed	Ongoing	Description
x		Knowledge dissemination: To providers the results of NIAAA demonstration programs.

All Agencies

Completed	Ongoing	Description
	x	Bonus points: To grant applicants proposing the use of other Federal assistance in a coordinated approach to addressing homelessness.

Summary of Barriers to Accomplishing HHS Key Action Items of *Priority: Home!*

The following factors represent the most significant barriers to completing the action items stated in *Priority: Home!*

1) No final HHS budget for FY 1996. The department is still operating from CR to CR which makes it extremely difficult for programs to allocate resources to *Priority: Home!* action items when these resources may be needed elsewhere. Some action items are on hold pending the budget outcome.

2) Uncertainty regarding welfare and health care reform. Some agencies have put a few projects on hold pending a decision on welfare and Medicare/Medicaid reform. (E.g. examining current eligibility criteria for Medicaid).

3) Pending congressional action. A few action items would be unnecessary, or unwise given certain legislative outcomes. These action items are on hold for now. (E.g. Awaiting legislative outcomes on Performance Partnership Grants, and certain program reauthorizations).

HHS Major Homeless Related Objectives for the Coming Year

1) Coordinated effort by HHS and HUD to help multiply diagnosed homeless persons
including:

- Coordinated funding for service providers.
- A joint technical assistance effort.

2) Population specific programs. Improving the physical and mental health of homeless persons through such programs as ACCESS, PATH, and Health Care for the Homeless and mainstream programs throughout HHS. (E.g. HIV/AIDS initiatives, Head Start).

3) Local service integration. HHS will continue it's work to improve policy and planning at the local level.

4) Data analysis. Analysis of data from the National Survey of Homeless Assistance Providers and Clients remains a priority, as well as other data initiatives (E.G. improving data systems for service providers).

Significant Inter-agency Cooperative Activities of HHS

Many of our significant inter-agency cooperative activities stem from our goals and objectives for the coming year.

1) A coordinated effort by HHS and HUD to help those homeless persons who are also multiply diagnosed. This effort has two components:

- Coordinated funding announcements by HHS' Ryan White program and HUD's HOPWA program. These grants will fund programs for homeless persons with HIV/AIDS who also are either substance abusers, or mentally ill, or both.
- HHS and HUD will provide joint technical assistance to help communities better treat people who are multiply diagnosed and homeless. This technical assistance is likely to include a conference, dissemination of information on lessons learned/best practices, and a panel of experts to provide live technical assistance as needed over the coming year.

2) Local service integraion. HHS will continue it's work with HUD and the University of Pennsylvania to create software to assist homeless service providers with intake, and case management. This database will link all providers in the community and will allow for planning and policy based on concrete data regarding the community's homeless population.

3) Survey Analysis. HHS will continue to play an active role in the National Survey of Homeless Assistance Providers and Clients especially with regard to an interagency analysis of the results.

4) Homeless Veteran's Task Force. HHS will continue to support the activities of the Homeless Veteran's Task Force.

Legislative Language

In the past, HHS has not proposed specific language for all regulations and program guidance, yet HHS has promoted the inclusion of homeless people in mainstream programs by promoting the development of language ensuring homeless people are identified as an eligible population within agencies.

HHS has made a great effort to include provisions for the homeless in appropriate regulations and program guidance.

- 1) Many grant announcements, for example, specifically require applicants to take into account the needs of homeless persons.
- 2) Other grant announcements often ask applicants to meet the needs of 'vulnerable populations' including those of persons who have become homeless.
- 3) Some programs, like the Mental Health Block Grants require local Planning Boards to include at least one homeless person on the board.
- 4) Other programs either require administrators to receive input from homeless persons in the planning and development stages of the program, as well as for evaluative purposes.

HHS will explore using specific language with regard to barrier-free participation of homeless persons in program planning and service utilization. Language under consideration is the following:

Where relevant, grantees are to promote and ensure the inclusion of persons who may require or chose to use short-term intermittent services (or participation) and for whom there may not be a permanent address. These persons are not to be excluded from the grant activity if they otherwise meet eligibility requirements for participation.