National Coalition for the Homeless

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Addictions Treatment for Homeless People

April 1998

- Authorize and appropriate at least $100 million annually over a multi-year period for an addiction disorder treatment program that is directed to the unique needs of homeless people.

- Authorize and appropriate at least $1.51 billion in FY 1999 for the Substance Abuse Prevention and Treatment Performance Partnership Block Grant; require States to address homelessness in their Performance Partnership planning and reporting.

- Require SAMHSA, at the conception of its Knowledge Development and Application (KDA) projects, to also develop plans for sustained funding of those prevention and treatment services that are determined to be effective.

- Restore Medicaid, SSI and SSDI to individuals terminated from these programs on account of addiction disorders.

Addictions and Homelessness

Addictions to alcohol and drugs are a prominent symptom of homelessness. Addictions frequently cause homelessness, and homelessness often results in addictions, as miserable people turn to the false comforts of substance abuse. Many authorities estimate that 50% of homeless people are addicted to alcohol or drugs.

The close relationship between addictions and homelessness results in increased HIV infection, elevated rates of tuberculosis, complications of chronic diseases like diabetes, excessive violence and trauma, and dismal social functioning. Fortunately, effective treatment for addiction disorders exists. Unfortunately, homeless people are rarely able to access mainstream addiction treatment services, for reasons including system insufficiencies and lack of health insurance.

Moreover, the effectiveness of addictions treatment is severely undermined when there is no housing for the patient upon completion of treatment, as is often the case for homeless people leaving the mainstream treatment system.

We propose the following steps to ameliorate this situation:

- **Authorize and appropriate at least $100 million annually over a multi-year period for an addiction disorder treatment program that is directed to the unique needs of homeless people.**

The federal government first responded to the nation's homelessness crisis with the passage of the Stewart B. McKinney Homeless Assistance Act of 1987. Congress recognized that homeless people are largely excluded from mainstream systems and established special primary care and mental health programs to reach them. Substance abuse treatment services were included as a required component of the Health Care for the Homeless (HCH) Program, but the resources of the HCH program have been largely consumed by the primary care needs of its clientele, and its resources have never come close to the magnitude of the addiction problem. Unfortunately, the law did not establish a targeted addiction disorder treatment program.

The federal government should close this hole in the health care safety net for homeless people, a hole that is continually widening as the problem remains unabated.

Alternative models for delivering addiction disorder treatment services to homeless people exist and have been proven effective. National Institute on Alcohol Abuse and Alcoholism-supported projects from the late 1980s and early 1990s demonstrated that clients' housing and supportive service needs must be addressed before treatment can be effective. The projects also revealed that a focus on modifying the course of abuse and alleviating suffering rather than on abstinence is a prudent course of action.

We urge the Congress to devise a targeted addiction disorder treatment program that will provide addictions treatment services to the homeless population in forms appropriate to them. We recommend that at least $100 million annually be authorized and appropriated over a multi-year period for this purpose. We are eager to assist the Congress and the Administration in designing effective federal support for such a targeted program.

- **Authorize and appropriate at least $1.51 billion in FY 1999 for the Substance Abuse Prevention and Treatment Performance Partnership Block Grant.**

- **Require States to address homelessness in their Performance Partnership planning and reporting.**

It is unlikely that a targeted homeless addiction disorder treatment program will be able to fully meet the need for services to the homeless population, given the magnitude of the problem. We recognize that a healthy mainstream addiction disorder prevention and treatment infrastructure is needed for all populations, including homeless people, those at imminent risk of homelessness and those in transition from homelessness. Thus, we support the Administration's request that the Substance Abuse Prevention and Treatment Performance Partnership Block Grant be funded in FY 1999 at the $1.51 billion level. This $200 million increase over FY 1998 will lessen the impact on states of proposed changes to the block grant distribution formula and fund new prevention and treatment services.

SAMHSA's Community Mental Health Services Performance Partnership Block Grant program requires states to develop and report on their plans to serve homeless people with the mental health funds, providing an opportunity for public comment and citizen monitoring. The Substance Abuse Performance Partnership, in contrast, includes no such requirement or designation of homeless people as a priority population. We urge replication of the mental health requirements in the substance abuse program, in order to improve the mainstream's response to the desperate problem of addictions among homeless people.

- **Require SAMHSA, at the conception of its Knowledge Development and Application (KDA) projects, to also develop plans for sustained funding of prevention and treatment services that are determined to be effective.**

SAMHSA has invested substantial resources in numerous addictions research and demonstration projects, including some directed at identifying effective treatment models for homeless people. However, SAMHSA places insufficient emphasis on implementing lessons learned upon expiration of KDA grants. As it reauthorizes SAMHSA, We encourage the Congress to establish mechanisms for translating the findings from KDA awards into the sustained delivery of treatment services. This might be accomplished by continuing the awards for a period of time as categorical service grants or by requiring recipients of block grant or targeted funds to incorporate targeted populations, models and lessons learned from the KDAs into their delivery structures.

- **Restore Medicaid, SSI and SSDI to individuals terminated from these programs on account of addiction disorders.**

141,000 disabled persons lost Medicaid, Supplemental Security Income and Social Security Disability Insurance on January 1, 1997, because addiction disorders were a "contributing factor material to" their disabilities. These persons are at greatly increased risk of homelessness, and the benefits should be restored.

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Mental Health Services for Homeless People

April 1998

- Within the Substance Abuse and Mental Health Services Administration (SAMHSA), reauthorize the Projects for Assistance in Transition from Homelessness (PATH) block grant program at $75 million annually, and the Community Mental Health Services Performance Partnership Block Grant at $450 million annually.

- Appropriate at least $40 million for PATH and at least $355.4 million for the Community Mental Health Services Performance Partnership Block Grant in FY 1999.

- Require SAMHSA, at the conception of its Knowledge Development and Application (KDA) projects, to also develop plans for sustained federal funding of those mental health services that are determined to be effective.

Mental Illness and Homelessness

Mental illness plays a major role in determining an individual's likelihood of experiencing homelessness. Severe mental illness prevents individuals from carrying out essential aspects of daily life --self-care, household management and interpersonal relationships --that are necessary for independent living. Individuals with mental illnesses encounter more barriers to employment and tend to be in poorer physical health, both of which lead to an inability to afford housing.

Moreover, many homeless individuals and families develop major depression and affective disorders consequent to their homelessness. Approximately one third of the single adult homeless population suffers from some form of severe and persistent mental illness.

Inadequate resources within the mental health service delivery system and homeless persons' typical lack of health insurance result in denial of needed treatment for many homeless persons with mental illnesses.

The consequences include prolonged homelessness and social disfunction, increased incarceration, and diminished health status.

We recommend the following steps to ameliorate this situation:

- **Reauthorize the Projects for Assistance in Transition from Homelessness (PATH) block grant program at $75 million annually, and the Community Mental Health Services Performance Partnership Block Grant at $450 million annually.**

PATH block grants fund effective outreach, screening and diagnosis, habilitation and rehabilitation, community mental health, substance abuse treatment (for people with co-occurring substance use disorders), case management, residential supervision, and limited housing services for homeless people with serious mental illness.

PATH funds are allocated to all fifty states, the District of Columbia, and the U.S. territories, with states guaranteed at least $300,000 annually. States are required to match one dollar for every three federal dollars as a condition for receiving federal funds. States distribute the funds to a broad range of service providers - currently 380 in number - who then deliver mental health services to homeless people. 76,000 homeless people with serious mental illnesses were served by PATH in FY 1996. Most of these individuals would not have received mental health care were it not for PATH. Although appropriations have fallen well below authorized amounts, we recommend reauthorization at the $75 million level originally established by the Congress.

The mainstream Community Mental Health Services Performance Partnership Block Grant supports vital community mental health services, which do reach some homeless people and many people who are at risk of homelessness. The program merits reauthorization and expansion, and we recommend a $450 million authorization. Previous authorizations have required states to report on their goals, activities, and timelines related to mental health services for homeless people, and we urge retention of this requirement to assure continued attention to homeless people as a distinct priority group.

- **Appropriate at least $40 million for PATH and at least $355.4 million for the Community Mental Health Services Performance Partnership Block Grant in FY 1999.**

We recommend an FY 1999 appropriation of $40 million for the PATH program, which matches the last authorization and is $17 million over the FY 1998 appropriation. This increase would enable states to serve about 56,000 more homeless people with serious mental illness - still below the number of individuals in need, but a major leap forward.

We also recommend an $80 million increase for the Community Mental Health Services Performance Partnership Block Grant, an increase to $355.4 million in FY 1999. This improvement in mainstream mental health services will help to prevent additional homelessness and to support individuals and families in transition out of homelessness.

- **Require SAMHSA, at the conception of its Knowledge Development and Application (KDA) projects, to also develop plans for sustained federal funding of those mental health services that are determined to be effective.**

SAMHSA has invested substantial resources in numerous mental health research and demonstration projects, including investigations of co-occurring mental illness and substance abuse disorders, health systems integration, and mental health and homelessness prevention. However, SAMHSA places insufficient emphasis on implementing lessons learned upon expiration of KDA grants. As it reauthorizes SAMHSA, we encourage the Congress to establish mechanisms for translating the findings from KDA awards into the sustained delivery of treatment services. This might be accomplished by continuing the awards for a period of time as categorical service grants or by requiring recipients of block grant or targeted funds to incorporate targeted populations, models and lessons learned from the KDAs into their delivery structures.

In its FY 1999 budget request, SAMHSA has proposed a multi-year, multi-million dollar study on the mental health needs of homeless families. Particularly if there is not strong assurance that the funding and learnings from any such study will carry over into practice, the more prudent course would direct limited federal dollars to serving the already known, serious, unmet mental health needs of homeless people.

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May 27, 1998

The Honorable «FirstName» «LastName»
U.S. House of Representatives
Washington, DC 20515

Dear Representative «LastName»:

We are writing on behalf of the National Coalition for the Homeless and the National Health Care for the Homeless Council to urge you to address the health care needs of the nation's homeless population. As a member of the House Commerce Committee, you are in a position, through reauthorization of the Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA), to ensure that homeless people have sufficient access to appropriate addiction disorder treatment and mental health services.

The National Coalition for the Homeless (NCH) is a 16-year old national network of homeless persons, state and local homeless coalitions, housing, health and other service providers, and others committed to ending homelessness. The National Health Care for the Homeless Council (NHCHC) is a membership organization comprised of 300 individuals and 25 agencies providing health services to homeless people.

NCH and NHCHC have a number of recommendations for expanding and improving the federal commitment to the provision of health care services to homeless people. Our views are articulated fully in the enclosed policy papers. We urge you to ensure that the following proposals are included in the next SAMHSA reauthorization law.

Targeted Homeless Addiction Disorder Treatment Program

- **Authorize at least $100 million annually over a multi-year period for an addiction disorder treatment program that is directed to the unique needs and life circumstances of homeless people.**

Untreated addiction disorders are both a cause and symptom of homelessness. Low-income individuals with addiction disorders are more likely to become homeless than other people. And, homeless people who live in communities with shortages of shelter beds are often forced to live on the streets, where their untreated substance abuse continues or gets worse as they try to provide respite from otherwise harsh conditions. Tragically, the number of homeless individuals diagnosed with serious mental illness who are beginning to abuse substances because of the prolonged time they experience homelessness, due to a lack of affordable housing, is increasing.

Mainstream addiction disorder treatment services are not adequately reaching the homeless population. Further, for those homeless people who are lucky enough to enter the treatment system, the individual's lack of housing frequently renders the treatment less effective. Successful addiction recovery requires the stability of continuous access to needed health care, ongoing support, and a place to live. Homeless people, however, are lacking these necessities and are therefore likely to participate only in the detoxification phase of the treatment cycle. They then are typically discharged back into the environments in which their addictions took hold—streets or emergency shelters—where they are at far greater risk of relapse than if they had been discharged to a stable living situation. Many return multiple times to

detoxification programs. Thus, a "revolving door" emerges, resulting in a waste of precious human and financial capital.

Alternative models for delivering addiction disorder treatment services to homeless people that address these flaws in the mainstream system exist and have been proven effective in demonstration projects sponsored by the National Institute on Alcohol Abuse and Alcoholism. Unfortunately, federal funding is not yet available to build on these findings in a concentrated way—a problem that a targeted homeless addiction treatment program would address.

Also, establishment of a targeted homeless addiction treatment program within HHS is consistent with the intent of Congress, as reflected in the House-passed reauthorization (H.R. 217) of the Stewart B. McKinney Homeless Assistance Act. This legislation limits the ability of the U.S. Department of Housing and Urban Development to spend its homeless assistance funds on supportive services such as addiction disorder treatment and requires a redirection of up to ten percent of HHS's limited homeless funds to be used for these purposes instead. Targeted authority and associated funding would enable HHS to meet this Congressional expectation.

Projects for Assistance in Transition from Homelessness (PATH)

- **Reauthorize PATH at $75 million annually.**
- **Improve performance of PATH.**

Mental illness can play a major role in determining a low-income individual's likelihood of experiencing homelessness. Severe mental illness prevents individuals from carrying out essential aspects of daily life—self-care, household management and interpersonal relationships—that are necessary for independent living. In addition, they encounter more barriers to employment and tend to be in poorer physical health, both of which lead to an inability to afford housing.

Long-term stability of homeless persons with serious mental illness requires carefully designed and persistent client engagement, treatment regimens, support management, appropriate housing options, and long-term follow-up, as well as extensive outreach and service and housing integration. The mainstream mental health system is not designed to provide this range and intensity of services. Thus, Congress established PATH, a block grant to states that funds outreach, screening and diagnosis, habilitation and rehabilitation, community mental health, substance abuse treatment (for people with serious mental illnesses and co-occurring substance use disorders), case management, residential supervision, and limited housing services for homeless people with serious mental illness.

The number of clients served annually by PATH (currently 76,000) falls considerably short of reaching the total number of homeless people with serious mental illness. This service shortfall alone justifies reauthorization of PATH at its current level of $75 million.

While there is wide agreement that PATH has ended homelessness of many thousands of individuals with serious mental illness, there is nevertheless room for improving the program. NCH recommends that the SAMHSA statute be amended to add a definition of "serious mental illness" so that awardees may serve homeless people with a full range of debilitating psychiatric and emotional impairments; require states to distribute funds based on a demonstration of need; require states to open their allocation processes to any providers with a proven ability to meet the mental health needs of homeless people; and, require SAMHSA to submit a Report to Congress on the program.

Substance Abuse Prevention & Treatment and Mental Health Service Block Grants

- **Reauthorize the Substance Abuse Prevention and Treatment Performance Partnership Block Grant at the $1.51 billion level in FY 1999 and the Community Mental Health Services Performance Partnership Block Grant at the $450 million level in FY 1999.**
- **Require states to address homelessness in their substance abuse block grant planning and reporting.**

It is unlikely that targeted homeless programs will be able to fully meet the need for services to the homeless population, given the magnitude of health and housing problems facing them. We recognize that a healthy mainstream addiction disorder prevention and treatment and mental health infrastructure is needed for all populations, including homeless people, those at imminent risk of homelessness and those in transition from homelessness. Therefore, NCH and NHCHC support reauthorization of the substance abuse and mental health services block grants.

The current mental health block grant law requires states to develop and report on their plans to serve homeless people with federal mental health funds, providing an opportunity for public comment and citizen monitoring. The substance abuse block grant statute, in contrast, includes no such requirement. We urge Congress to replicate the homeless planning requirement in the substance abuse block grant program so that the addiction prevention and treatment needs of this population are factored into the states' primary planning activities.

Knowledge Demonstration and Application (KD&A)

- **Require SAMHSA, at the conception of its KD&A projects, to also develop plans for sustained funding of substance abuse prevention and treatment and mental health services that are determined to be effective.**

Congress has invested substantial resources in numerous SAMHSA substance abuse prevention and treatment and mental health research and demonstration projects, several of which have been focused on the homeless population. Unfortunately, the agency places insufficient emphasis on ensuring that the outcomes of KD&A awards are accompanied by a vehicle to put lessons into practice upon expiration of the grant. This failure represents a missed opportunity to improve the effectiveness of substance abuse prevention and treatment and mental health services and ultimately results in a "loss" of federal funds that could have been better spent on actual service delivery. We encourage Congress to reverse this disappointing situation by establishing mechanisms for translating the findings from KD&A awards into a sustained delivery of services, such as by continuing the awards for a period of time as categorical service grants or by requiring recipients of block grant or targeted funds to incorporate target populations, models, and lessons learned from the KD&As into their delivery structures.

NCH and NHCHC are confident that enactment of the recommendations above will assist in ending homelessness for those with addiction disorders and serious mental illness. Please do not hesitate to have a member of your staff contact Bob Reeg, NCH Health Policy Analyst, at 202/737-6444, ext. 314 for further information about our positions on SAMHSA reauthorization.

Sincerely,

Mary Ann Gleason

Mary Ann Gleason
Executive Director
National Coalition for the Homeless

Sincerely,

John Lozier
Executive Director
National Health Care for the Homeless Council

Congressional Committees with Jurisdiction over Health Resources and Services Administration and Substance Abuse and Mental Health Services Administration

Senate Labor and Human Resources Committee
*** indicates member of Public Health and Safety Subcommittee**

Republicans: Jim Jeffords (VT)*, Dan Coats (IN)*, Judd Gregg (NH), Bill Frist (TN)*, Mike DeWine (OH)*, Michael Enzi (WY)*, Tim Hutchison (AR), Susan Collins (ME)*, John Warner (VA), Mitch McConnell (KY)

Democrats: Edward Kennedy (MA)*, Christopher Dodd (CT), Tom Harkin (IA)*, Barbara Mikulski (MD)*, Jeff Bingaman (NM)*, Paul Wellstone (MN), Patty Murray (WA), Jack Reed (RI)*

House Commerce Committee
*** indicates member of Health and Environment Subcommittee**

Republicans: Thomas Bliley, Jr. (VA), W.J. "Billy" Tauzin (LA), Michael Oxley (OH), Michael Bilirakis (FL)*, Dan Schaefer (CO), J. Dennis Hastert (IL)*, Joe Barton (TX)*, Fred Upton (MI)*, Cliff Stearns (FL), Bill Paxon (NY), Paul Gillmor (OH), Scott Klug (WI)*, Jim Greenwood (PA)*, Michael Crapo (ID), Christopher Cox (CA), Nathan Deal (GA)*, Steven Largent (OK), Richard Burr (NC)*, Brian Bilbray (CA)*, Ed Whitfield (KY)*, Greg Ganske (IA)*, Charles Norwood (GA)*, Rick White (WA), Tom Coburn (OK)*, Rick Lazio (NY)*, Barbara Cubin (WY)*, James Rogan (CA), John Shimkus (IL)

Democrats: John Dingell (MI), Sherrod Brown (OH)*, Henry Waxman (CA)*, Edward Markey (MA), Rick Boucher (VA), Thomas Manton (NY), Ed Towns (NY)*, Frank Pallone, Jr. (NJ)*, Bart Gordon (TN), Peter Deutsch (FL)*, Bobby Rush (IL), Anna Eshoo (CA)*, Ron Klink (PA), Bart Stupak (MI)*, Eliot Engel (NY), Thomas Sawyer (OH), Albert Wynn (MD), Gene Green (TX)*, Karen McCarthy (MO), Ted Strickland (OH)*, Diana DeGette (CO)*, Ralph Hall (TX)*, Elizabeth Furse (OR)*

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National Coalition for the Homeless
Recommended Amendments to the Public Health Service Act
(42 U.S.C. Chapter 6A)
Substance Abuse and Mental Health Services Administration (Subchapter III-A)
DRAFT 7/24/98

Underline indicates new text. Strikeout indicates deleted text.

1. Targeted Homeless Addiction Disorder Treatment Program

Amend Section 506 of the Public Health Service Act as follows:
(or insert a new subpart to Part C—Projects for Assistance in Transition from Homelessness)

(a) Grants for benefit of homeless individuals
The Secretary, acting through the Administrator, may make grants to, and enter into contracts and cooperative agreements with, ~~community based~~ public and private nonprofit entities for the purpose of developing and expanding ~~mental health and substance abuse treatment~~ the services specified in subsection (b) to ~~for homeless~~ individuals who—(1)(A) are suffering from substance abuse; or (B) are suffering from substance abuse and from serious mental illness; and (2) are homeless or at imminent risk of becoming homeless. In carrying out this subsection, the Administrator shall consult with the Administrator of the Health Resources and Services Administration, the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, and the ~~Commissioner of the Administration for Children, Youth and Families~~ Assistant Secretary of the Administration for Children and Families.

[Note: This is the list of services in 522(b) of the Public Health Service Act PATH formula grant program) with a few modifications (underlined).]

(b) Specification of Services.—The services referred to in subsection (a) are—
(1) outreach services;
(2) screening, assessment, and diagnostic treatment services;
(3) habilitation and rehabilitation services;
(4) community mental health services;
(5) alcohol or drug treatment services;
(6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
(7) case management services, including—
(A) preparing a plan for the provision of substance abuse services or community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every three months;
(B) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, and housing services;
(C) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income, and medical assistance, including assistance under Title XIX and Title XXI of the Social Security Act;

(D) referring the eligible homeless individual for such other services as may be appropriate; and
(E) providing representative payee services in accordance with Section 1632(a)(2) of the Society Security Act, if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services;
(8) supportive and supervisory services in residential settings;
(9) referrals for primary health services, job training, educational services, and relevant housing services;
(10)(A) minor renovation, expansion, and repair of housing;
(B) planning of housing;
(C) technical assistance in applying for housing assistance;
(D) improving the coordination of housing services;
(E) security deposits;
(F) the costs associated with matching eligible homeless individuals with appropriate housing situations; and
(G) 1-time rental payments to prevent eviction; and
(11) other appropriate services, as determined by the Secretary.

~~(b)~~ (c)~~Preference~~ Consideration

In awarding grants under subsection (a) of this section, the Secretary shall give ~~preference~~ consideration to—
1) entities that provide or intend to provide substance abuse or mental health services and that have applied for funding under Subtitle C of Title IV of the Stewart B. McKinney Homeless Assistance Act;
2) health centers receiving grants under Section 330(h) of the Public Health Service Act;
3) entities that demonstrate, to the satisfaction of the Secretary, experience in providing substance abuse or mental health services to homeless individuals; and
4. entities that provide integrated primary health care, substance abuse and mental health services to homeless individuals.

~~(c)~~ (d) Services for certain individuals

In making awards under subsection (a) of this section, the Secretary may not:
1) prohibit the provision of services under such subsection to homeless individuals who ~~have a primary diagnosis of substance abuse~~ are suffering from substance abuse and are not suffering from mental illness;
2) make payments under subsection (a) of this section to any entity that has a policy of (A) excluding individuals from mental health services due to the existence or suspicion of substance abuse; or (B) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

~~(d)~~ (e) Term of grant

No entity may receive grants under subsection (a) of this section for more than 5 years although such grants may be renewed.

(f) Relationship to State Substance Abuse Prevention and Treatment Plan.
The Secretary may not make payments under subsection (a) of this section unless the services to be provided by the entity are consistent with the State substance abuse prevention and treatment plan required in Section 1932 (b) of the Public Health Service Act.

(g) Definitions

For purposes of this section, the terms "eligible homeless individual," "homeless individual," and "substance abuse" shall have the meanings defined for such terms in Section 534 of the Public Health Service Act.

~~(e)~~ (h) Authorization of appropriations

There ~~are~~ is authorized to be appropriated to carry out this section, ~~$50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.~~$100,000,000 for each of the fiscal years 1999 through XXX.

2. Projects for Assistance in Transition from Homelessness Program

Amend Title V, Part C of the Public Health Service Act as follows:

Section 522 Purpose of Grants

(a) IN GENERAL.—The Secretary may not make payments under Section 521 unless the State involved agrees that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations, health centers receiving grants under Section 330(h) of the Public Health Service Act, and other community organizations), for the purpose of providing the services specified in subsection (b) to individuals who—

(1)(A) are suffering from serious mental illness; or
(B) are suffering from serious mental illness and from substance abuse; and
2) are homeless or at imminent risk of becoming homeless.

(b) Specification of Services.—The services referred to in subsection (a) are—
(1) outreach services;
(2) screening, assessment, and diagnostic treatment services;
(3) habilitation and rehabilitation services;
(4) community mental health services;
(5) alcohol or drug treatment services;
(6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
(7) case management services, including—
(A) preparing a plan for the provision of community mental health services or substance abuse services to the eligible homeless individual involved, and reviewing such plan not less than once every three months;
(B) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, and housing services;
(C) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income, and medical assistance, including assistance under Title XIX and Title XXI of the Social Security Act;
(D) referring the eligible homeless individual for such other services as may be appropriate; and

(E) providing representative payee services in accordance with Section 1632(a)(2) of the Society Security Act, if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services;

(8) supportive and supervisory services in residential settings;

(9) referrals for primary health services, job training, educational services, and relevant housing services;

(10)(A) minor renovation, expansion, and repair of housing;

(B) planning of housing;

(C) technical assistance in applying for housing assistance;

(D) improving the coordination of housing services;

(E) security deposits;

(F) the costs associated with matching eligible homeless individuals with appropriate housing situations; and

(G) 1-time rental payments to prevent eviction; and

(11) other appropriate services, as determined by the Secretary.

Section 527. DESCRIPTION OF INTENDED EXPENDITURES OF GRANT.

(a) IN GENERAL.—The Secretary may not make payments under Section 521 unless—

(1) as part of the application required in Section 529, the State involved submits to the Secretary a description of the intended use for the fiscal year of the amounts for which the State is applying pursuant to such section;

(2) such description identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located;

(3) such description identifies the process the State intends to use to allocate funds to political subdivisions of the State and to nonprofit private entities pursuant to Section 522;

~~(3)~~ (4) such description provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities; and

~~(4)~~ (5) the State agrees that such description will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to Section 522.

Section 534. DEFINITIONS.

For purpose of this part:

1) ELIGIBLE HOMELESS INDIVIDUAL.—The term "eligible homeless individual" means an individual described in section 522(a).

2) HOMELESS INDIVIDUAL.—The term "homeless individual" has the meaning given such term in section 340(r).

3) STATE.—The term "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

4) SUBSTANCE ABUSE.—The term "substance abuse" means the abuse of alcohol or other drugs.

5) SERIOUS MENTAL ILLNESS.—The term "serious mental illness" means serious and persistent mental impairment as evidenced by chronicity of symptoms and inability to function in the community independently.

SEC. 536. ANNUAL REPORT

Not later than October 1 of each year, the Secretary shall prepare and deliver a report to the Committee on Labor and Human Resources of the Senate and the Committee on Commerce of the House regarding the program under this part, including—

(1) a comprehensive description of the program;

(2) a record and a description of the services for which amounts received under Section 521 were expended during the preceding fiscal year;

(3) a record and description of the recipients of amounts received under Section 521 during the preceding fiscal year;

(4) a record and description of individuals served by recipients that received funds under Section 521 during the preceding fiscal year;

(5) a record and description of the consistency of State programs and services for which amounts received under Section 521 were expended during the preceding fiscal year with applications submitted to the U.S. Department of Housing and Urban Development pursuant to Subtitle C of Title IV of the Stewart B. McKinney Homeless Assistance Act;

(6) a record and description of the coordination of State programs and services for which amounts received under Section 521 were expended during the preceding fiscal year with mental health, substance abuse, housing, health, and other social service programs at the State level; and

(7) such other information as the Secretary deems useful.

3. Substance Abuse Prevention and Treatment Block Grant State Plan

Amend Section 1932(b) of the Public Health Service Act as follows:

STATE PLAN.—

(1) IN GENERAL.—A plan submitted by a State under subsection (a)(6) is in accordance with this subsection if the plan contains detailed provisions for complying with each funding agreement for a grant under section 1921 that is applicable to the State, including a description of the manner in which the State expects to expand the grant.

(2) SPECIAL POPULATIONS.— A plan submitted by a State under subsection (a)(6) is in accordance with this subsection if the plan contains detailed descriptions of the manner in which the State expects to expand the grant on outreach to and services for—

(a) individuals who are homeless;

(b) individuals living in rural areas;

(c) individuals receiving assistance or formerly receiving assistance under Title II, Title IV-A, or Title XVI of the Social Security Act; and

(d) ex-offenders.

[NOTE: This is not intended to be a complete list of special populations. Congress may wish to request states to describe the intended use of block grant funds for other special populations.] special needs.]

~~(2)~~ (3) AUTHORITY OF SECRETARY REGARDING MODIFICATIONS.—As a condition for making a grant under section 1921 to be State for a fiscal year, the Secretary may require that the State modify any provisions of the plan submitted by the State under subsection (a)(6) (including provisions on priorities in carrying out authorized activities). If the Secretary approves the plan and makes the grant to the State for the fiscal year, the Secretary may not during such year require the State to modify the plan.

~~(3)~~ (4) AUTHORITY OF CENTER FOR SUBSTANCE ABUSE PREVENTION.—With respect to plans submitted by the States under subsection (a)(6), the Secretary, acting through the Director

of the Center for Substance Abuse Prevention , shall review and approve or disapprove the provisions of the plans that relate to prevention activities.

4. Priority Needs of Regional and National Significance

Amend Senate draft "priorities of regional and national significance" discretionary authority within CMHS, CSAP, and CSAT to establish preferences for the Secretary's use of funds for targeted capacity response as follows:

Sec. XXX PRIORITY ... NEEDS of REGIONAL AND NATIONAL SIGNIFICANCE.

(a) PROJECTS.—The Secretary shall address priority...needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—
(1) knowledge development and application projects for...and the conduct or support of evaluation of such projects or
(2) training and technical assistance; or
(3) targeted capacity response.

The Secretary may carry out activities described in this section directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or nonprofit private entities.

(b) PRIORITY...NEEDS.—
(1) IN GENERAL.—Priority...needs of regional and national significance shall be determined by the Secretary after consultation with States and other interested groups.
(2) PREFERENCES.—In carrying out activities under subsection (a)(3) of this section, the Secretary shall give preference to activities that are targeted to—
(a) individuals who are homeless;
(b) individuals living in rural areas;
(c) individuals receiving assistance or formerly receiving assistance under Title II, Title IV-A, or Title XVI of the Social Security Act; and
(d) ex-offenders.
[NOTE: This is not intended to be a complete list of special populations. Congress may wish to require the Secretary to give preference to other special populations when exercising her targeted capacity response authority.]

Amend Senate draft "priorities of regional and national significance" discretionary authority within CMHS, CSAP, and CSAT to require Secretary to report to Congress the findings of its Knowledge Development and Application activities; to establish plans for disseminating such findings; and to establish a plan translating these findings into service improvements and expansions as follows:

Sec. XXX PRIORITY ... NEEDS of REGIONAL AND NATIONAL SIGNIFICANCE.

(g) REPORTS TO CONGRESS.
(1) IN GENERAL.—For each project carried out under subsection (a)(1), the Secretary shall shall prepare and deliver a report to the Committee on Labor and Human Resources of the Senate and Committee on Commerce of the House of Representatives regarding the program under this part, including—

(1) a comprehensive description of the activity, the entities that conducted the activity, and the amount of funds received by each entity;
(2) a comprehensive description of the findings of the evaluation of the project required under subsection (d);
(3) a plan for disseminating and applying the findings of the activity to States, service providers, the general public, and other interested parties;
(4) a plan for ensuring that the findings of the activity are sustained and replicated and recommendations for any legislation or funding that may be needed to implement such plan; and
5) such other information as the Secretary deems useful.

5. Report to Congress on Substance Abuse and Homelessness

Sec. XXX

Within 2 years after the date of enactment of this Act, the Secretary shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Commerce of the House of Representatives a report which describes the extent and scope of the problem of substance abuse in the homeless population, the types of substance abuse prevention and treatment services provided by the federal government, States, political subdivision of States, tribes and tribal organizations, and public and private nonprofit entities to such population, the amount of funds spent by the federal government, States, and political subdivisions of States on such services, and the outcomes resulting from the provision of such services to such population. The report shall include recommendations for any legislation and funding that may be needed to improve and expand such services to such population.

(1) a comprehensive description of the activity, the entities that conducted the activity, and the amount of funds received by each entity;
(2) a comprehensive description of the findings of the evaluation of the project required under subsection (d);
(3) a plan for disseminating and applying the findings of the activity to States, service providers, the general public, and other interested parties;
(4) a plan for ensuring that the findings of the activity are sustained and replicated and recommendations for any legislation or funding that may be needed to implement such plan; and
5) such other information as the Secretary deems useful.

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Sec. XXX

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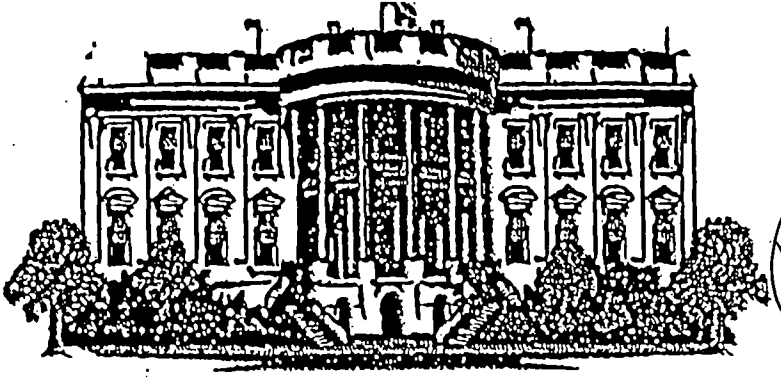


Homeless

THE WHITE HOUSE

Domestic Policy Council

DATE: 8/11/95

FACSIMILE FOR: Jacqui Lawing
708 4091

FAX:
PHONE:

FACSIMILE FROM: Andrea Kane

FAX: 202-456-7431
PHONE: 202-456-5573

NUMBER OF PAGES (INCLUDING COVER): 6

COMMENTS: Pls call me today about this request. Ive attached a few pages from Ted Hayes' web site as reference. Who is the appropriate person to refer him to @ HUD? Doesn't seem like Exec Ords is appropriate - agree?

Dome Village

Justiceville / Homeless, USA
847 Golden Avenue, Los Angeles, CA 90017
Phone: (213) 892-9011, Fax: (213) 892-9068

FAX COVER SHEET

DATE: 8-4-98

Att:
TO: Karen Skelton FAX#: 202-4567929

COMPANY: The White House

* * * * * * * * * * * * * * * * *

FROM: Ted Hayes FAX#: 213/892-9068

NUMBER OF PAGES (including cover sheet): 2

If you do not receive all the pages please call Virginia at 213/892-9011

MESSAGE:

LABOR DAY RALLY

TO END HOMELESSNESS

President Clinton,

We request of you that you use your special powers as President of The United States to issue an Executive Order for a National Plan to end homelessness within ten years.



Sponsored by: Justiceville/Homeless USA
Supporters: The Congress of Racial Equality; The Unity and Diversity Council; The Institute of Noetic Sciences; The L.A. Unemployed Council (L.A. Chapter); The New Panther Vanguard Party; Community Services Unlimited Inc.; The American Civil Liberties Union (L.A. Chapter); New Directions; Southern Christian Leadership Conference (L.A. Chapter); The Big Issue.



Monday, September 7, 1998,
10am to Noon
L.A. County Court of the Flags Park
Downtown Los Angeles

(Between Hill and Broadway, First and Temple;
behind the Law Library and The Hall of Records)

For more information: Contact Ted Hayes, 213-892-9011
email: Homeless@aol.com
Web Site http://Members.AOL.com/Homeless

CURRENT NATIONAL HOMELESS POLICY

Homelessness continues to be an issue of national proportions. Yet nobody will be surprised to learn that not much new is being done about it at the federal government level. Five years ago, President Clinton signed Executive Order Number 12848, way back on May 9, 1993. That order recognized the health and security risks that homelessness presents to our nation. It has yet to be fully implemented. In response to the order, the Department of Housing and Urban Development (HUD) did develop a plan it called: "Priority: Home, The Federal Plan to Break the Cycle of Homelessness." In fact the HUD plan takes us in the right short-term direction. But it hasn't accomplished much, beyond streamlining the allocation of funds to a limited number of approved "grantee" social service agencies. This entrenches a smoother running bureaucracy, but it doesn't really provide a new or fresh approach to dealing with homeless issues. Most importantly, it doesn't begin to eliminate the core problems.

WHAT NEEDS TO BE ACCOMPLISHED?

We need to replace the old molds with something new. For those of you who do not know me, I have dedicated my life to homeless issues. My election to live among the homeless for 12 years gave me a profound vantage point, and I gained unique knowledge. Several years ago, I founded The Dome Village in Los Angeles, where I currently reside. Dome Village delights in creating and providing fresh approaches to solving homeless issues.

We need the President to exercise his Oval Office powers on a much grander basis. I propose *The Hayes National Homeless Plan*: an effort as sweeping as the authority and enthusiasm of the Marshall Plan and the McArthur Plans that rebuilt Europe and Japan at the end of World War II. I have presented it to the President, recognizing that only he can inspire the American peoples to attempt such an epic venture.

A SHORT SUMMARY OF THE NATIONAL PLAN

You are welcome to obtain a copy of the National Plan and to study it at your leisure. . If you have different ideas, let us hear from you! If you have better ideas, well then, now we are talking!

In brief summary, the National Plan calls for the appointment of a cabinet-level *Commissioner of Homeless*, with the primary task of coordinating a national *Commission on the Homeless*. Under the Plan, the *National Commission* will be charged with developing programs and recommending legislation to implement an agenda which is specifically set forth in the National Plan, subject to criteria that are also set forth in the Plan.

The elements of the agenda include creating effective training methods, incentivizing the urban homeless to relocate to less populated zones and to regain pride and productivity through active economic participation. Each element of the agenda requires the National Commission also to develop the means by which every program can be funded by partnerships with business interests which are served.

One prominent idea, for example, is to develop portions of abandoned military bases into "alternative tributaries:" residential enterprise centers where homeless people will be able to begin again. These alternative tributaries would be staffed by Volunteer-Core people, who commit to spend at least one after-college year working and residing in the program. Enterprise-partnering business interests can benefit by contracting for the production of products or for services, and by observing the functioning of the new milieus as alternative business models.

Every element of the Plan's implementation must necessarily present the kind of humane values that make this country great and must reject solutions which opt in favor of the fascism which has always been our country's enemy The *National Commission* will also be required to identify and to accommodate as fully as possible, points of shared self interest among elements of government, business, local communities, the homeless, and the people.

Interagency Council on the Homeless
Policy Group Meeting
Room 7202, HUD Building
Tuesday, August 4, 1998

Follow-up on OSHA Hearings on Proposed Standard for Occupational Exposure to Tuberculosis:

They wanted to a have a special session on homeless shelters and had two days in DC, and one in LA, NY, and Chicago.

Areas of comment:
1. Major groups said yes to OSHA for working with TB, but we need to control problem and solve problems of adequate shelter. We need to look at the core root of the problem.
2. We need more use of local/state TB control laws. A lot are not focused at occupational level. Not recommending skin tests for homeless because of lack of follow-up. Looking for active disease.
3. We need separate standard for homeless shelters than other facilities.
4. Specific comments on revision: early identification of the disease and temporary isolation within five hours is needed. Unfortunately that is too difficult.

Risk of TB is in congregate settings. Masking guests who come in with suspect TB is difficult because the homeless would consider this a disincentive to entering shelter.

Time line: September 4, those at hearing are able to respond to questions asked of them. October 5, final deadline and end of comment period.

HUD Center for Interfaith and Community Partnerships with Father Hacla:

Goal of the program is to reach the non-profit sector, who work extensively in homelessness issues.

Follow-up on NAEH Roundtable Recommendations:

Only half have responded for the meeting.

Update on HUD SuperNOFA:

Deadline for submissions is today. They expect 4000 proposals. $700 million is available in grants. They are using community care as their basis and are also instituting a competitive renewal policy.

Census 2000 Update:

Bureau is finishing dress rehearsal of Service Based Enumeration. They are enumerating everyone in sample. They are changing the identification of service locations by putting up a web site and asking for help in identification. In February of 1999, a certified letter will be sent to state/local offices, which is a major change from 1990 when they used on local resources. This is also the first time they have used paid advertising.

GAO Studies:

These studies are the result of the Senate's interest in homeless assistance provisions. Elements are:

1. Creating an inventory of programs.
2. Looking at four cities - Columbus, Minneapolis, Boston, and New York, and how they address homelessness.

Council on Accreditation Homeless Program Standards:

Council meeting with federal and interest groups to develop standards for homeless programs and other social services. They will have a draft this fall. Standards will be put in place by January 1, 2000. They want to see how services work and what they look like.

May 7 Homeless Veterans Task Force Meeting:

They are trying to get other groups together. The will meet again in October. The VA mainstream programs have a large number of homeless as defined under McKinney. They closed grant application process June 10 and have $5,000,000 available. At the end of September, they will begin giving out grants. The VA had Congressional hearings on homelessness and legislative proposals. The have a proposal that requires the VA to issue loans with long-term repayment for veteran-specific programs.

National Survey of Homeless Assistance Providers and Clients - Analysis Phase Update:

The survey is a joint effort of 12 agencies to gather data on homeless clients (4000). This is a $4.1 million effort. All of the data has been collected, and the Urban Institute is analyzing it. All providers information is done, and one draft of the report has been finished. They have begun analysis of client data. They have promised to have a second draft by the end of the month. The projection is that we will have a single report from homelessness survey, which will discuss who are homeless and what the response is. The draft of both reports (clients and providers) will be finished by this fall, and the national report will be finished by the end of the year.

Symposium of Homeless Research:

There will be a National Invitational Conference in late October. Seven papers

are being written, among the topics are demographics, special populations, emergency shelters, prevention, supportive services, and accountability. At the symposium, papers will be presented, and they will have dialogue. In preparation, HHS in early July commissioned papers from experts in mental illness. These papers will focus on research and what is being done now.

Release of ANCHOR Software:

HUD and HHS with Fannie May have developed a homeless information system. The University of Pennsylvania and PRWT developed the software. The software has completed testing in Anchorage, Detroit, and Boston. UPenn and PRWT are selling the software.HHS and HUD are trying to keep costs down. This is a large undertaking by communities to share information and meet the needs of individuals.

Update on FY 1998 Budget and Legislative Initiatives for Homeless Assistance:

Catherine Meredith was not able to attend.

Agency budgets:
$192 million vouchers
$120 million - Dept. of Agriculture
$2.4 million - HCH
$100 million - FEMA
$28.8 million - Dept. of Education

Surplus Property Working Group:

The want to improve usage. They have spent over $1 million over the life of the program on advertising.

Additional Agency Reports:

There is a concern that we are stepping back to a big campus response to homelessness. We need to think about the role the government can play to prevent this.

Justice Department:

Bill Langley raised issues if homelessness can be covered under the hate crime legislation concerning the demolition of housing for the homeless. The Justice Department has issued a lawsuit against a city in New York in Orange County for getting rid of facilities. The mayor was opposed to the facilities, but not the residents of the area. They are in the middle of litigation and go to trial at the end of the year.

Interagency Council on the Homeless

FAX COVER SHEET

DATE 8-11-98

NUMBER OF PAGES (INCLUDING COVER) 15

MATERIAL SENT TO: Mary Smith

FAX NUMBER: 456-7431

RECEIVER'S TELEPHONE NUMBER: 456 5571

SENDER: George Ferguson
TEL: (202) 708-1480, ext. 4517
FAX: (202) 708-3672

741

Interagency Council on the Homeless

August 10, 1998

MEMORANDUM TO: POLICY GROUP MEMBERS AND STAFF CONTACTS

FROM: FRED KARNAS, JR. FKGF
ACTING EXECUTIVE DIRECTOR

SUBJECT: SUMMARY OF THE AUGUST 4, 1998 POLICY GROUP MEETING

Attached for your information is a summary of the principal matters discussed at the August 4, 1998 Policy Group meeting and required follow-up activities.

Pursuant to our discussion at the meeting (see item G in the enclosed summary), please note that we have scheduled a meeting on Tuesday, September 1 at 2:00 p.m. to discuss future directions in homelessness policy. The meeting will be held in Room 7202 of the HUD Building. I look forward to seeing you there. Please call George Ferguson at (202) 708-1480, ext. 4517, by August 28 to RSVP.

The next regular Policy Group meeting is scheduled for Tuesday, October 6, 1998 at 2:00 p.m. You will receive a draft agenda and information on the time and location of this meeting in September. Please let me know if you have suggestions for agenda items.

Attachment

SUMMARY
POLICY GROUP MEETING
TUESDAY, AUGUST 4, 1998
2:00 p.m.

INFORMATION ITEMS

A. **OSHA hearings on proposed standard for occupational exposure to tuberculosis**

Alana Landey of DOL/OSHA briefed the Policy Group on some of the key policy issues that were raised during the recent public hearings on OSHA's proposed standard to protect workers in homeless shelters from tuberculosis. The publicity by ICH and others produced a good response to OSHA's invitation to comment on the proposals, and a broad variety of interest groups and service providers testified at the hearings in Washington, Chicago, New York City and Los Angeles. Copies of the individual written testimony and verbatim transcripts are available on request. The post-hearing comment period ends October 5, 1998. OSHA staff have promised to consult with the Council in reviewing the testimony from the hearings and in developing a final rule. OSHA will send a copy of a report containing the results of a recent OSHA survey of homeless shelters to Council staff for distribution to Policy Group members who might be interested. For additional information, call Landey at 219-7157.

B. **HUD Center for Interfaith and Community Partnerships**

Fred Karnas distributed copies of a brochure describing the Center for Interfaith and Community Partnerships, a new office in HUD that is designed to provide a direct link to grassroots groups confronting poverty and housing needs in their communities. The office will work to broaden HUD's outreach efforts to these groups and serve as a referral source for information on HUD programs. For additional information, call the Center at 1-800-308-0395.

C. **FOLLOW-UP ACTIVITIES FOR THE FEBRUARY 3 ICH/NAEH ROUNDTABLE MEETING**

Karnas reminded the group of his interest in providing responses to the recommendations received from the participants in the joint meeting of the Policy Group and the National Alliance to End Homelessness Roundtable on February 3. To date, only three agencies have replied to his request for draft responses to the issues within their

purview. He urged them to submit their input to Council staff ASAP.

D. **Update on HUD SuperNOFA**

John Garrity of HUD's Office of Special Needs Assistance Programs reported that applications are due on August 4 for the $700 million available to support local Continuums of Care. Grant awards are expected to be announced in late November or early December. Garrity invited other agencies to lend staff support for application reviews. A full- or part-time commitment for approximately six weeks beginning the fourth week of August is required. For additional information, call Garrity at (202) 708-4300, ext. 4492.

In response to a question, Karnas said that he would look into the possibility of summarizing some of the information in this year's applications to provide a broad national overview of the locally expressed need for homeless assistance.

E. **Census 2000 Update**

Annetta Clark Smith reported that Census Bureau staff are finishing up the pre-tests of operations for Census 2000 in three locations which involve methods to ensure that hard-to-reach populations such as homeless people who are found in non-traditional locations have an opportunity to be counted through a "service-based" enumeration. A location on the Census Bureau's web site that will be in place from late August through December will invite local agencies and nonprofit organizations to voluntarily assist in reviewing draft lists of service locations. Additional outreach will be conducted in connection with a large mailing in February 1999 to local elected officials. For the first time, the Census Bureau will use paid advertising and other innovative methods to encourage people who would not otherwise be counted to participate in the decennial census.

F. **GAO Studies**

Karnas reported that GAO is undertaking a broad review of various aspects of Federal homeless assistance programs in response to Congressional requests. Included in this review are studies of the accessibility of "mainstream" Federal program resources, the importance of funding for supportive services in the McKinney programs administered by HUD, and a case study of local Continuums of Care in Boston, New York, Columbus, and Minneapolis.

G. **Council on Accreditation Homeless Program Standards**

George Ferguson of the Council staff noted that he and Mary Ellen O'Connell of HHS had recently participated in meetings sponsored by the Council on Accreditation (COA) of Services for Families and Children, an independent not-for-profit organization based in New York. Working in partnership with the Volunteers of America, COA is revising and expanding COA's program accreditation standards to better address the service needs of homeless people. Following an extensive opportunity for public comment this fall, COA will incorporate the revisions into the next edition of its standards which will become effective on January 1, 2000.

Karnas mentioned that Martha Fleetwood of HomeBase (CA) is working to develop a consensus of "next steps" for local communities, and invited feedback from ICH. (A copy of the report Karnas received from Fleetwood is attached.) He noted that HUD had recently met with public interest groups to discuss future directions for homelessness assistance and housing policy. Karnas will invite Policy Group members to attend a meeting in the next few weeks to discuss these and related issues. (Note: This meeting has been scheduled for Tuesday, September 1 at 2:00 p.m. See the cover letter for additional details.)

H. **May 7 Homeless Veterans Task Force meeting**

Pete Dougherty reported that VA convened another of its regular meetings of the Homeless Veterans Task Force on May 7 to share information with veterans service organizations on current Federal resources and activities. The next meeting will be scheduled for October. He noted that VA expects to announce the approximately 25 recipients of grants under the 1998 Homeless Providers Grant & Per Diem Program by the end of September. He briefed the group on two pending legislative proposals involving loans and other resources for programs serving homeless veterans.

I. **National Survey of Homeless Assistance Providers and Clients**

James Hoben of HUD's Office of Policy Development and Research reported that Marti Burt's work on the analysis phase of the national survey is generally proceeding according to schedule. A second draft of the report on the data collected from homeless service providers and a preliminary draft of the report on the data collected from service users are expected by the end of August. A single draft of the full report is expected to be ready for circulation to the NSHAPC working group and the group of expert advisers in the early fall and--depending on the speed of final agency clearances--a final report could be

issued by the end of December.

J. **Symposium on homeless research**

Mary Ellen O'Connell updated the Policy Group on plans by HUD and HHS to co-sponsor a national symposium on homeless research on October 29-30, 1998 in Rosslyn, Virginia. Seven papers have been commissioned on what has been learned in connection with key topics and themes related to homelessness. Approximately 110 people will be invited, including representatives of the member agencies of the Interagency Council. The authors of the papers will discuss their findings, other experts will respond, and the audience will have an opportunity to comment. Additional information will be distributed as the plans are developed further. O'Connell noted that HHS in July sponsored a successful symposium with a similar format on interventions related to primary-health, mental-health and substance-abuse services.

Karnas noted that the Campaign for a New Community, a four-year project sponsored by the Interfaith Conference of Metropolitan Washington and the Council of Churches of Greater Washington, is sponsoring "A National Dialogue on Collaborating for Successful Siting of Housing and Service Programs" from November 12-14, 1998 in Arlington, VA. He promised to fax information on it to the Policy Group. (Note: The information is attached.)

K. **Release of ANCHoR software**

Hoben noted that the ANCHOR System, which provides a software tool for client assessment and program monitoring to providers, advocates and government agencies, was released for general distribution in May. The ANCHoR project was funded by HUD, HHS, the Fannie Mae Foundation, PRWT Services, Inc., and the University of Pennsylvania. Other software vendors have developed similar information tools with varying capacities for information and referral and/or client tracking.

L. **FY 1998 budget and legislative initiatives for homeless assistance**

Karnas noted that both the House and the Senate have generally supported HUD's request for a substantial increase in its homelessness assistance budget. O'Connell reported that it is possible that the Health Care for the Homeless and PATH programs will receive small increases. John Pentecost of USDA said that the Section 515 rural rental assistance program may receive level funding as the agency moves more toward loan guarantee programs. Carol Coleman of FEMA indicated that the Emergency Food and Shelter Program

is likely to receive level funding at $100 million, though an increase to $130 million has been proposed in one bill. Shawn Mussington of ED said the Homeless Children & Youth Program is also slated to receive a small increase.

M. **Surplus Property Working Group**

Karnas reported that the Surplus Property Working Group was scheduled to meet immediately following today's meeting to continue its discussion of the list of possible improvements to the Title V real property program that was developed by the Surplus Property Working Group last November.

N. **Additional agency reports**

--Marsha Martin of HHS said that an internal HHS working group has been meeting to undertake a systematic review of that agency's "mainstream" programs and to discuss ways of ensuring that these programs provide real opportunities for access by homeless people and those who provide services to them. She invited other agencies to join them and to undertake similar reviews. She suggested consideration of demonstration projects to illustrate best practices in transitioning from targeted programs to mainstream programs.

--Martin also asked the agency representatives to consider providing funding assistance to the National Coalition for the Homeless for a proposed national conference on a wide variety of issues related to homelessness. The conference is scheduled to be held in Washington in September 1999. Approximately $100-125,000 in matching assistance is needed. For additional information, call Mary Ann Gleason of the National Coalition at (202) 737-6444.

--Lars Waldorf of DOJ said that the Civil Rights Division recently has been involved in homelessness issues through (1) meeting with the National Coalition on treating violence against homeless people as a hate crime and the "criminalization" of homelessness; (2) review of case involving a proposal to demolish affordable housing; and (3) a local jurisdiction's possibly illegal requirement of a special use permit for an adult residential care facility.

O. **Next Policy Group Meeting**

Karnas announced that the Policy Group will continue to meet bi-monthly on the first Tuesday of the month. Accordingly, the next meeting is scheduled for Tuesday, October 6, 1998 at 2:00 p.m. An agenda and confirmation notice for the meeting will be sent out in September.

Attachments

SAN FRANCISCO BAY AREA REGIONAL STEERING COMMITTEE
ON HOMELESSNESS AND HOUSING

HOMELESSNESS ISSUES BRIEF

DEVELOPING CONSENSUS ON NEXT STEPS FOR LOCAL COMMUNITIES

The 1987 passage of the McKinney Act, and the movement by HUD in 1993 to reward communities who engage in comprehensive planning using the continuum of care model, have fostered the emergence of new response systems in communities throughout California. In 1999 and 1998, consumers, clients, service providers, advocates, local governments, nonprofit housing developers, banks, and religious community members participated in a state-wide dialog about what we had lived through in the past decade of responding to homelessness. From those conversations, emerged the Four Points and drawings which follow.

Point One: Homelessness will continue to occur as a blend of individual and systemic causes, requiring communities to develop and invest in an infrastructure to meet basic human needs.

From 1975-1990, the housing, income and support service systems in place in local communities, which were under the funding, structure or aegis of federal and state programs, began to fragment so severely that large numbers of people became homeless.

"Feeder" factors in homelessness—those deep system problems that allow homelessness to happen include:

- no welfare, no jobs
- not enough public housing or Sec. 8's
- outplacements from institutions w/out housing discharge planning, such as mental health, prison, foster care age out
- not enough behavioral care, health care, or other support services

With these as the environment in which people with few resources are living, homelessness happens when a "crisis of poverty" hits, or a chronic disability leads to residential instability.

Once a person becomes homeless, their personal resource network may sustain their basic living needs for awhile. When a community experiences a large number of people becoming homeless, and when those personal networks wear thin, a community-wide response system is needed.

In the early 90's, we reached agreement on a Comprehensive Homeless Services System design for each community. It consists of 6 key components, that provide:

1. outreach, intake, assessment, prevention
2. emergency shelter with income and support services
3. transitional housing with income and support services
4. permanent housing
5. supportive housing
6. an administrative and coordinating structure to provide leadership, advocacy, planning and program design, connections among all branches, and access to resources.

Now, local communities are all confronting the problem of how to sustain this system, given:

- ever expanding costs
- concerns of supporters w/entitlement thinking about resources
- choosing between allocating resources to renewals OR to new programs
- inability to access or apply all federal funds available
- shrinking private resources, especially for admin. and advocacy
- continual restructuring and instability of local government positions
- attitudes concerning agency builders vs. problem solvers.

Point Two: Viable community systems of response to homelessness must incorporate access to mainstream programs with sustainable homeless-specific services.

Sustainability will become possible through two strategies:

1. *restructuring the mainstream systems of meeting basic human needs so that the needs of all are accommodated;*

   A key criticism has been of mainstream systems that tap into homeless-specific funding streams in order to expand mainstream programs to serve homeless people, rather than using mainstream funds for this population. Capturing mainstream resources to serve

homeless people, increasing mainstream resources while expanding access, are our needs.

2. *integration of the homeless services system with mainstream systems of care.*

Integration will allow there to be a flow of people in need, and information concerning those needs, between the homeless and mainstream components of what are two free-standing systems, that are now perceived as predominantly inter-dependent. Specialties must be respected, while creating mechanisms for these systems to work together as a whole for serving homeless people.

Agencies in local communities have been forming natural affiliations with mainstream groups for years, as the most effective way to reach their goals. Relationships built program by program and agency by agency need to be strengthened, supported, and promoted. While many service provider agencies and community-wide plans espouse these strategies, implementation is lagging, and frequently unfocused.

Point Three: **The movement to reduce homelessness has incubated new models of service provision, incorporating social justice strategies, now ready for inclusion in all systems of meeting basic human needs.**

It is time to identify the great lessons that have been learned in responding to homelessness, and to articulate these in ways that all programs related to meeting basic human needs can absorb. Thus, mainstream programs will better prevent homelessness and meet the needs of homeless people, and homeless programs will be appreciated as specialized components of local service systems.

Point Four: **The paradigm shift underway is transforming all mainstream systems of meeting human need, providing an unparalleled opportunity to redress the root causes of homelessness.**

To sustain the movement to end homelessness, it is also time to very consciously build bridges to mainstream programs. Some of this is work we have been doing, that can be tedious and soul-grinding, such as:

- reshaping workforce development programs into One Stop Job Centers;
- accessing community clinics and community mental health centers;

- gaining entree into special needs housing; and,
- focusing low-income housing providers on the poorest of the poor, in the absence of sufficient rent subsidies.

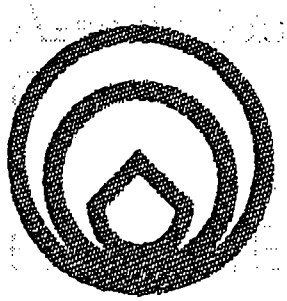
Meanwhile, key shifts that have been underway accelerated between 1994-1997, to throw the mainstreams systems of meeting human needs into major system-reform transitions. While working in the late 1980's to identify the problems in those systems that caused homelessness, no one dreamed at what a fast and sweeping pace change would come. All the key systems concerned with homelessness are now in transition, and the next five years may determine the feasibility of forcing through changes that are inclusive of meeting human need so that the frequency of homelessness diminishes.

❖ ❖ ❖

The San Francisco Bay Area Regional Steering Committee on Homelessness and Housing (RSC) is a nine-county body composed of representatives of local government, non-profit homeless service providers, and housing developers, academics, advocates, and homeless people. The RSC meets bi-monthly to collaborate on homelessness and poverty issues. We have been proactive in advocating our concerns regarding federal policy issues, articulating Issues Briefs and such documents as "Homelessness in the San Francisco Bay Area: Federal Solutions" and "Infusing Humanity into Welfare Reform: A Statement of Principles for a New Social Contract." For additional information, please call RSC staff, Martha Fleetwood/Executive Director at HomeBase at 415.788.7961, ext. 12.

Building Better Communities:

A National Dialogue on Collaborating for Successful Siting of Housing & Service Programs



Campaign for New Community
November 12-14, 1998

Dear Colleagues:

You are cordially invited to participate in this unique National Dialogue on Successful Siting. The Campaign for New Community is bringing together the national leadership of *all* affected constituencies and stakeholders for an intensive discussion about ways to arrive at a win/win solution--providing housing and human services for people in need in community-based settings while at the same time revitalizing neighborhoods and building an inclusive sense of community.

By assembling not just the 'usual suspects' such as non-profit service and housing providers and advocates but also actively recruiting neighborhood groups, property owners, developers and financiers, planners, religious institutions, consumer groups and policy analysts, a unique opportunity for dialogue will be offered.

The principal objectives of this National Dialogue are many: ☆To learn from success, to show off the best tools, resources and practices used in successfully removing barriers, to defeat discriminatory practices, and to build inclusive communities. ☆To introduce the lessons learned from community building as models for collaboration for successful siting among a wide variety of community institutions and leaders. ☆To educate the leaders of key organizations nationwide so they can in turn educate and influence whole systems and regions. ☆To launch the Building Better Communities Network which will serve as a clearinghouse--a source of technical information and as a linkage among people nationwide who share a commitment to build inclusive communities.

We believe that this Dialogue will be a force for change because it brings together very diverse constituencies, is grounded in a commitment to collaboration, and has been developed through a collaborative planning process with national organizations. This Dialogue will focus on success and on specific outcomes. It is timely and has a follow-up plan.

We hope that you will be able to participate with other national leaders, and to join us at the National Dialogue in November.

Jean Duff

Jean Duff
Director, Campaign for New Community

CNC is a four-year project co-sponsored by the Interfaith Conference of Metropolitan Washington and the Council of Churches of Greater Washington. Its Management Committee represents a broad base of religious institutions, District residents, and social service providers, who care about promoting compassionate and inclusive neighborhoods.

Partners In The Dialogue

AFL-CIO Investment Program
American Planning Association
Judge David L. Bazelon Center for Mental Health Law
Beyond Shelter, Inc.
Catholic Charities USA
Center for Community Change
Community Partnership for the Prevention of Homelessness
Congress of National Black Churches
Corporation for Supportive Housing
Enterprise Foundation
Habitat for Humanity International
HomeBase of the San Francisco Bay Area
Howrey & Simon
Leadership Conference on Civil Rights
Local Initiatives Support Corporation
Lutheran Services of America
National Alliance to End Homelessness
National Association of Community Action Agencies
National Association of Counties
National Association of Home Builders
National Association of Realtors
National Coalition for the Homeless
National Council of Churches
National Housing Conference
National Law Center on Homelessness and Poverty
National League of Cities
National Leased Housing Association
National Low Income Housing Coalition
National Neighborhood Coalition
Neighborhood Reinvestment Corporation
Project H.O.M.E.
Religious Action Center of Reform Judaism
U.S. Department of Housing and Urban Development
U.S. Conference of Mayors

Program at a Glance

Thursday, November 12

9:00-12:30 p.m.	Registration Resource Center/Exhibit; Visits/Briefing on Capitol Hill with Federal Agencies
12:30-1:10 p.m.	Welcome & Overview of the Issues: Connecting Community Building to Successful Siting
1:10-2:00 p.m.	Opening Keynote Address
2:00-3:00 p.m.	Panel One: Models of Success in Community Interventions
3:15-4:15 p.m.	Panel Two: Models of Success in Barrier Removal
4:15-5:45 p.m.	Small Group Dialogue
6:00-8:00 p.m.	Dinner-Guest Speaker

Friday, November 13

7:15-8:30 a.m.	Breakfast-Guest Speaker
8:30-9:30 a.m.	Feedback from Small Group Dialogue and Discussion
9:30-10:45 a.m.	Plenary: Dialogue on Governance Issues
11:00-12:00 p.m.	Small Group Dialogue
12:30-2:15 p.m.	Building Better Communities: A Vision for Working Together to Care for Those In Need
2:30-3:30 p.m.	Plenary Session/Dialogue Panel
3:45-5:00 p.m.	Conclusion: Dialogue Panel Remarks and Next Steps
5:00-7:00 p.m.	Reception-Guest Speaker

Saturday November 14

Building Better Communities Resources Institute, Designed for leadership, the Institute gathers the best resources in the U.S....experts, best practices, materials...in all key topics relevant to successful siting into a convenient 'one stop shop'. Leaders attending the National Dialogue may select either a 6 hour workshop or two 3 hour modules in their topic(s) of greatest interest.

Topic 1 Tools & Strategies for Planning and Siting Housing and Services (6 hours)
Leaders: Tom Iglesias, Non-Profit Housing Association of Northern California; Martha Fleetwood, HomeBase for the San Francisco Bay Area. Of special interest to participants with specific siting or developmental projects.

Topic 2 Community Building (6 hours)
Leaders: TBA. Gathers state-of-the-art information on community and coalition building techniques and experience. Includes grassroots organizing, neighborhood collaborative planning techniques (with the American Planning Association), and building non-traditional alliances.

Topic 3 Legal Solutions (6 hours)
Leaders: Lois Williams, Howrey & Simon; Michael Allen, Judge David L. Bazelon Center for Mental Health Law. Delivers an overview of legal issues related to successful siting for those seeking basic knowledge and specific solutions. Includes an overview of legal issues, consideration of litigation, and a briefing on zoning reform and religious freedom issues.

A.M. Modules

Module 1 (3 hours)
ARCHITECTURAL DESIGN AND SUCCESSFUL SITING. Leaders: Michael Pyatok, Pyatok Associates; and Barbara Knecht, Architect and Housing Consultant. Focuses on the influence of design on community acceptance and on collaboration with community for successful siting. Extensively illustrated with slides.

Module 2 (3 hours)
OVERVIEW OF RESEARCH RELATED TO SUCCESSFUL SITING. Leaders: TBA. Reviews state-of-the-art research on factors related to successful siting including attitudes, myths, trends and outcomes.

Module 3 (3 hours)
SPECIAL POPULATIONS. Addresses the particular siting challenges associated with housing and serving people with special needs, including those who are mentally ill, physically disabled, mentally retarded and those in recovery.

P.M. Modules

Module 4 (3 hours)
ADVOCACY AND GOVERNMENT RELATIONS. Leaders: Maria Foscarinis and Catherine Bendor, National Law Center on Homelessness and Poverty. Useful for people seeking special skills in effectively working with the legislative and executive branches of federal and state government to achieve

Module 5 (3 hours)
CREATING FUNDING PARTNERSHIPS FOR SUCCESSFUL SITING. Leader: Jim Schuyler, The Vanguard Foundation. Focuses on how partnerships for funding can be effective in successful siting. Intended for both funders and project developers.

Module 6 (3 hours)
MEDIATION AND CONFLICT RESOLUTION. Leaders: Richard Collins, University of Virginia Institute for Environmental Negotiation and TBA. Focuses on the use of mediation and conflict resolution techniques for successful siting in community based settings.

Building Better Communities: A National Dialogue

Conference Registration Form & Hotel Information

(Please print. Use one form per person.)

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Registration Fees:
(fees include all sessions, workshops, Institute, meal functions, conference materials)

Early Bird (Before August 1) $250*

Regular (After August 1) $300*

Please Make One(1) Topic or Two(2) Module Selections

___Topic 1: Tools & Strategies

___Topic 2: Community Building

___Topic 3: Legal Solutions

___Module 1: Advocacy & Government Relations

___Module 2: Architectural Design

___Module 3: Overview of Research

___Module 4: Special Populations

___Module 5: Creating Funding Partnerships

___Module 6: Mediation & Conflict Resolution

*There are a limited number of scholarships available. For more information, please contact Renee Nogales at 202 543-2249.

Please note: In order to facilitate dialogue, a maximum number of 500 participants will be accommodated. The Campaign for New Community reserves the right to limit the number of representatives from any one constituency so as to insure the diversity of perspective on the topics.

Make checks payable to: Campaign for New Community

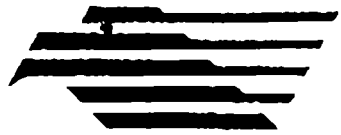
Mail form and check to: Natalie P. Shear, Conference Management
1629 K Street, NW, Suite 802
Washington, DC 20006
1 800 833-1354 or 202 833-4456
fax: 202 775-7465

Registrations will be confirmed by mail only. Please call the number listed above if you do not receive your registration confirmation. Cancellation requests received by October 22 are refundable less a $50 processing fee. Those received after October 22 will be 50% refundable. No refunds will be made after November 4.

Conference Hotel-Hyatt Regency Crystal City

2799 Jefferson Davis Highway
Arlington, VA

The Hyatt Regency Crystal City overlooks the Potomac River, and is five minutes from historic Old Town Alexandria, Pentagon, and just 10 minutes from downtown Washington. A block of sleeping rooms is reserved for the conference attendees at a special rate of $114 per night, single or double. These rooms will only be held until October 22. Reservations received after that date will be accepted only if rooms are available and at the prevailing rate. For reservations, call 1 800 233-1234.



Homeless

Interagency Council on the Homeless

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Preliminary draft of provider report overview, as requested. Not for release or attribution.

GF

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CHAPTER P.1
OVERVIEW OF HOMELESS ASSISTANCE PROGRAMS

Over the past decade the number and variety of programs serving homeless people has grown tremendously, but no national description of this service network has been available. The program components of NSHAPC provide the first description ever at the national level of this service network, covering rural and suburban areas as well as big cities and expanding the list of services well beyond the usual shelters and soup kitchens. This chapter offers an overview of programs and services available in the United States that have a significant focus on serving homeless people. Subsequent chapters examine programs and services in more detail, looking at their geographical distribution, clustering, service configurations, and special population emphases.

SERVICE LOCATIONS AND PROGRAM TYPES

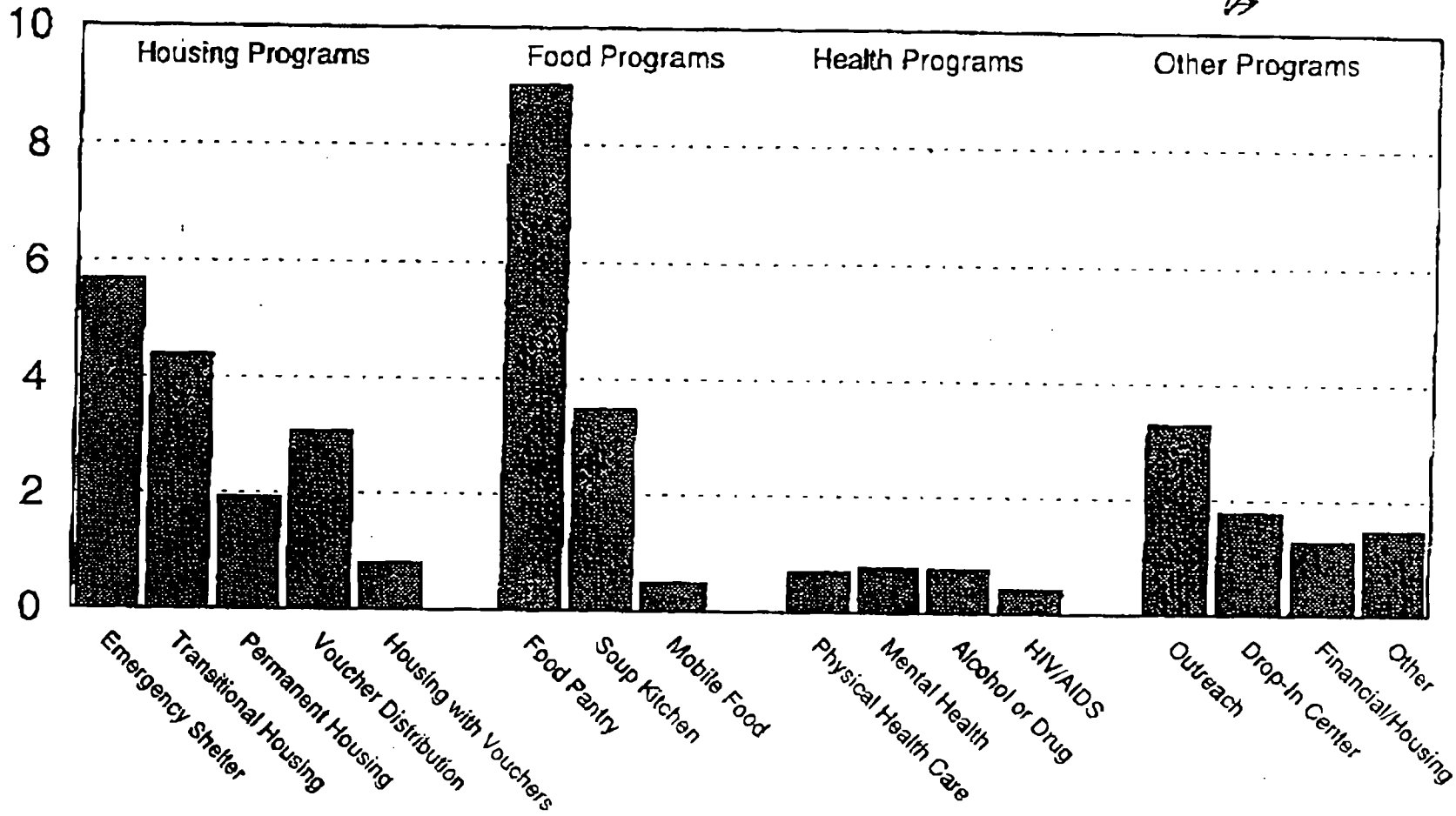
- NSHAPC identified 21,790 service locations in the United States that offer a total of 39,440 homeless assistance programs.
- Food pantries are the most numerous, followed by emergency shelters, transitional housing programs, soup kitchens and other distributors of prepared meals, outreach programs, and voucher distribution programs.

NSHAPC identified 21,790 service locations in the United States that offer a total of 39,440 homeless assistance programs. In NSHAPC a service location is *the building or physical space at which one or more programs are offered*. About half of the service locations (11,100) identified by NSHAPC offer only one homeless assistance program, and half offer two or more programs. Remember that, as defined in Chapter 1, a homeless assistance program in NSHAPC is *a set of services offered to the same group of people at a single location*. In addition, programs located in metropolitan areas (MSAs) had to have a focus of offering services to homeless people. The NSHAPC definition of a *program* has two implications that are important to keep in mind throughout this report: (1) in both metropolitan and rural areas, people other than homeless people often use these programs; and (2) the NSHAPC programs are not the only sources of assistance to homeless persons in metropolitan areas, although they are the programs that identify themselves as intending to serve homeless people as a target population group. Because so few programs outside of metropolitan areas have a primary focus on serving homeless people, programs in these areas were included if they merely served some homeless people (see Chapter 1 for more detail on definitions of *program* and *service location*).

The NSHAPC programs span a wide variety of types, noted in the box below. Figure P1.1 shows their distribution, and how they have been grouped into the four more general program types of housing, food, health, and other programs (see Chapter P2 for more detail about these programs, and Table P2.1 for corresponding statistics). Note that financial/housing programs (e.g., FEMA/EFSP, welfare, public housing programs) were not an NSHAPC category, but were mentioned frequently enough under "Other program" to warrant presentation as a separate category.

FIGURE P1.1
HOW MANY HOMELESS ASSISTANCE PROGRAMS DID NSHAPC IDENTIFY?
(thousands of programs)

added labels to help with later graphics



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

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NSHAPC Program Types
- Emergency shelters
- Transitional housing
- Permanent housing
- Voucher distribution for housing
- Accept vouchers in exchange for housing
- Food pantries
- Soup kitchens/meal distribution programs
- Mobile food programs
- Physical health care programs
- Mental health programs
- Alcohol and/or drug programs
- HIV/AIDS programs
- Outreach programs
- Drop-in centers
- Migrant housing used for homeless persons
- Other

Food pantries are the most numerous type of program serving homeless people, with an estimated 9,030 programs nationwide that do so. Emergency shelters are next with 5,690 programs, followed closely by transitional housing programs (4,400), soup kitchens and other distributors of prepared meals (3,490), outreach programs (3,310), and voucher distribution programs (3,080).[1] As a group, homeless assistance programs with a health focus are the least numerous.[2]

[Figure P1.1 about here]

Homeless assistance programs sometimes operate at locations where they are the only program serving homeless people. Alternatively, they may be situated in a service location with one or more additional homeless assistance programs. To develop a concise overview of these service configurations, service locations were classified into those with core programs only, those with specialized programs only, and those with both. Emergency shelters, transitional housing programs, permanent housing for formerly homeless people, and soup kitchens were considered to be core homeless assistance programs. All other NSHAPC programs (e.g., health, outreach, drop-in, financial/housing) were classified as specialized programs. Service locations were further classified according to the number of core programs offered at that site.

Figure P1.2 shows the distribution according to these classifications of service locations offering at least one homeless assistance program. One-fourth (26 percent) of service locations have at least one core program but do not have any specialized programs (left-hand group of three bars of Figure P1.2). An equal proportion of service locations have at least one core program and also have at least one specialized program (middle group of three bars in Figure P1.2). The remaining 48 percent of service locations do not have any core programs (right-hand group of three bars in Figure P1.2).

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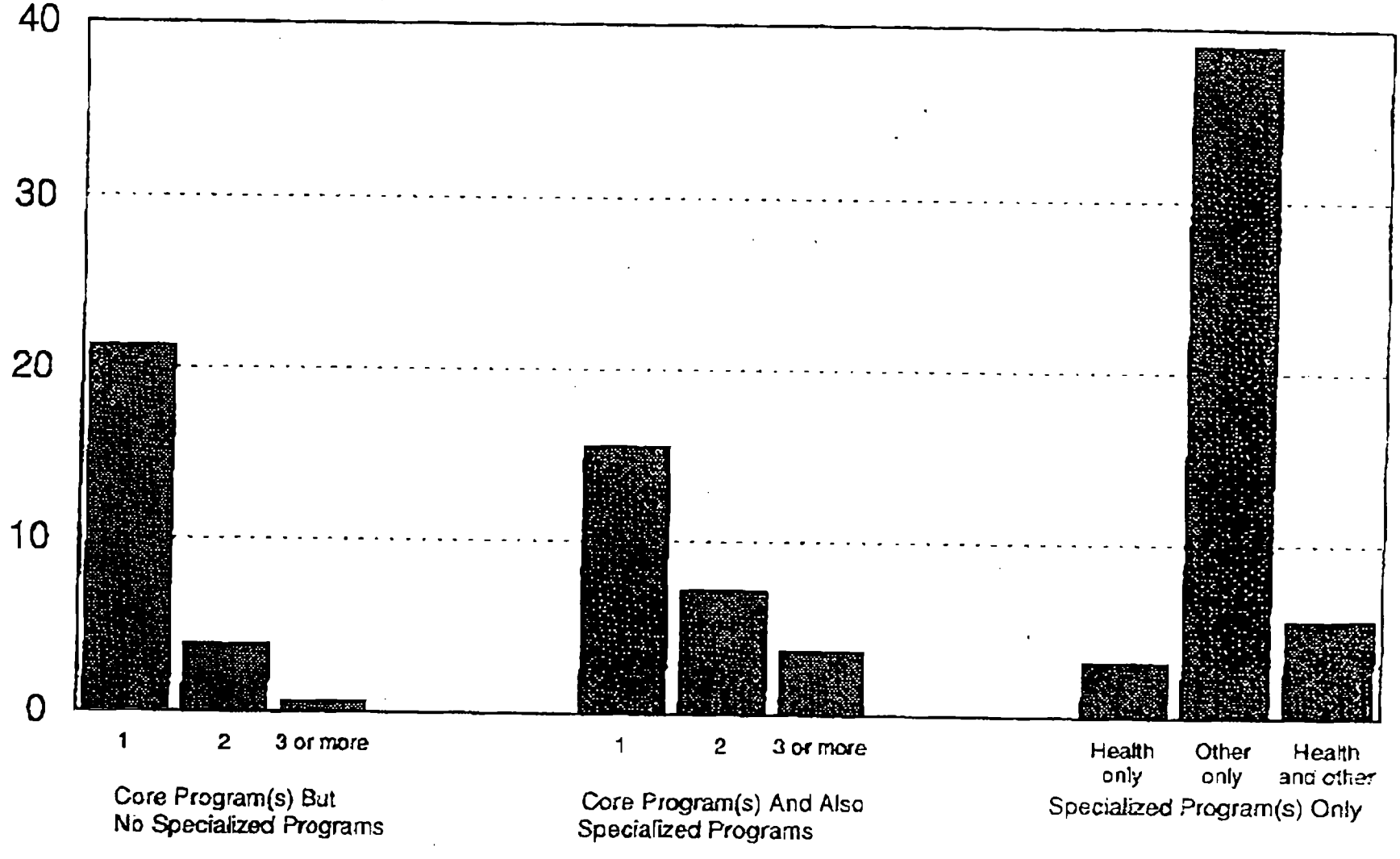
[1] When examining these numbers it is important to remember that they represent the programs that meet the NSHAPC requirement of having a significant focus on serving homeless people. There are many other similar programs around the country that may serve some homeless people but that do not make a special effort to do so, or for which homeless people do not comprise an important segment of their clientele. For example, the 9,000+ food pantries in the NSHAPC sample are only 27 percent of the 34,000+ food pantries, and the NSHAPC's approximately 3,500 soup kitchens are only 45 percent of the 7,700+ kitchens identified by Second Harvest in its 1997 survey (Second Harvest, 1997).

[2] Most of the programs in the category "migrant housing used for homeless persons" are run by service locations with emergency shelter and other housing programs, and cannot be considered separate programs. The single program in this category that did operate as a separate program was included in the "other" program category.

no dia

FIGURE P1.2
HOW ARE HOMELESS ASSISTANCE PROGRAMS ARRANGED IN SERVICE LOCATIONS?

(percent of service locations)



Note: Core programs are emergency shelters, transitional and permanent housing programs, and soup kitchens. All other programs are considered specialized. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

Most locations with core programs have only one. This is most true for the service locations depicted to the left in Figure P1.2, that also do not have any specialized programs (as NSHAPC defines "program"). More than 5 in 6 of these service locations (21 percent of all service locations) are of this type, meaning that their single core program operates in a place that it does not share with any other homeless assistance program.

[Figure P1.2 here]

In the middle of Figure P1.2 are the service locations that have both core and specialized programs. Three in 5 of these locations (16 percent of all service locations) have only one core program, coupled with one or more specialized programs. However, the remaining service locations in this group have not only specialized programs on-site, but also have more than one core program (e.g., both an emergency and a transitional shelter, or both an emergency shelter and a soup kitchen, coupled with one or more health programs, outreach programs, or other programs), suggesting that they may be able to offer their clients a wide array of services at that service location.

To the right in Figure P1.2 are the service locations that do not have any core programs. Many types of programs may operate in these locations, including one or more of the four types of health program, drop-in centers, outreach, housing/financial assistance, mobile food programs, and food pantries. The very large number of food pantries that operate at their own service location without other homeless assistance programs swells the "other only" category, accounting for a full 39 percent of all service locations.

Operating Agencies and Program Funding

Homeless assistance programs may be operated by nonprofit agencies, for-profit organizations, and government agencies. In turn, nonprofit agencies may be secular or affiliated with religious organizations or congregations. Over the years these agencies have responded to community needs by developing homeless assistance programs, and a considerable degree of specialization has been the result. Figure P1.3 shows which types of agencies are most likely to offer housing, food, health, and other programs designed to assist homeless persons (corresponding statistics may be found in Table P2.5).

- Secular nonprofit agencies operate 51 percent of the homeless assistance programs in NSHAPC, followed by religious nonprofits (operating 34 percent of programs), government (14 percent of programs), and for-profit organizations (1 percent of programs).
- Secular nonprofits run the most housing and other programs, religious nonprofits run the most food programs, and government runs the most health programs.

[Figure P1.3 about here]

The first thing that is obvious from Figure P1.3 is that the different types of programs are operated by quite different types of agencies. Secular nonprofit agencies dominate in the housing

FIGURE P1.3
WHAT AGENCIES OPERATE HOMELESS ASSISTANCE PROGRAMS?
(percent of programs operated by different types of agencies, by program type)

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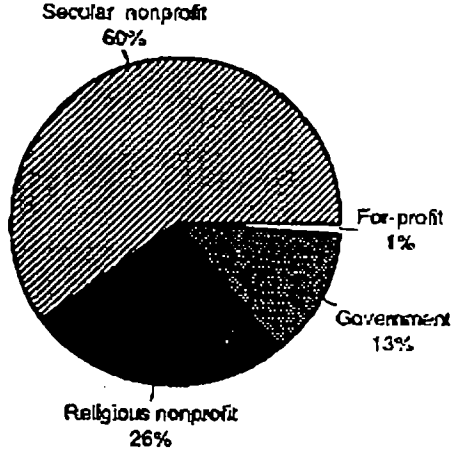
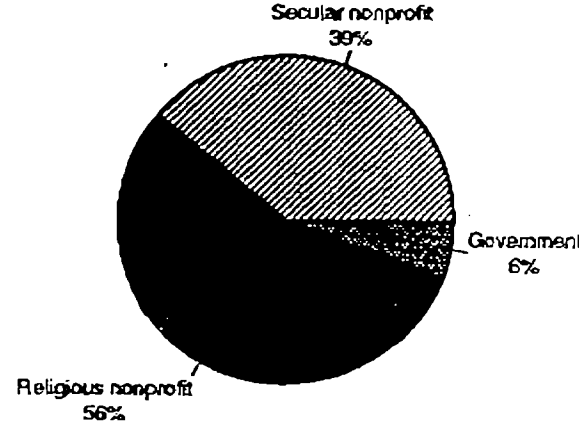
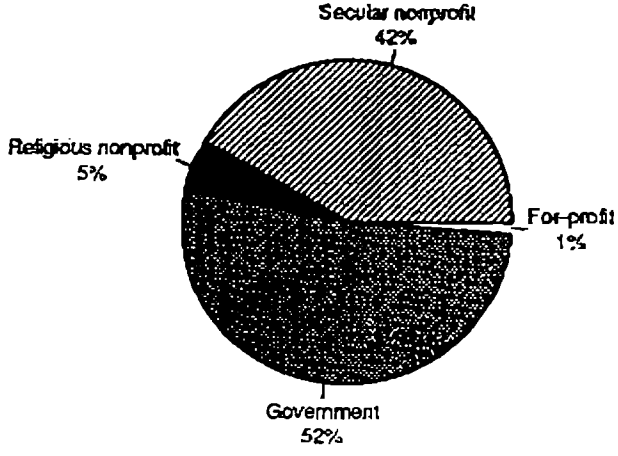
Housing Programs



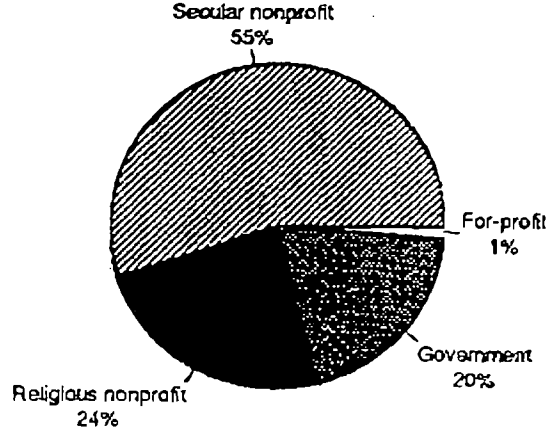
Food Programs



Health Programs



Other Programs



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category, offering 60 percent of all programs, while religious nonprofits dominate in the food category, offering 55 percent of these programs. Health programs are about evenly split between government and non-government agencies, with secular nonprofits dominating among the non-government agencies that offer health programs for homeless people. With respect to homeless assistance, government agencies are least likely to run food programs (5 percent of those programs) and most likely to offer health programs (52 percent of health programs). Secular nonprofits are the most prominent type of agency among other programs offering homeless assistance, which include outreach programs, drop-in centers, housing and financial assistance programs, and other programs. For-profit organizations play almost no role in running homeless assistance programs (1 percent in housing, health, and other programs, and nothing in food programs).

Given the different types of agencies operating homeless assistance programs, it should not be surprising that considerable differences also exist across program types in the extent to which they rely on government funding (federal, state, or local) to support their operations. Figure P1.4 shows these differences (see Table P2.7 for corresponding statistics). Food programs are the most likely to operate without any government funds (true for 51 percent of food programs), and the least likely to be fully supported by government funds (6 percent). Conversely, health programs are the least likely to operate without any government funds (12 percent) and the most likely to be fully supported from government sources (54 percent). In between are housing and other types of homeless assistance programs. One-fourth of all housing programs for homeless people are fully supported by government funds, and about equal proportions receive no government money (23 percent) and up to half of their budget from government sources (22 percent). The final 30 percent of housing programs receive from half to almost all of their support from government funds. Other homeless assistance programs are split quite evenly among the one-third that receive no government funds, the one-third that are completely supported by government, and the one-third whose level of government support falls somewhere in between.

[Figure P1.4 about here]

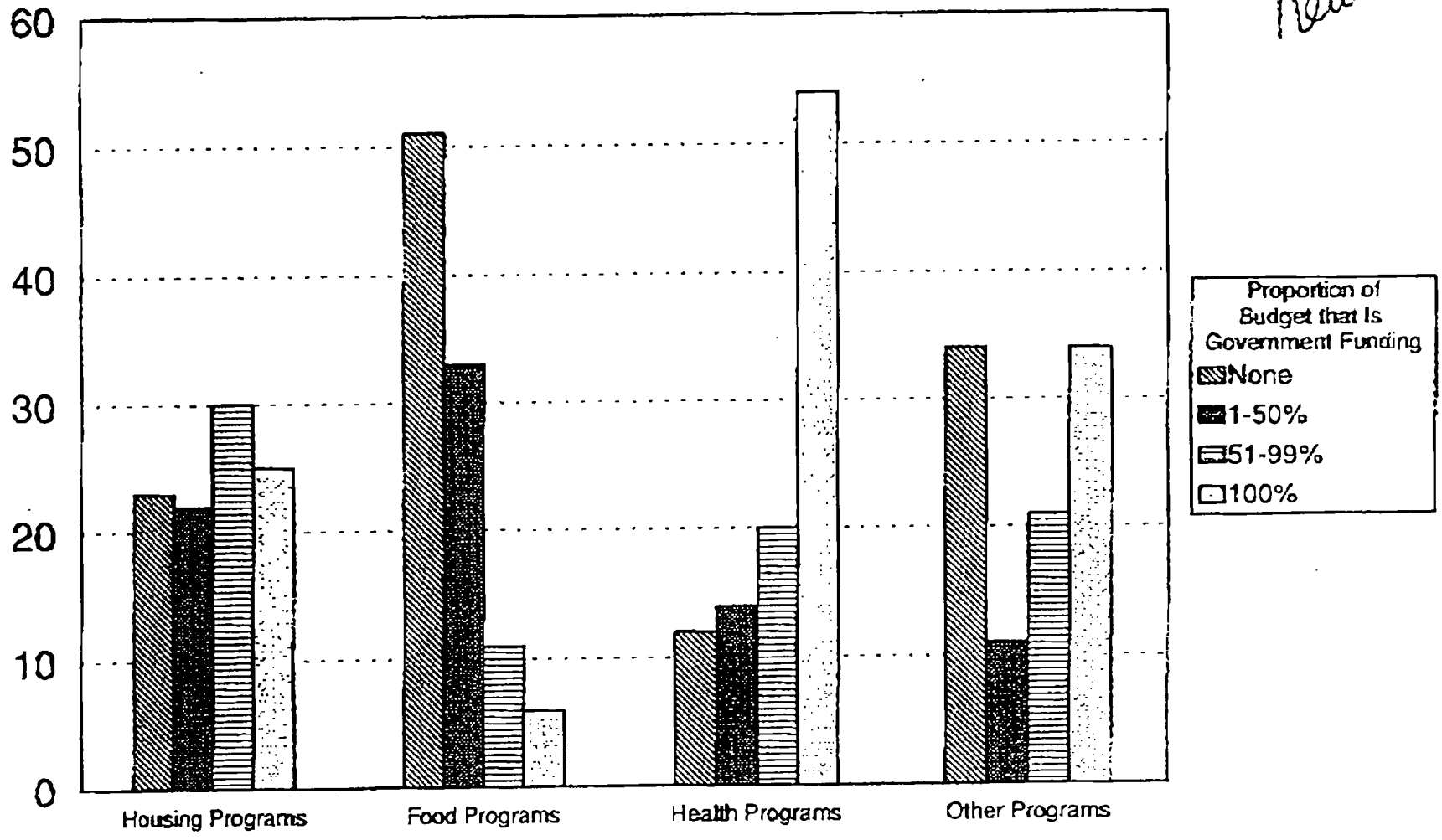
Program Size and Distribution of Services

Of considerable interest to many people are estimates of the number of people being served by homeless assistance programs. NSHAPC results offer an important overview of service utilization in the United States, but must be interpreted correctly to be valid. Since people may use more than one type of service during an average day, these estimates made by program staff necessarily contain an unknown and unknowable amount of duplication. Therefore their answers cannot be added up to determine the total number of people who used services on an average day. Further, many of the people using the programs included in NSHAPC are not homeless, so care must be taken to interpret these program estimates appropriately, as simple estimates of program use by people who may need a wide variety of different services and get some of them at programs that offer assistance to homeless persons among others.

FIGURE P1.4
HOW MUCH DO PROGRAMS RELY ON GOVERNMENT FUNDING?

(proportion of housing, food, health, and other programs relying on government for 0%, 1-50%, 51-99%, or 100% of their funding)

new 4



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

NSHAPC asked program staff about their service levels separately for single-parent families with children, two-parent families with children, the children in these families, adults without children, and unaccompanied youth.[3] These staff estimates were summed (with adjustments as needed such as counting two adults for each two-parent family) to make the estimates of "people served" that are reported here.

Figure P1.5 shows, for each type of NSHAPC program, how many people programs of that type reported serving on an average day in February 1996 (detailed statistics may be found in Table P2.12, Chapter ???). Taken together, food pantries clearly serve the most people (over 1 million) on an average day, followed by soup kitchens (at 522,000). The program types next in volume of people served on an average day—programs offering financial and/or housing assistance, outreach programs, and emergency shelters—all serve fewer than half the people attending soup kitchens (between 240,000 and 246,000 people a day). In contrast, the maximum number of people being served by all four types of health programs with a focus on serving homeless people, taken together, is only about 137,000, and this is true only if each person uses one and only one type of health service on an average day.

[Figure P1.5 here]

Homeless assistance programs vary greatly in size, where size is defined as the number of people served on an average day in February 1996. Figure P1.6 shows how programs of different types are distributed by size (see Table 2.10 for details). The figure makes clear that food programs are most likely to be quite large (26 percent serve 101-299 people daily and 11 percent serve more than 300 people daily), and only about 1 in 11 serves as few as 1-10 people in a day. Shelter and housing programs are most likely to be small (28 percent serve 1-10 people a day and another 31 percent serve 11-25 people a day), with only 2 percent serving more than 300 people daily. Health and other homeless assistance programs are the most evenly distributed across a range of sizes, with about 40 percent of each serving 25 or fewer people daily and about 44 percent of each serving between 26 and 100 people daily.

[Figure P1.6 here]

Program size is not the whole story, however. If one thought only about program size, one might conclude that the image of a homeless emergency shelter as rank on rank of cots in a huge, impersonal armory or open space was largely inaccurate. If 3 out of every 5 shelter/housing programs for the homeless serve 25 or fewer people a day, then it might seem that most people using shelter and housing programs would find themselves in less impersonal surroundings. To get an accurate picture of the nature of the homeless assistance programs that most people

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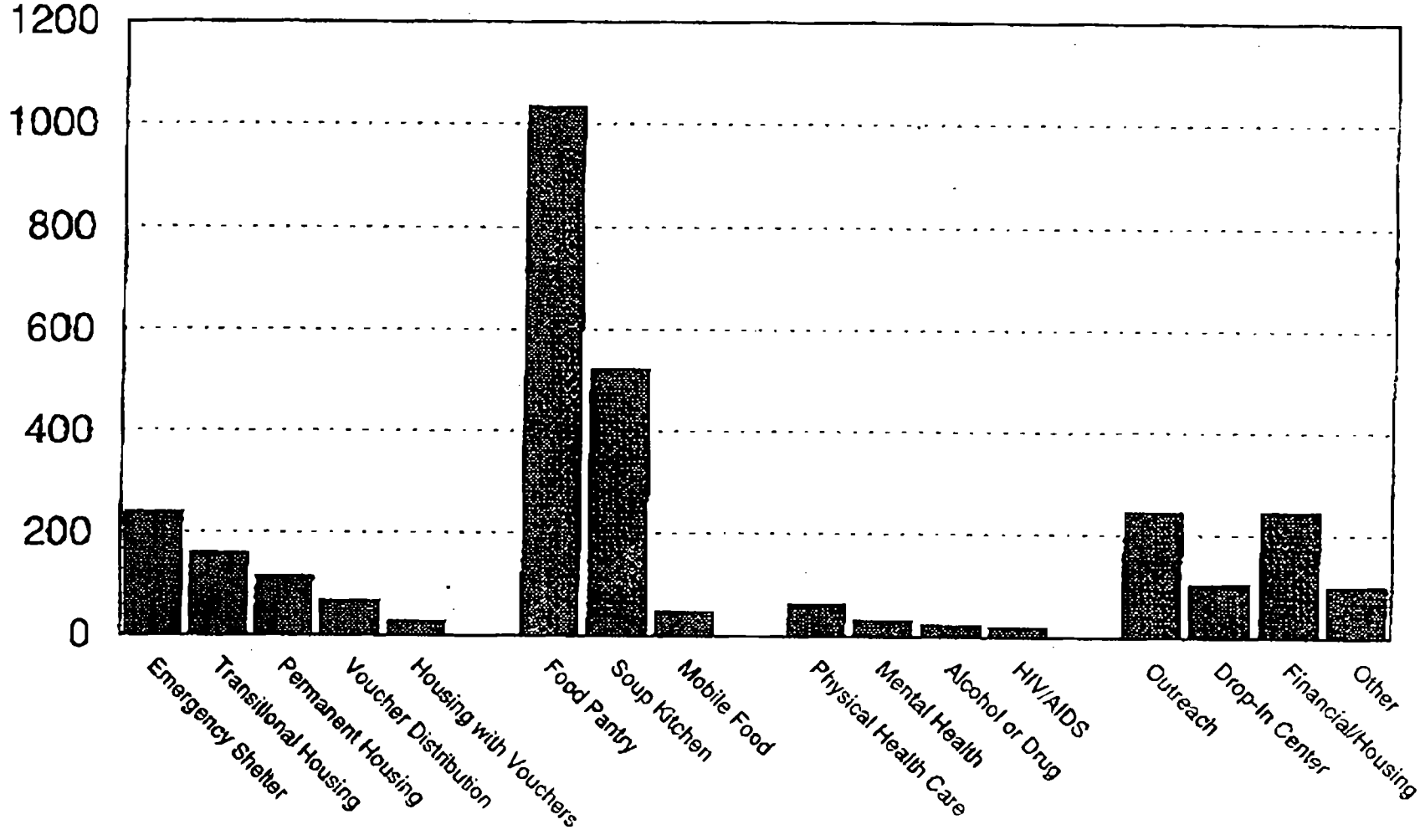
[3] The questions were worded, "On an average day in February 1996 that _(program name)_ operated, how many _(single-parent families with children/two-parent families with children/children in these families/adults without children/unaccompanied youth)_ did you serve?" For programs asked this question before February 1996, their answers are estimates based on past experience. For programs asked this question after February 1996, their answers may be estimates or may be reports based on actual February 1996 statistics. NSHAPC cannot differentiate between these two types of answers.

FIGURE P1.5
HOW MANY PEOPLE DID HOMELESS ASSISTANCE PROGRAMS SERVE ON AN AVERAGE DAY IN FEBRUARY 1996?

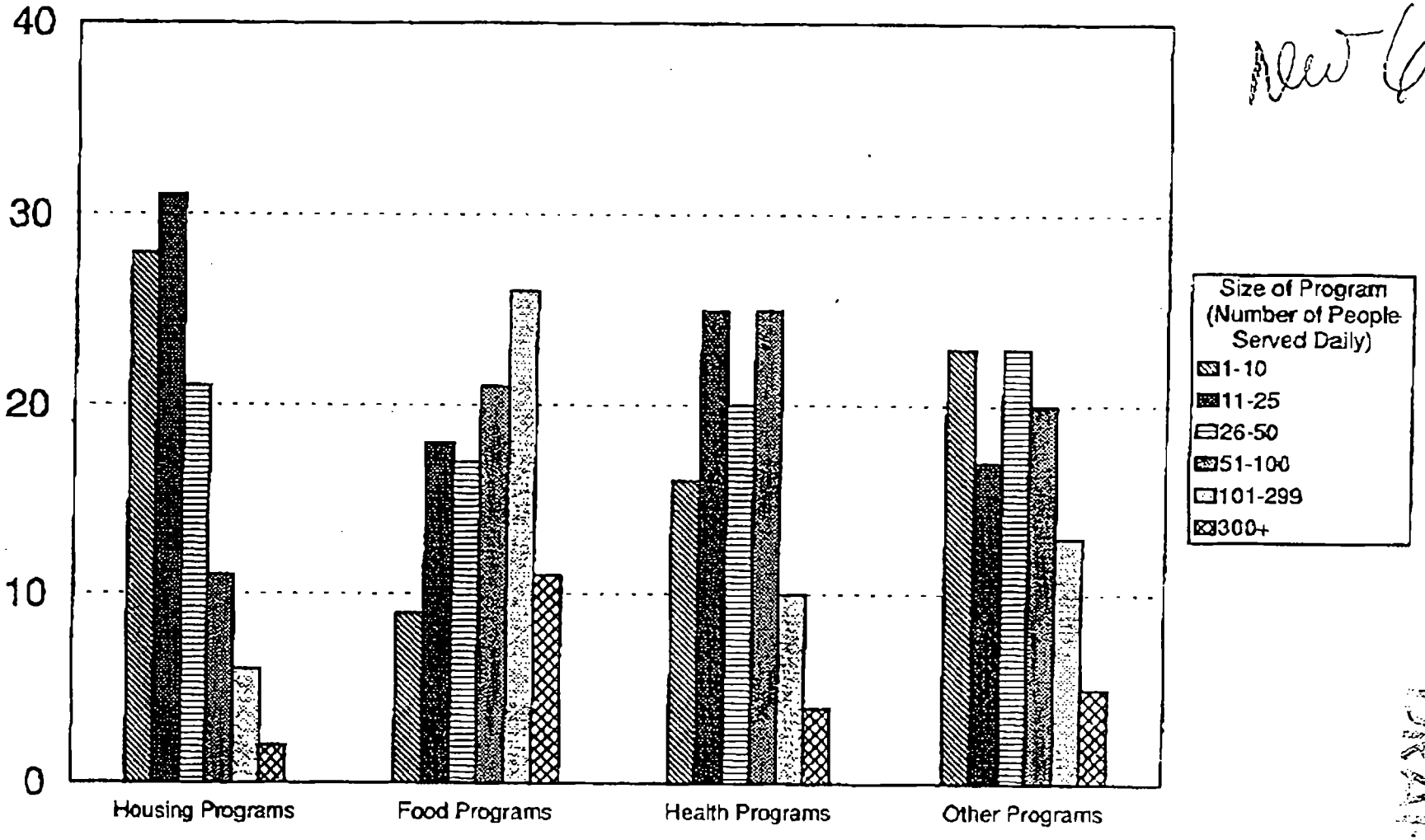
(thousands of people)



DRAFT

Note: These are program staff reports of how many people their program serves on an average in February 1996. They contain duplication and cannot be added together to get the total number of people served on an average day. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

FIGURE P1.6
ARE HOMELESS ASSISTANCE PROGRAMS MORE LIKELY TO BE LARGE OR SMALL?
(percent of programs of various sizes, by program type)



Note: These are program staff reports of how many people their program serves on an average day in February 1996. They contain duplication and cannot be added together to get the total number of people served on an average day. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

experience, it is necessary to ask whether the biggest programs serve the most people, or whether the larger number of small programs accommodate as many or more people. Figure P1.7 provides the answer.

[Figure P1.7 here]

Figure P1.7 reveals that the biggest programs, though few in number, account for very large proportions of the people being served on an average day. This is true regardless of which type of program one examines, but is most true for shelter/housing programs. The 80 percent of shelter/housing programs serving 50 or fewer people daily serve only 32 percent of all the people who use these programs on an average day (in February 1996), whereas the 8 percent of shelter/housing programs serving more than 100 people daily serve 51 percent of the people using shelter/housing programs. Indeed, the 2 percent of these programs serving more than 300 people daily serve 28 percent of all shelter/housing users on an average day.

The story is the same with food and other homeless assistance programs. Only 11 percent of food programs and 5 percent of other programs serve more than 300 people daily, but these programs accommodate, respectively, 55 percent of everyone getting food from food programs and 56 percent of everyone getting help from other programs on an average day. Service delivery in health programs for the homeless is less skewed toward the very large programs (over 300 daily) and away from the very small programs (25 or fewer daily), but even here the 41 percent of programs that are very small serve only 7 percent of those who use health programs on an average day, while the very large programs serve 30 percent of these health program users (see Tables P2.10 and P2.12 for details).

Program Focus

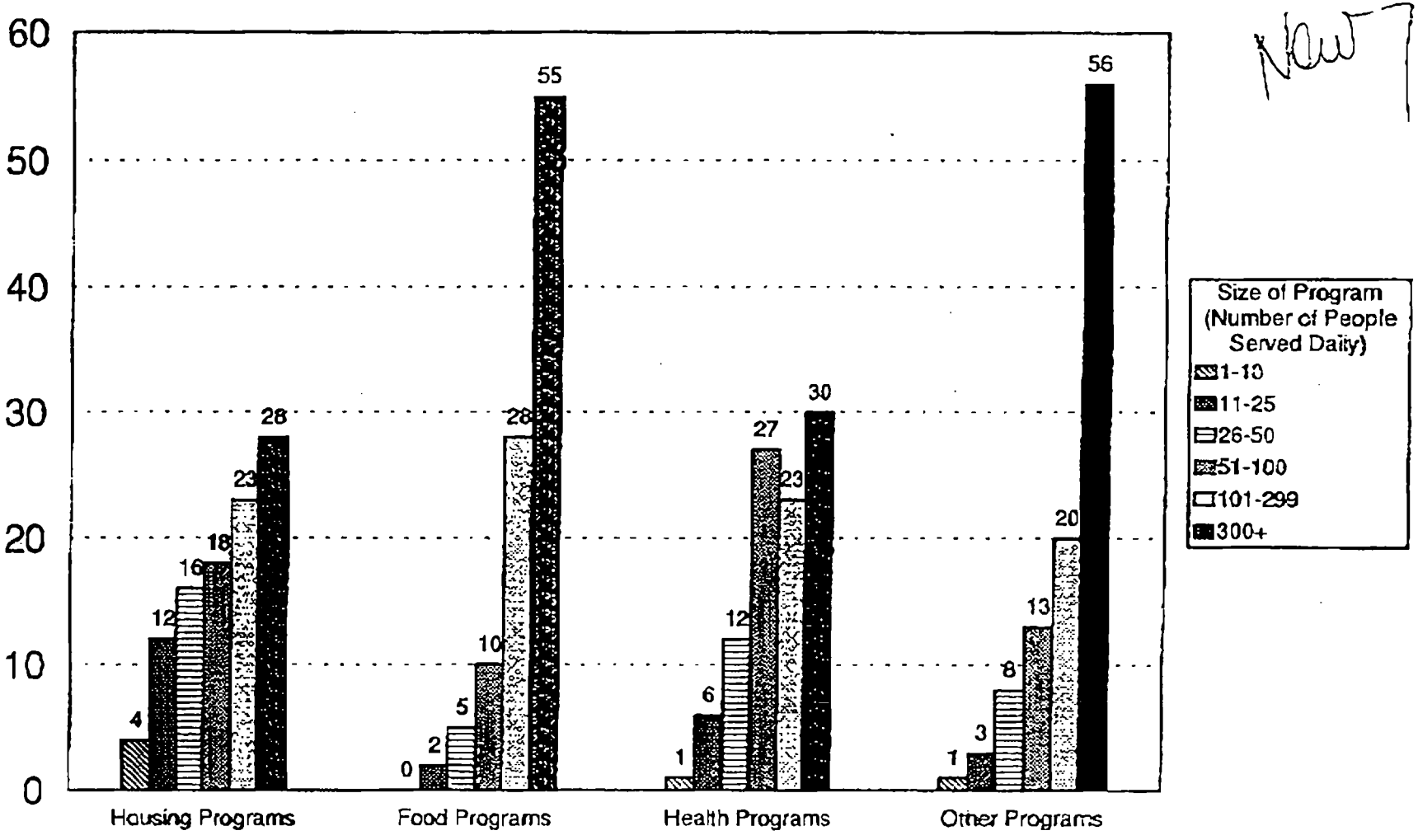
Some homeless assistance programs are open to anyone who wants to use them, while other programs are designed specifically to serve some types of people but not others. Program focus may be defined in several different ways. Two of the most common are by family or household type (i.e., men by themselves, women by themselves, households with children, youth by themselves), and by a condition or service need (e.g., domestic violence, mental illness, veteran status). NSHAPC program staff were asked about any specializations their program might have. Figure P1.8 reports how staff defined their program's focus with respect to household type, while Figure P1.9 does the same for focus with respect to condition or service need. Since many programs reported more than one focus for both household type and condition or service need, the bars for each type of program in these two figures sum to more than 100 percent.

[Figures P1.8 and P1.9 here]

The most noticeable pattern in Figure P1.8 is that only about 1 in 4 programs of any type serve unaccompanied youth (see Table P3.1 for detailed statistics). Shelter and housing programs are the most extreme in excluding this population, but all of the other program types show a similar pattern. The next noticeable pattern is that food programs are the most inclusive of all household

FIGURE P1.7
DO LARGE OR SMALL PROGRAMS SERVE MORE PEOPLE?

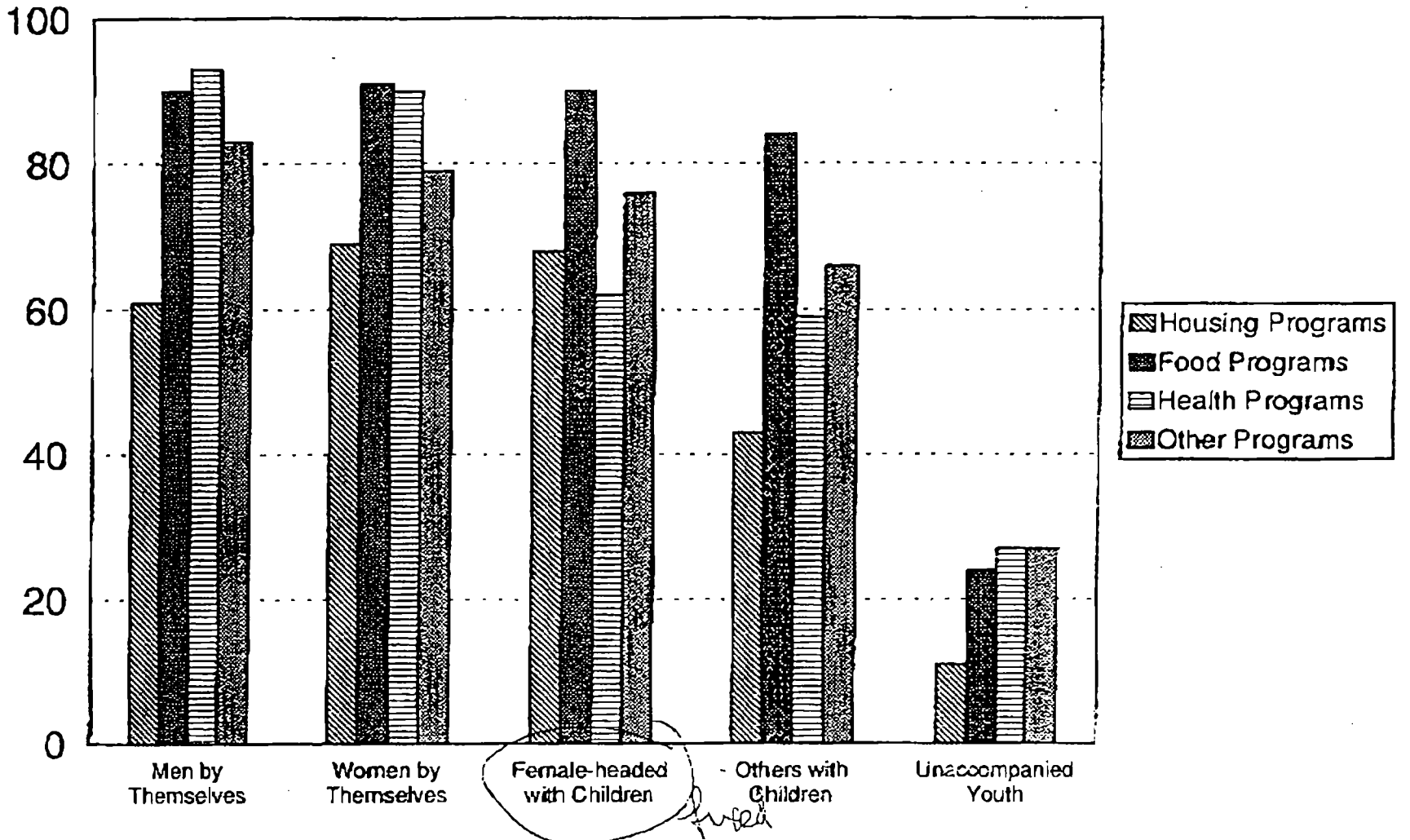
(percent of people using each program type who go to programs of different sizes)



Note: These are program staff reports of how many people their program serves on an average day in February 1996. They contain duplication and cannot be added together to get the total number of people served on an average day. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

DRAFT

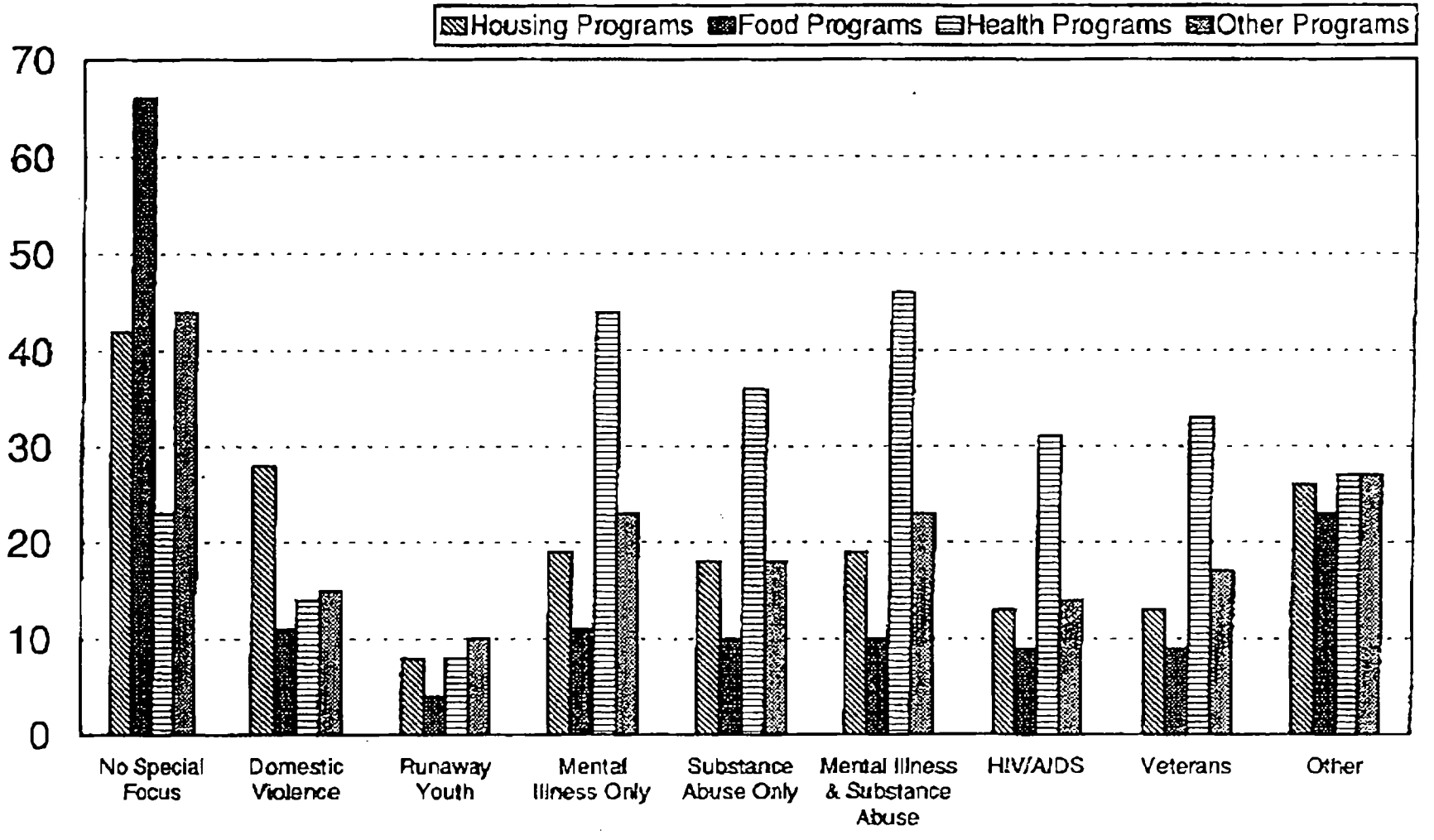
FIGURE P1.8
WHOM DO HOMELESS ASSISTANCE PROGRAMS SERVE?
(percent of programs serving clients of different types, by program type)



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

FIGURE P1.9
WHAT PROPORTION OF HOMELESS ASSISTANCE PROGRAMS FOCUS ON SPECIAL NEEDS?

(percent with focus on different special needs, by program type)



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

types, with 80 percent or more saying they serve men and women by themselves and both female-headed and other families with children. Housing programs are the most likely to be marked by the absence of one or another household type. Only 43 percent serve two-parent families with children, 61 percent serve men by themselves, and 68-69 percent serve women by themselves and female-headed households with children. Nine out of 10 health programs serve men and women by themselves, but only 6 in 10 serve any families with children. These patterns may be due to program policy (i.e., the program will not take particular types of clients) or simply to the fact that few or no people of a particular type come to the program for service.

NSHAPC program respondents also had the opportunity to indicate whether their program had one or more special focuses defined in terms of their clients' medical conditions or other special needs statuses. Options about which they were asked specifically include domestic violence, runaway youth, mental illness (without substance abuse), substance abuse (without mental illness), dual diagnosis of mental illness and substance abuse, HIV/AIDS, and veteran status.

About half (48 percent) of program respondents reported that their program had no special focus of any type, as shown in Figure P1.9. Food programs were the most likely and health programs were the least likely to say this. Figure P1.9 also shows what proportion of programs named each special focus (detailed statistics may be found in Table P3.6). The most commonly named special focus was "other" (25 percent), followed by domestic violence, mental illness, substance abuse, and dual diagnosis. Half of those naming any special focus named only one focus, 17 percent named two focuses, and 33 percent named three or more focuses.

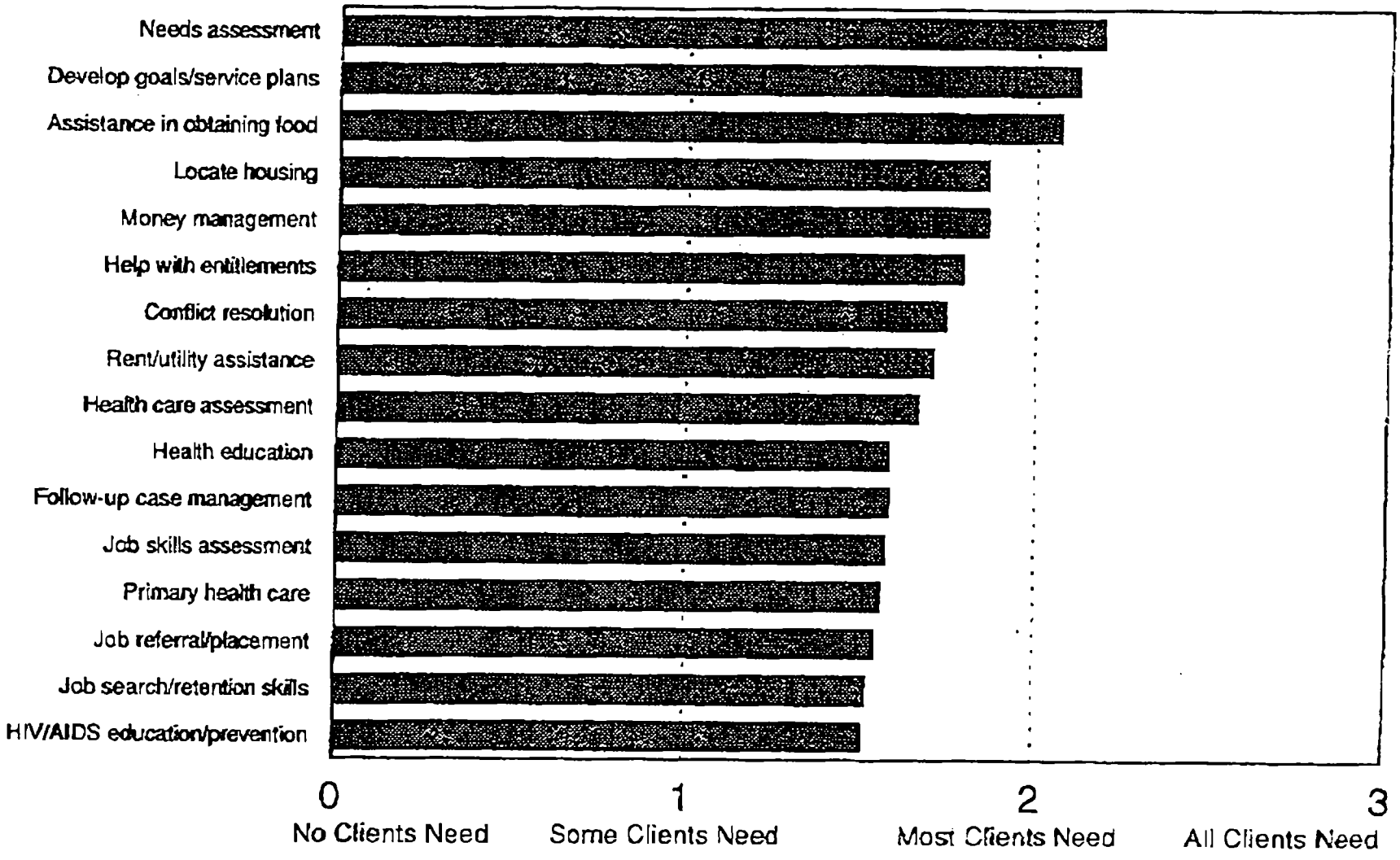
Service Needs as Seen by Program Staff

Program staff were asked to assess the service needs of the people using their program across a list of 59 specific services grouped into ten large categories: food and clothing, life skills, case management, housing services, education, employment and/or training, general health care, substance abuse services, mental health services, and other services. Staff indicated whether all, most, some, or none of their clients needed each service. Figure P1.10 shows average staff ratings for the 16 (out of 59) specific services that received scores of 1.5 or higher, scoring an answer of "all" as a "3," an answer of "most" as a "2," an answer of "some" as a "1," and an answer of "none" as a "0."

[Figure P1.10 here]

Figure P1.10 shows data that have been averaged over respondents coming from every type of program, and thus present the most general overview of client service needs as seen by staff of homeless assistance programs. Chapter ??? goes into more detail about different perceptions of client service needs contingent on the type of program in which the respondent works. Given this level of generality, it is striking that representatives from programs of all types consistently report that most or all of their clients need assistance in obtaining food plus two critical case management services—needs assessments and help developing goals and service plans. Only

FIGURE P1.10
WHAT SERVICES DO PROGRAM STAFF THINK CLIENTS NEED MOST?
(average rating of proportion of clients needing a service)



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

these three specific services received average staff ratings above 2, indicating that most or all clients need the service.

Thirteen other specific services received average ratings between 1.5 and 1.99, indicating again a relatively high convergence of perception. These thirteen are concentrated in the categories of case management, employment, health, and housing, and tend to reflect immediate crisis needs that could affect anyone. All of the specific services in the categories of education, mental health services, substance abuse services, other services, and many of the specialized health services receiving ratings suggesting that "some clients need" these services, but not most or all clients. Perceived client need for these services varies considerably by program type, as might be expected (e.g., many respondents representing mental health programs perceive that most or all of their clients need mental health services, but the same is not true for respondents representing food programs). Chapter ??? reports in more detail these variations in staff perceptions of client need by program type.

Summary and Overview of "Program" Chapters

This introductory chapter has described a few of the main NSHAPC findings pertaining to homeless assistance programs. The following chapters treat many of findings in more detail, as well as offering some more complex analyses of program configurations, service offerings, and continuum of care structures found in the NSHAPC's 76 sampled metropolitan and rural areas.

[more text boxes can be inserted at relevant points if desired]

REFERENCES

Second Harvest. (1997) *Hunger 1997: The Faces and Facts.* Chicago: Author.

Another copy of my June memo re: homelessness...

For Bill

MEMORANDUM

TO: Mary Smith, Tom Freedman
FROM: David Hochschild
DATE: June 3, 1998
RE: Homeless legislation

This memo is based on information in the GAO report on Homelessness Prevention, the GAO report on the McKinney Act, the American Affordable Housing Institute's study on preventing homelessness, the VA's Homeless Veterans fact sheet and the VA's proposal for a three year initiative

Characteristics of America's homeless population at-large:

- one third of all homeless people suffer from severe mental illness
- 35-45% suffer from chronic alcohol problems
- 10-20% have problems with drugs other than alcohol
- 20-30% are families, often single mothers with kids
- more than half are people of color
- total number is between 600,000 - 750,000

Characteristics of homeless veterans:

- the mean age of homeless veterans is 44.5
- 98% are male
- 45% suffer from mental illness
- 73% are dependent on alcohol or drugs
- 85% have either a substance abuse or a psychiatric problem
- 50% are Vietnam vets (the number of homeless Vietnam vets is greater than the number of servicemen who died during that war)
- total number is 250,000 (although up to 500,000 may become homeless for a period at some point during the course of the year)

Conclusions that can be drawn from the studies and fact sheets

- *Three main causes of homelessness: the decline in the affordable rental housing stock, decline of earnings for unskilled labor and the release of mental patients from state hospitals.* In the 1970's and 1980's, both the number of affordable rental units and the earnings for unskilled labor declined, leaving poor people with less buying power and fewer options for housing. In addition, state hospitals began to reduce the number of mentally ill people that they cared for. Only half of the planned federal community mental health centers that were intended to absorb the mental patients were built, leaving many people who suffered from severe mental illness with no place to go.

- *The need exceeds the funding.* There is a consensus among homeless service providers that the funding to combat homelessness is insufficient to deal with the problem. A GAO study of FEMA's homeless assistance providers showed that for every 100 requests for rent and mortgage assistance that are met, 130 eligable requests had to be denied.

- *Newly homeless people are not the main problem.* 70% of all newly homeless people find housing on their own within a year, most in the first few months after becoming homeless. Those who have been homeless for more than a year are likely to remain homeless the longest. Veterans are disproportionately represented among this group.

- *The McKinney Act was a good start but it has not done enough.* The McKinney Act, which provides funds to local service providers ($4.2 billion from '87 to '92), has helped leverage more funds to fight homelessness by legitimizing more providers in the eyes of foundations. But the act also frustrated some, who complain that it has not given them funding to sustain or expand programs that were already successful but did not meet the criteria of being a food, shelter or long-term housing program (such as substance abuse treatment and mental health care).

- *For the homeless who have problems other than unemployment, the most successful programs have these three goals:* (1) all addicts should become drug-free. (2) All mentally ill people should be using regular medication. (3) All drug-addicted or otherwise troubled heads of families should be enrolled in life skills classes.

Profiles of successful locally based homelessness prevention programs

Connecticut's Rent Bank/Eviction Prevention Program:
Started nine years ago to prevent homelessness in New Haven, this program mediates disputes between landlords and tenants. For those cases which cannot be resolved purely through mediation, the Rent Bank pays up to two months rent to fill the gap between what the tenant can afford and what the landlord needs. In FY 1990, funds were $1.2 million for mediation and $2 million for the Rent Bank.

Maryland's Rental Allowance Program (RAP):
Beginning in 1986, RAP has modest monthly rent subsidies (the average is $175/mo.) for up to a year to homeless families and those who are on the verge of becoming homeless. It is a short term assistance program intended to return families to long-term self-sufficiency. 80-85% of RAP households appeared to attain at least housing self-sufficiency by the conclusion of their 12 months of assistance. The FY 1991 budget was $2,000,000.

New Jersey's Homelessness Prevention Program (HPP):
HPP provides one-time emergency financial assistance to residents who are at risk of becoming homeless through eviction or foreclosure. Recipients are expected to repay the state within five years (New Jersey has the second worst rental housing crisis in the nation - over 150,000 eviction proceeding initiated each year). In order to receive the aid, recipients must demonstrate that they will be able to afford their present housing once the HPP assistance has brought them current. FY

1991 budget was $4.8 million. 69% of those aided by HPP were able to avoid eviction.

St. Louis Homeless Services Network:
St. Louis integrated all services offered to homeless and at-risk people by creating a resource center that included relocation assistance, help with back rent, landlord intervention, counseling, shelter referral and other support services. This is one of the country's most effective models of an integrated continuum of care for homeless or those at risk of homelessness.

Summary of Proposed Expansion of VA's Homeless Services

- *Community-based services.* The VA is asking for $24 million in new funding for treatment and services at community-based providers. This would create an additional 1000-1500 beds for homeless veterans and would double (from 5,000 to 10,000) the number of vets receiving community based treatment services annually.

- *VA Medical Center services.* The VA's proposed funding increase to $29 million would give every VA medical center in the country the funds to care for homeless veterans. There are currently 61 VA medical centers that provide services for homeless veterans and 10 that do not. This package also includes special funding for employment training and for homeless women veterans outreach. This funding would boost the number of homeless veterans served annually from 40,000 to 80,000 and allow every veteran who wants help to get it.

- *Long-term housing.* $4 million for long-term section 8 housing vouchers for 1,800 vets.

- *Miscellaneous projects.* $3.5 million for stand-downs, distribution of excess military clothing, and program evaluation.

TOTAL BUDGET: $60.5 million
TOTAL # VETERANS IMPACTED: 100,000 - 150,000

Trooper Sanders

Joan -

Thought you'd want to see this. Note Sept. 1 mtg

DF

homeless

Interagency Council on the Homeless

Fax Number: (202) 708-3672 Phone: (202) 708-1480

From: Fred Karnas, Jr.

Date: 8-11-98

Number of Pages (including this cover sheet): 15

Subject: Summary of 8/4/98 Meeting
Invitation to 9/1/98 Meeting

To: Policy Group Members

Agriculture/FCS	Julie Paradis
Agriculture/RECD	Jan Shadburn/Eileen Fitzgerald
Commerce/Census Bureau	Nancy Gordon
Corp. for National Service	Jim Scheibel
Defense	Steve Kleiman
Education	Mary Jean LeTendre
Energy	William Raup
FEMA	Kay Goss
GSA	G. Martin Wagner
HHS	Marsha Martin
HUD	Fred Karnas, Jr.
Interior	-
Justice	Loretta King
Labor/ETA	Raymond Uhalde
Labor/VETS	Al Borrego
OMB	Alan Rhinesmith
Social Security Adm.	Carolyn Colvin
Transportation	-
USPS	Laurie Weiner
Veterans Affairs	John Hanson
White House/DPC	Mary Smith
White House/Mrs. Gore	Trooper Sanders

REV 8/11/98

Call George Ferguson at (202) 708-1480, ext. 4517 if there are transmittal problems.

451 Seventh Street, S.W. ● Suite 7274 ● Washington, D.C. 20410-0000 ● (202) 708-1480

Interagency Council on the Homeless

August 10, 1998

MEMORANDUM TO: POLICY GROUP MEMBERS AND STAFF CONTACTS

FROM: FRED KARNAS, JR. FK GF
ACTING EXECUTIVE DIRECTOR

SUBJECT: SUMMARY OF THE AUGUST 4, 1998 POLICY GROUP MEETING

Attached for your information is a summary of the principal matters discussed at the August 4, 1998 Policy Group meeting and required follow-up activities.

Pursuant to our discussion at the meeting (see item G in the enclosed summary), please note that we have scheduled a meeting on Tuesday, September 1 at 2:00 p.m. to discuss future directions in homelessness policy. The meeting will be held in Room 7202 of the HUD Building. I look forward to seeing you there. Please call George Ferguson at (202) 708-1480, ext. 4517, by August 28 to RSVP.

The next regular Policy Group meeting is scheduled for Tuesday, October 6, 1998 at 2:00 p.m. You will receive a draft agenda and information on the time and location of this meeting in September. Please let me know if you have suggestions for agenda items.

Attachment

451 Seventh Street, S.W. ● Suite 7274 ● Washington, D.C. 20410-0000 ● (202) 708-1480

SUMMARY
POLICY GROUP MEETING
TUESDAY, AUGUST 4, 1998
2:00 p.m.

INFORMATION ITEMS

A. **OSHA hearings on proposed standard for occupational exposure to tuberculosis**

Alana Landey of DOL/OSHA briefed the Policy Group on some of the key policy issues that were raised during the recent public hearings on OSHA's proposed standard to protect workers in homeless shelters from tuberculosis. The publicity by ICH and others produced a good response to OSHA's invitation to comment on the proposals, and a broad variety of interest groups and service providers testified at the hearings in Washington, Chicago, New York City and Los Angeles. Copies of the individual written testimony and verbatim transcripts are available on request. The post-hearing comment period ends October 5, 1998. OSHA staff have promised to consult with the Council in reviewing the testimony from the hearings and in developing a final rule. OSHA will send a copy of a report containing the results of a recent OSHA survey of homeless shelters to Council staff for distribution to Policy Group members who might be interested. For additional information, call Landey at 219-7157.

B. **HUD Center for Interfaith and Community Partnerships**

Fred Karnas distributed copies of a brochure describing the Center for Interfaith and Community Partnerships, a new office in HUD that is designed to provide a direct link to grassroots groups confronting poverty and housing needs in their communities. The office will work to broaden HUD's outreach efforts to these groups and serve as a referral source for information on HUD programs. For additional information, call the Center at 1-800-308-0395.

C. **FOLLOW-UP ACTIVITIES FOR THE FEBRUARY 3 ICH/NAEH ROUNDTABLE MEETING**

Karnas reminded the group of his interest in providing responses to the recommendations received from the participants in the joint meeting of the Policy Group and the National Alliance to End Homelessness Roundtable on February 3. To date, only three agencies have replied to his request for draft responses to the issues within their

purview. He urged them to submit their input to Council staff ASAP.

D. **Update on HUD SuperNOFA**

John Garrity of HUD's Office of Special Needs Assistance Programs reported that applications are due on August 4 for the $700 million available to support local Continuums of Care. Grant awards are expected to be announced in late November or early December. Garrity invited other agencies to lend staff support for application reviews. A full- or part-time commitment for approximately six weeks beginning the fourth week of August is required. For additional information, call Garrity at (202) 708-4300, ext. 4492.

In response to a question, Karnas said that he would look into the possibility of summarizing some of the information in this year's applications to provide a broad national overview of the locally expressed need for homeless assistance.

E. **Census 2000 Update**

Annetta Clark Smith reported that Census Bureau staff are finishing up the pre-tests of operations for Census 2000 in three locations which involve methods to ensure that hard-to-reach populations such as homeless people who are found in non-traditional locations have an opportunity to be counted through a "service-based" enumeration. A location on the Census Bureau's web site that will be in place from late August through December will invite local agencies and nonprofit organizations to voluntarily assist in reviewing draft lists of service locations. Additional outreach will be conducted in connection with a large mailing in February 1999 to local elected officials. For the first time, the Census Bureau will use paid advertising and other innovative methods to encourage people who would not otherwise be counted to participate in the decennial census.

F. **GAO Studies**

Karnas reported that GAO is undertaking a broad review of various aspects of Federal homeless assistance programs in response to Congressional requests. Included in this review are studies of the accessibility of "mainstream" Federal program resources, the importance of funding for supportive services in the McKinney programs administered by HUD, and a case study of local Continuums of Care in Boston, New York, Columbus, and Minneapolis.

G. **Council on Accreditation Homeless Program Standards**

George Ferguson of the Council staff noted that he and Mary Ellen O'Connell of HHS had recently participated in meetings sponsored by the Council on Accreditation (COA) of Services for Families and Children, an independent not-for-profit organization based in New York. Working in partnership with the Volunteers of America, COA is revising and expanding COA's program accreditation standards to better address the service needs of homeless people. Following an extensive opportunity for public comment this fall, COA will incorporate the revisions into the next edition of its standards which will become effective on January 1, 2000.

Karnas mentioned that Martha Fleetwood of HomeBase (CA) is working to develop a consensus of "next steps" for local communities, and invited feedback from ICH. (A copy of the report Karnas received from Fleetwood is attached.) He noted that HUD had recently met with public interest groups to discuss future directions for homelessness assistance and housing policy. Karnas will invite Policy Group members to attend a meeting in the next few weeks to discuss these and related issues. (Note: This meeting has been scheduled for Tuesday, September 1 at 2:00 p.m. See the cover letter for additional details.)

H. **May 7 Homeless Veterans Task Force meeting**

Pete Dougherty reported that VA convened another of its regular meetings of the Homeless Veterans Task Force on May 7 to share information with veterans service organizations on current Federal resources and activities. The next meeting will be scheduled for October. He noted that VA expects to announce the approximately 25 recipients of grants under the 1998 Homeless Providers Grant & Per Diem Program by the end of September. He briefed the group on two pending legislative proposals involving loans and other resources for programs serving homeless veterans.

I. **National Survey of Homeless Assistance Providers and Clients**

James Hoben of HUD's Office of Policy Development and Research reported that Marti Burt's work on the analysis phase of the national survey is generally proceeding according to schedule. A second draft of the report on the data collected from homeless service providers and a preliminary draft of the report on the data collected from service users are expected by the end of August. A single draft of the full report is expected to be ready for circulation to the NSHAPC working group and the group of expert advisers in the early fall and--depending on the speed of final agency clearances--a final report could be

issued by the end of December.

J. **Symposium on homeless research**

Mary Ellen O'Connell updated the Policy Group on plans by HUD and HHS to co-sponsor a national symposium on homeless research on October 29-30, 1998 in Rosslyn, Virginia. Seven papers have been commissioned on what has been learned in connection with key topics and themes related to homelessness. Approximately 110 people will be invited, including representatives of the member agencies of the Interagency Council. The authors of the papers will discuss their findings, other experts will respond, and the audience will have an opportunity to comment. Additional information will be distributed as the plans are developed further. O'Connell noted that HHS in July sponsored a successful symposium with a similar format on interventions related to primary-health, mental-health and substance-abuse services.

Karnas noted that the Campaign for a New Community, a four-year project sponsored by the Interfaith Conference of Metropolitan Washington and the Council of Churches of Greater Washington, is sponsoring "A National Dialogue on Collaborating for Successful Siting of Housing and Service Programs" from November 12-14, 1998 in Arlington, VA. He promised to fax information on it to the Policy Group. (Note: The information is attached.)

K. **Release of ANCHoR software**

Hoben noted that the ANCHOR System, which provides a software tool for client assessment and program monitoring to providers, advocates and government agencies, was released for general distribution in May. The ANCHoR project was funded by HUD, HHS, the Fannie Mae Foundation, PRWT Services, Inc., and the University of Pennsylvania. Other software vendors have developed similar information tools with varying capacities for information and referral and/or client tracking.

L. **FY 1998 budget and legislative initiatives for homeless assistance**

Karnas noted that both the House and the Senate have generally supported HUD's request for a substantial increase in its homelessness assistance budget. O'Connell reported that it is possible that the Health Care for the Homeless and PATH programs will receive small increases. John Pentecost of USDA said that the Section 515 rural rental assistance program may receive level funding as the agency moves more toward loan guarantee programs. Carol Coleman of FEMA indicated that the Emergency Food and Shelter Program

is likely to receive level funding at $100 million, though an increase to $130 million has been proposed in one bill. Shawn Mussington of ED said the Homeless Children & Youth Program is also slated to receive a small increase.

M. **Surplus Property Working Group**

Karnas reported that the Surplus Property Working Group was scheduled to meet immediately following today's meeting to continue its discussion of the list of possible improvements to the Title V real property program that was developed by the Surplus Property Working Group last November.

N. **Additional agency reports**

--Marsha Martin of HHS said that an internal HHS working group has been meeting to undertake a systematic review of that agency's "mainstream" programs and to discuss ways of ensuring that these programs provide real opportunities for access by homeless people and those who provide services to them. She invited other agencies to join them and to undertake similar reviews. She suggested consideration of demonstration projects to illustrate best practices in transitioning from targeted programs to mainstream programs.

--Martin also asked the agency representatives to consider providing funding assistance to the National Coalition for the Homeless for a proposed national conference on a wide variety of issues related to homelessness. The conference is scheduled to be held in Washington in September 1999. Approximately $100-125,000 in matching assistance is needed. For additional information, call Mary Ann Gleason of the National Coalition at (202) 737-6444.

--Lars Waldorf of DOJ said that the Civil Rights Division recently has been involved in homelessness issues through (1) meeting with the National Coalition on treating violence against homeless people as a hate crime and the "criminalization" of homelessness; (2) review of case involving a proposal to demolish affordable housing; and (3) a local jurisdiction's possibly illegal requirement of a special use permit for an adult residential care facility.

O. **Next Policy Group Meeting**

Karnas announced that the Policy Group will continue to meet bi-monthly on the first Tuesday of the month. Accordingly, the next meeting is scheduled for Tuesday, October 6, 1998 at 2:00 p.m. An agenda and confirmation notice for the meeting will be sent out in September.

Attachments

SAN FRANCISCO BAY AREA REGIONAL STEERING COMMITTEE
ON HOMELESSNESS AND HOUSING

HOMELESSNESS ISSUES BRIEF

DEVELOPING CONSENSUS ON NEXT STEPS FOR LOCAL COMMUNITIES

The 1987 passage of the McKinney Act, and the movement by HUD in 1993 to reward communities who engage in comprehensive planning using the continuum of care model, have fostered the emergence of new response systems in communities throughout California. In 1999 and 1998, consumers, clients, service providers, advocates, local governments, nonprofit housing developers, banks, and religious community members participated in a state-wide dialog about what we had lived through in the past decade of responding to homelessness. From those conversations, emerged the Four Points and drawings which follow.

Point One: Homelessness will continue to occur as a blend of individual and systemic causes, requiring communities to develop and invest in an infrastructure to meet basic human needs.

From 1975-1990, the housing, income and support service systems in place in local communities, which were under the funding, structure or aegis of federal and state programs, began to fragment so severely that large numbers of people became homeless.

"Feeder" factors in homelessness—those deep system problems that allow homelessness to happen include:

- no welfare, no jobs
- not enough public housing or Sec. 8's
- outplacements from institutions w/out housing discharge planning, such as mental health, prison, foster care age out
- not enough behavioral care, health care, or other support services

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SAN FRANCISCO BAY AREA REGIONAL STEERING COMMITTEE
ON HOMELESSNESS AND HOUSING

HOMELESSNESS ISSUES BRIEF

DEVELOPING CONSENSUS ON NEXT STEPS FOR LOCAL COMMUNITIES

The 1987 passage of the McKinney Act, and the movement by HUD in 1993 to reward communities who engage in comprehensive planning using the continuum of care model, have fostered the emergence of new response systems in communities throughout California. In 1999 and 1998, consumers, clients, service providers, advocates, local governments, nonprofit housing developers, banks, and religious community members participated in a state-wide dialog about what we had lived through in the past decade of responding to homelessness. From those conversations, emerged the Four Points and drawings which follow.

Point One: Homelessness will continue to occur as a blend of individual and systemic causes, requiring communities to develop and invest in an infrastructure to meet basic human needs.

From 1975-1990, the housing, income and support service systems in place in local communities, which were under the funding, structure or aegis of federal and state programs, began to fragment so severely that large numbers of people became homeless.

"Feeder" factors in homelessness—those deep system problems that allow homelessness to happen include:

- no welfare, no jobs
- not enough public housing or Sec. 8's
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Once a person becomes homeless, their personal resource network may sustain their basic living needs for awhile. When a community experiences a large number of people becoming homeless, and when those personal networks wear thin, a community-wide response system is needed.

In the early 90's, we reached agreement on a Comprehensive Homeless Services System design for each community. It consists of 6 key components, that provide:

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3. transitional housing with income and support services
4. permanent housing
5. supportive housing
6. an administrative and coordinating structure to provide leadership, advocacy, planning and program design, connections among all branches, and access to resources.

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- ever expanding costs
- concerns of supporters w/entitlement thinking about resources
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Sustainability will become possible through two strategies:

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Building Better Communities: A National Dialogue

Conference Registration Form & Hotel Information

(Please print. Use one form per person.)

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Registration Fees:
(fees include all sessions, workshops, Institute, meal functions, conference materials)

Early Bird (Before August 1) $250* Regular (After August 1) $300*

Please Make One(1) Topic *or* Two(2) Module Selections

___Topic 1: Tools & Strategies
___Topic 2: Community Building
___Topic 3: Legal Solutions

___Module 1: Advocacy & Government Relations
___Module 2: Architectural Design
___Module 3: Overview of Research

___Module 4: Special Populations
___Module 5: Creating Funding Partnerships
___Module 6: Mediation & Conflict Resolution

*There are a limited number of scholarships available. For more information, please contact Renee Nogales at 202 543-2249.

Please note: In order to facilitate dialogue, a maximum number of 500 participants will be accommodated. The Campaign for New Community reserves the right to limit the number of representatives from any one constituency so as to insure the diversity of perspective on the topics.

Make checks payable to: Campaign for New Community

Mail form and check to: Natalie P. Shear, Conference Management
1629 K Street, NW, Suite 802
Washington, DC 20006
1 800 833-1354 or 202 833-4456
fax: 202 775-7466

Registrations will be confirmed by mail only. Please call the number listed above if you do not receive your registration confirmation. Cancellation requests received by October 22 are refundable less a $50 processing fee. Those received after October 22 will be 50% refundable. No refunds will be made after November 4.

Conference Hotel-Hyatt Regency Crystal City

2799 Jefferson Davis Highway
Arlington, VA

The Hyatt Regency Crystal City overlooks the Potomac River, and is five minutes from historic Old Town Alexandria, Pentagon, and just 10 minutes from downtown Washington. A block of sleeping rooms is reserved for the conference attendees at a special rate of $114 per night, single or double. These rooms will only be held until October 22. Reservations received after that date will be accepted only if rooms are available and at the prevailing rate. For reservations, call 1 800 233-1234.

Program at a Glance

Thursday, November 12

9:00-12:30 p.m.	Registration Resource Center/Exhibit; Visits/Briefing on Capitol Hill with Federal Agencies
12:30-1:10 p.m.	Welcome & Overview of the Issues: Connecting Community Building to Successful Siting
1:10-2:00 p.m.	Opening Keynote Address
2:00-3:00 p.m.	Panel One: Models of Success in Community Interventions
3:15-4:15 p.m.	Panel Two: Models of Success in Barrier Removal
4:15-5:45 p.m.	Small Group Dialogue
6:00-8:00 p.m.	Dinner-Guest Speaker

Friday, November 13

7:15-8:30 a.m.	Breakfast-Guest Speaker
8:30-9:30 a.m.	Feedback from Small Group Dialogue and Discussion
9:30-10:45 a.m.	Plenary: Dialogue on Governance Issues
11:00-12:00 p.m.	Small Group Dialogue
12:30-2:15 p.m.	Building Better Communities: A Vision for Working Together to Care for Those In Need
2:30-3:30 p.m.	Plenary Session/Dialogue Panel
3:45-5:00 p.m.	Conclusion: Dialogue Panel Remarks and Next Steps
5:00-7:00 p.m.	Reception-Guest Speaker

Saturday November 14

Building Better Communities Resources Institute, Designed for leadership, the Institute gathers the best resources in the U.S....experts, best practices, materials...in all key topics relevant to successful siting into a convenient 'one stop shop'. Leaders attending the National Dialogue may select either a 6 hour workshop or two 3 hour modules in their topic(s) of greatest interest.

Topic 1 Tools & Strategies for Planning and Siting Housing and Services (6 hours)
Leaders: Tom Iglesias, Non-Profit Housing Association of Northern California; Martha Fleetwood, HomeBase for the San Francisco Bay Area. Of special interest to participants with specific siting or developmental projects.

Topic 2 Community Building (6 hours)
Leaders: TBA. Gathers state-of-the-art information on community and coalition building techniques and experience. Includes grassroots organizing, neighborhood collaborative planning techniques (with the American Planning Association), and building non-traditional alliances.

Topic 3 Legal Solutions (6 hours)
Leaders: Lois Williams, Howrey & Simon; Michael Allen, Judge David L. Bazelon Center for Mental Health Law. Delivers an overview of legal issues related to successful siting for those seeking basic knowledge and specific solutions. Includes an overview of legal issues, consideration of litigation, and a briefing on zoning reform and religious freedom issues.

A.M. Modules

Module 1 (3 hours)
ARCHITECTURAL DESIGN AND SUCCESSFUL SITING. Leaders: Michael Pyatok, Pyatok Associates; and Barbara Knecht, Architect and Housing Consultant. Focuses on the influence of design on community acceptance and on collaboration with community for successful siting. Extensively illustrated with slides.

Module 2 (3 hours)
OVERVIEW OF RESEARCH RELATED TO SUCCESSFUL SITING. Leaders: TBA. Reviews state-of-the-art research on factors related to successful siting including attitudes, myths, trends and outcomes.

Module 3 (3 hours)
SPECIAL POPULATIONS. Addresses the particular siting challenges associated with housing and serving people with special needs, including those who are mentally ill, physically disabled, mentally retarded and those in recovery.

P.M. Modules

Module 4 (3 hours)
ADVOCACY AND GOVERNMENT RELATIONS. Leaders: Maria Foscarinis and Catherine Bendor, National Law Center on Homelessness and Poverty. Useful for people seeking special skills in effectively working with the legislative and executive branches of federal and state government to achieve successful site funding.

Module 5 (3 hours)
CREATING FUNDING PARTNERSHIPS FOR SUCCESSFUL SITING. Leader: Jim Schuyler, The Vanguard Foundation. Focuses on how partnerships for funding can be effective in successful siting. Intended for both funders and project developers.

Module 6 (3 hours)
MEDIATION AND CONFLICT RESOLUTION. Leaders: Richard Collins, University of Virginia Institute for Environmental Negotiation and TBA. Focuses on the use of mediation and conflict resolution techniques for successful siting in community based settings.

Dear Colleagues:

You are cordially invited to participate in this unique National Dialogue on Successful Siting. The Campaign for New Community is bringing together the national leadership of *all* affected constituencies and stakeholders for an intensive discussion about ways to arrive at a win/win solution--providing housing and human services for people in need in community-based settings while at the same time revitalizing neighborhoods and building an inclusive sense of community.

By assembling not just the 'usual suspects' such as non-profit service and housing providers and advocates but also actively recruiting neighborhood groups, property owners, developers and financiers, planners, religious institutions, consumer groups and policy analysts, a unique opportunity for dialogue will be offered.

The principal objectives of this National Dialogue are many: ☆To learn from success, to show off the best tools, resources and practices used in successfully removing barriers, to defeat discriminatory practices, and to build inclusive communities. ☆To introduce the lessons learned from community building as models for collaboration for successful siting among a wide variety of community institutions and leaders. ☆To educate the leaders of key organizations nationwide so they can in turn educate and influence whole systems and regions. ☆To launch the Building Better Communities Network which will serve as a clearinghouse--a source of technical information and as a linkage among people nationwide who share a commitment to build inclusive communities.

We believe that this Dialogue will be a force for change because it brings together very diverse constituencies, is grounded in a commitment to collaboration, and has been developed through a collaborative planning process with national organizations. This Dialogue will focus on success and on specific outcomes. It is timely and has a follow-up plan.

We hope that you will be able to participate with other national leaders, and to join us at the National Dialogue in November.

Jean Duff

Jean Duff
Director, Campaign for New Community

CNC is a four-year project co-sponsored by the Interfaith Conference of Metropolitan Washington and the Council of Churches of Greater Washington. Its Management Committee represents a broad base of religious institutions, District residents, and social service providers, who care about promoting compassionate and inclusive neighborhoods.

PARTNERS IN THE DIALOGUE

AFL-CIO Investment Program
American Planning Association
Judge David L. Bazelon Center for Mental Health Law
Beyond Shelter, Inc.
Catholic Charities USA
Center for Community Change
Community Partnership for the Prevention of Homelessness
Congress of National Black Churches
Corporation for Supportive Housing
Enterprise Foundation
Habitat for Humanity International
HomeBase of the San Francisco Bay Area
Howrey & Simon
Leadership Conference on Civil Rights
Local Initiatives Support Corporation
Lutheran Services of America
National Alliance to End Homelessness
National Association of Community Action Agencies
National Association of Counties
National Association of Home Builders
National Association of Realtors
National Coalition for the Homeless
National Council of Churches
National Housing Conference
National Law Center on Homelessness and Poverty
National League of Cities
National Leased Housing Association
National Low Income Housing Coalition
National Neighborhood Coalition
Neighborhood Reinvestment Corporation
Project H.O.M.E.
Religious Action Center of Reform Judaism
U.S. Department of Housing and Urban Development
U.S. Conference of Mayors

Building Better Communities

A National Dialogue on Collaborating for Successful Siting of Housing & Service Programs

Campaign for New Community
November 12-14, 1998

Interagency Council on the Homeless

Homeless

FAX COVER SHEET

DATE 8-11-98

NUMBER OF PAGES (INCLUDING COVER) 15

MATERIAL SENT TO: Mary Smith

FAX NUMBER: 456-7431

RECEIVER'S TELEPHONE NUMBER: 456 5571

SENDER: George Ferguson
TEL: (202) 708-1480, ext. 4517
FAX: (202) 708-3672

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Interagency Council on the Homeless

August 10, 1998

MEMORANDUM TO: POLICY GROUP MEMBERS AND STAFF CONTACTS

FROM: FRED KARNAS, JR. FK GF
ACTING EXECUTIVE DIRECTOR

SUBJECT: SUMMARY OF THE AUGUST 4, 1998 POLICY GROUP MEETING

Attached for your information is a summary of the principal matters discussed at the August 4, 1998 Policy Group meeting and required follow-up activities.

Pursuant to our discussion at the meeting (see item G in the enclosed summary), please note that we have scheduled a meeting on Tuesday, September 1 at 2:00 p.m. to discuss future directions in homelessness policy. The meeting will be held in Room 7202 of the HUD Building. I look forward to seeing you there. Please call George Ferguson at (202) 708-1480, ext. 4517, by August 28 to RSVP.

The next regular Policy Group meeting is scheduled for Tuesday, October 6, 1998 at 2:00 p.m. You will receive a draft agenda and information on the time and location of this meeting in September. Please let me know if you have suggestions for agenda items.

Attachment

SUMMARY
POLICY GROUP MEETING
TUESDAY, AUGUST 4, 1998
2:00 p.m.

INFORMATION ITEMS

A. **OSHA hearings on proposed standard for occupational exposure to tuberculosis**

Alana Landey of DOL/OSHA briefed the Policy Group on some of the key policy issues that were raised during the recent public hearings on OSHA's proposed standard to protect workers in homeless shelters from tuberculosis. The publicity by ICH and others produced a good response to OSHA's invitation to comment on the proposals, and a broad variety of interest groups and service providers testified at the hearings in Washington, Chicago, New York City and Los Angeles. Copies of the individual written testimony and verbatim transcripts are available on request. The post-hearing comment period ends October 5, 1998. OSHA staff have promised to consult with the Council in reviewing the testimony from the hearings and in developing a final rule. OSHA will send a copy of a report containing the results of a recent OSHA survey of homeless shelters to Council staff for distribution to Policy Group members who might be interested. For additional information, call Landey at 219-7157.

B. **HUD Center for Interfaith and Community Partnerships**

Fred Karnas distributed copies of a brochure describing the Center for Interfaith and Community Partnerships, a new office in HUD that is designed to provide a direct link to grassroots groups confronting poverty and housing needs in their communities. The office will work to broaden HUD's outreach efforts to these groups and serve as a referral source for information on HUD programs. For additional information, call the Center at 1-800-308-0395.

C. **FOLLOW-UP ACTIVITIES FOR THE FEBRUARY 3 ICH/NAEH ROUNDTABLE MEETING**

Karnas reminded the group of his interest in providing responses to the recommendations received from the participants in the joint meeting of the Policy Group and the National Alliance to End Homelessness Roundtable on February 3. To date, only three agencies have replied to his request for draft responses to the issues within their

purview. He urged them to submit their input to Council staff ASAP.

D. **Update on HUD SuperNOFA**

John Garrity of HUD's Office of Special Needs Assistance Programs reported that applications are due on August 4 for the $700 million available to support local Continuums of Care. Grant awards are expected to be announced in late November or early December. Garrity invited other agencies to lend staff support for application reviews. A full- or part-time commitment for approximately six weeks beginning the fourth week of August is required. For additional information, call Garrity at (202) 708-4300, ext. 4492.

In response to a question, Karnas said that he would look into the possibility of summarizing some of the information in this year's applications to provide a broad national overview of the locally expressed need for homeless assistance.

E. **Census 2000 Update**

Annetta Clark Smith reported that Census Bureau staff are finishing up the pre-tests of operations for Census 2000 in three locations which involve methods to ensure that hard-to-reach populations such as homeless people who are found in non-traditional locations have an opportunity to be counted through a "service-based" enumeration. A location on the Census Bureau's web site that will be in place from late August through December will invite local agencies and nonprofit organizations to voluntarily assist in reviewing draft lists of service locations. Additional outreach will be conducted in connection with a large mailing in February 1999 to local elected officials. For the first time, the Census Bureau will use paid advertising and other innovative methods to encourage people who would not otherwise be counted to participate in the decennial census.

F. **GAO Studies**

Karnas reported that GAO is undertaking a broad review of various aspects of Federal homeless assistance programs in response to Congressional requests. Included in this review are studies of the accessibility of "mainstream" Federal program resources, the importance of funding for supportive services in the McKinney programs administered by HUD, and a case study of local Continuums of Care in Boston, New York, Columbus, and Minneapolis.

G. **Council on Accreditation Homeless Program Standards**

George Ferguson of the Council staff noted that he and Mary Ellen O'Connell of HHS had recently participated in meetings sponsored by the Council on Accreditation (COA) of Services for Families and Children, an independent not-for-profit organization based in New York. Working in partnership with the Volunteers of America, COA is revising and expanding COA's program accreditation standards to better address the service needs of homeless people. Following an extensive opportunity for public comment this fall, COA will incorporate the revisions into the next edition of its standards which will become effective on January 1, 2000.

Karnas mentioned that Martha Fleetwood of HomeBase (CA) is working to develop a consensus of "next steps" for local communities, and invited feedback from ICH. (A copy of the report Karnas received from Fleetwood is attached.) He noted that HUD had recently met with public interest groups to discuss future directions for homelessness assistance and housing policy. Karnas will invite Policy Group members to attend a meeting in the next few weeks to discuss these and related issues. (Note: This meeting has been scheduled for Tuesday, September 1 at 2:00 p.m. See the cover letter for additional details.)

H. **May 7 Homeless Veterans Task Force meeting**

Pete Dougherty reported that VA convened another of its regular meetings of the Homeless Veterans Task Force on May 7 to share information with veterans service organizations on current Federal resources and activities. The next meeting will be scheduled for October. He noted that VA expects to announce the approximately 25 recipients of grants under the 1998 Homeless Providers Grant & Per Diem Program by the end of September. He briefed the group on two pending legislative proposals involving loans and other resources for programs serving homeless veterans.

I. **National Survey of Homeless Assistance Providers and Clients**

James Hoben of HUD's Office of Policy Development and Research reported that Marti Burt's work on the analysis phase of the national survey is generally proceeding according to schedule. A second draft of the report on the data collected from homeless service providers and a preliminary draft of the report on the data collected from service users are expected by the end of August. A single draft of the full report is expected to be ready for circulation to the NSHAPC working group and the group of expert advisers in the early fall and--depending on the speed of final agency clearances--a final report could be

issued by the end of December.

J. **Symposium on homeless research**

Mary Ellen O'Connell updated the Policy Group on plans by HUD and HHS to co-sponsor a national symposium on homeless research on October 29-30, 1998 in Rosslyn, Virginia. Seven papers have been commissioned on what has been learned in connection with key topics and themes related to homelessness. Approximately 110 people will be invited, including representatives of the member agencies of the Interagency Council. The authors of the papers will discuss their findings, other experts will respond, and the audience will have an opportunity to comment. Additional information will be distributed as the plans are developed further. O'Connell noted that HHS in July sponsored a successful symposium with a similar format on interventions related to primary-health, mental-health and substance-abuse services.

Karnas noted that the Campaign for a New Community, a four-year project sponsored by the Interfaith Conference of Metropolitan Washington and the Council of Churches of Greater Washington, is sponsoring "A National Dialogue on Collaborating for Successful Siting of Housing and Service Programs" from November 12-14, 1998 in Arlington, VA. He promised to fax information on it to the Policy Group. (Note: The information is attached.)

K. **Release of ANCHoR software**

Hoben noted that the ANCHOR System, which provides a software tool for client assessment and program monitoring to providers, advocates and government agencies, was released for general distribution in May. The ANCHoR project was funded by HUD, HHS, the Fannie Mae Foundation, PRWT Services, Inc., and the University of Pennsylvania. Other software vendors have developed similar information tools with varying capacities for information and referral and/or client tracking.

L. **FY 1998 budget and legislative initiatives for homeless assistance**

Karnas noted that both the House and the Senate have generally supported HUD's request for a substantial increase in its homelessness assistance budget. O'Connell reported that it is possible that the Health Care for the Homeless and PATH programs will receive small increases. John Pentecost of USDA said that the Section 515 rural rental assistance program may receive level funding as the agency moves more toward loan guarantee programs. Carol Coleman of FEMA indicated that the Emergency Food and Shelter Program

is likely to receive level funding at $100 million, though an increase to $130 million has been proposed in one bill. Shawn Mussington of ED said the Homeless Children & Youth Program is also slated to receive a small increase.

M. **Surplus Property Working Group**

Karnas reported that the Surplus Property Working Group was scheduled to meet immediately following today's meeting to continue its discussion of the list of possible improvements to the Title V real property program that was developed by the Surplus Property Working Group last November.

N. **Additional agency reports**

--Marsha Martin of HHS said that an internal HHS working group has been meeting to undertake a systematic review of that agency's "mainstream" programs and to discuss ways of ensuring that these programs provide real opportunities for access by homeless people and those who provide services to them. She invited other agencies to join them and to undertake similar reviews. She suggested consideration of demonstration projects to illustrate best practices in transitioning from targeted programs to mainstream programs.

--Martin also asked the agency representatives to consider providing funding assistance to the National Coalition for the Homeless for a proposed national conference on a wide variety of issues related to homelessness. The conference is scheduled to be held in Washington in September 1999. Approximately $100-125,000 in matching assistance is needed. For additional information, call Mary Ann Gleason of the National Coalition at (202) 737-6444.

--Lars Waldorf of DOJ said that the Civil Rights Division recently has been involved in homelessness issues through (1) meeting with the National Coalition on treating violence against homeless people as a hate crime and the "criminalization" of homelessness; (2) review of case involving a proposal to demolish affordable housing; and (3) a local jurisdiction's possibly illegal requirement of a special use permit for an adult residential care facility.

O. **Next Policy Group Meeting**

Karnas announced that the Policy Group will continue to meet bi-monthly on the first Tuesday of the month. Accordingly, the next meeting is scheduled for Tuesday, October 6, 1998 at 2:00 p.m. An agenda and confirmation notice for the meeting will be sent out in September.

Attachments

SAN FRANCISCO BAY AREA REGIONAL STEERING COMMITTEE
ON HOMELESSNESS AND HOUSING

HOMELESSNESS ISSUES BRIEF

DEVELOPING CONSENSUS ON NEXT STEPS FOR LOCAL COMMUNITIES

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Sustainability will become possible through two strategies:

1. *restructuring the mainstream systems of meeting basic human needs so that the needs of all are accommodated;*

   A key criticism has been of mainstream systems that tap into homeless-specific funding streams in order to expand mainstream programs to serve homeless people, rather than using mainstream funds for this population. Capturing mainstream resources to serve

homeless people, increasing mainstream resources while expanding access, are our needs.

2. *integration of the homeless services system with mainstream systems of care.*

Integration will allow there to be a flow of people in need, and information concerning those needs, between the homeless and mainstream components of what are two free-standing systems, that are now perceived as predominantly inter-dependent. Specialties must be respected, while creating mechanisms for these systems to work together as a whole for serving homeless people.

Agencies in local communities have been forming natural affiliations with mainstream groups for years, as the most effective way to reach their goals. Relationships built program by program and agency by agency need to be strengthened, supported, and promoted. While many service provider agencies and community-wide plans espouse these strategies, implementation is lagging, and frequently unfocused.

Point Three: **The movement to reduce homelessness has incubated new models of service provision, incorporating social justice strategies, now ready for inclusion in all systems of meeting basic human needs.**

It is time to identify the great lessons that have been learned in responding to homelessness, and to articulate these in ways that all programs related to meeting basic human needs can absorb. Thus, mainstream programs will better prevent homelessness and meet the needs of homeless people, and homeless programs will be appreciated as specialized components of local service systems.

Point Four: **The paradigm shift underway is transforming all mainstream systems of meeting human need, providing an unparalleled opportunity to redress the root causes of homelessness.**

To sustain the movement to end homelessness, it is also time to very consciously build bridges to mainstream programs. Some of this is work we have been doing, that can be tedious and soul-grinding, such as:

- reshaping workforce development programs into One Stop Job Centers;
- accessing community clinics and community mental health centers;

- gaining entree into special needs housing; and,
- focusing low-income housing providers on the poorest of the poor, in the absence of sufficient rent subsidies.

Meanwhile, key shifts that have been underway accelerated between 1994-1997, to throw the mainstreams systems of meeting human needs into major system-reform transitions. While working in the late 1980's to identify the problems in those systems that caused homelessness, no one dreamed at what a fast and sweeping pace change would come. All the key systems concerned with homelessness are now in transition, and the next five years may determine the feasibility of forcing through changes that are inclusive of meeting human need so that the frequency of homelessness diminishes.

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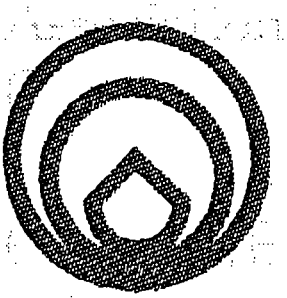
Building Better Communities:

A National Dialogue on Collaborating for Successful Siting of Housing & Service Programs



Campaign for New Community
November 12-14, 1998

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You are cordially invited to participate in this unique National Dialogue on Successful Siting. The Campaign for New Community is bringing together the national leadership of *all* affected constituencies and stakeholders for an intensive discussion about ways to arrive at a win/win solution--providing housing and human services for people in need in community-based settings while at the same time revitalizing neighborhoods and building an inclusive sense of community.

By assembling not just the 'usual suspects' such as non-profit service and housing providers and advocates but also actively recruiting neighborhood groups, property owners, developers and financiers, planners, religious institutions, consumer groups and policy analysts, a unique opportunity for dialogue will be offered.

The principal objectives of this National Dialogue are many: ☆To learn from success, to show off the best tools, resources and practices used in successfully removing barriers, to defeat discriminatory practices, and to build inclusive communities. ☆To introduce the lessons learned from community building as models for collaboration for successful siting among a wide variety of community institutions and leaders. ☆To educate the leaders of key organizations nationwide so they can in turn educate and influence whole systems and regions. ☆To launch the Building Better Communities Network which will serve as a clearinghouse--a source of technical information and as a linkage among people nationwide who share a commitment to build inclusive communities.

We believe that this Dialogue will be a force for change because it brings together very diverse constituencies, is grounded in a commitment to collaboration, and has been developed through a collaborative planning process with national organizations. This Dialogue will focus on success and on specific outcomes. It is timely and has a follow-up plan.

We hope that you will be able to participate with other national leaders, and to join us at the National Dialogue in November.

Jean Duff

Jean Duff
Director, Campaign for New Community

CNC is a four-year project co-sponsored by the Interfaith Conference of Metropolitan Washington and the Council of Churches of Greater Washington. Its Management Committee represents a broad base of religious institutions, District residents, and social service providers, who care about promoting compassionate and inclusive neighborhoods.

PARTNERS IN THE DIALOGUE

AFL-CIO Investment Program
American Planning Association
Judge David L. Bazelon Center for Mental Health Law
Beyond Shelter, Inc.
Catholic Charities USA
Center for Community Change
Community Partnership for the Prevention of Homelessness
Congress of National Black Churches
Corporation for Supportive Housing
Enterprise Foundation
Habitat for Humanity International
HomeBase of the San Francisco Bay Area
Howrey & Simon
Leadership Conference on Civil Rights
Local Initiatives Support Corporation
Lutheran Services of America
National Alliance to End Homelessness
National Association of Community Action Agencies
National Association of Counties
National Association of Home Builders
National Association of Realtors
National Coalition for the Homeless
National Council of Churches
National Housing Conference
National Law Center on Homelessness and Poverty
National League of Cities
National Leased Housing Association
National Low Income Housing Coalition
National Neighborhood Coalition
Neighborhood Reinvestment Corporation
Project H.O.M.E.
Religious Action Center of Reform Judaism
U.S. Department of Housing and Urban Development
U.S. Conference of Mayors

Program at a Glance

Thursday, November 12

9:00-12:30 p.m.	Registration Resource Center/Exhibit; Visits/Briefing on Capitol Hill with Federal Agencies
12:30-1:10 p.m.	Welcome & Overview of the Issues: Connecting Community Building to Successful Siting
1:10-2:00 p.m.	Opening Keynote Address
2:00-3:00 p.m.	Panel One: Models of Success in Community Interventions
3:15-4:15 p.m.	Panel Two: Models of Success in Barrier Removal
4:15-5:45 p.m.	Small Group Dialogue
6:00-8:00 p.m.	Dinner-Guest Speaker

Friday, November 13

7:15-8:30 a.m.	Breakfast-Guest Speaker
8:30-9:30 a.m.	Feedback from Small Group Dialogue and Discussion
9:30-10:45 a.m.	Plenary: Dialogue on Governance Issues
11:00-12:00 p.m.	Small Group Dialogue
12:30-2:15 p.m.	Building Better Communities: A Vision for Working Together to Care for Those In Need
2:30-3:30 p.m.	Plenary Session/Dialogue Panel
3:45-5:00 p.m.	Conclusion: Dialogue Panel Remarks and Next Steps
5:00-7:00 p.m.	Reception-Guest Speaker

Saturday November 14

Building Better Communities Resources Institute, Designed for leadership, the Institute gathers the best resources in the U.S....experts, best practices, materials...in all key topics relevant to successful siting into a convenient 'one stop shop'. Leaders attending the National Dialogue may select either a 6 hour workshop or two 3 hour modules in their topic(s) of greatest interest.

Topic 1 Tools & Strategies for Planning and Siting Housing and Services (6 hours)
Leaders: Tom Iglesias, Non-Profit Housing Association of Northern California; Martha Fleetwood, HomeBase for the San Francisco Bay Area. Of special interest to participants with specific siting or developmental projects.

Topic 2 Community Building (6 hours)
Leaders: TBA. Gathers state-of-the-art information on community and coalition building techniques and experience. Includes grassroots organizing, neighborhood collaborative planning techniques (with the American Planning Association), and building non-traditional alliances.

Topic 3 Legal Solutions (6 hours)
Leaders: Lois Williams, Howrey & Simon; Michael Allen, Judge David L. Bazelon Center for Mental Health Law. Delivers an overview of legal issues related to successful siting for those seeking basic knowledge and specific solutions. Includes an overview of legal issues, consideration of litigation, and a briefing on zoning reform and religious freedom issues.

A.M. Modules

Module 1 (3 hours)
ARCHITECTURAL DESIGN AND SUCCESSFUL SITING. Leaders: Michael Pyatok, Pyatok Associates; and Barbara Knecht, Architect and Housing Consultant. Focuses on the influence of design on community acceptance and on collaboration with community for successful siting. Extensively illustrated with slides.

Module 2 (3 hours)
OVERVIEW OF RESEARCH RELATED TO SUCCESSFUL SITING. Leaders: TBA. Reviews state-of-the-art research on factors related to successful siting including attitudes, myths, trends and outcomes.

Module 3 (3 hours)
SPECIAL POPULATIONS. Addresses the particular siting challenges associated with housing and serving people with special needs, including those who are mentally ill, physically disabled, mentally retarded and those in recovery.

P.M. Modules

Module 4 (3 hours)
ADVOCACY AND GOVERNMENT RELATIONS. Leaders: Maria Foscarinis and Catherine Bendor, National Law Center on Homelessness and Poverty. Useful for people seeking special skills in effectively working with the legislative and executive branches of federal and state government to achieve

Module 5 (3 hours)
CREATING FUNDING PARTNERSHIPS FOR SUCCESSFUL SITING. Leader: Jim Schuyler, The Vanguard Foundation. Focuses on how partnerships for funding can be effective in successful siting. Intended for both funders and project developers.

Module 6 (3 hours)
MEDIATION AND CONFLICT RESOLUTION. Leaders: Richard Collins, University of Virginia Institute for Environmental Negotiation and TBA. Focuses on the use of mediation and conflict resolution techniques for successful siting in community based settings

Building Better Communities: A National Dialogue

Conference Registration Form & Hotel Information

(Please print. Use one form per person.)

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Registration Fees:
(fees include all sessions, workshops, Institute, meal functions, conference materials)

Early Bird (Before August 1) $250*

Regular (After August 1) $300*

Please Make One(1) Topic or Two(2) Module Selections

___Topic 1: Tools & Strategies

___Topic 2: Community Building

___Topic 3: Legal Solutions

___Module 1: Advocacy & Government Relations

___Module 2: Architectural Design

___Module 3: Overview of Research

___Module 4: Special Populations

___Module 5: Creating Funding Partnerships

___Module 6: Mediation & Conflict Resolution

*There are a limited number of scholarships available. For more information, please contact Renee Nogales at 202 543-2249.

Please note: In order to facilitate dialogue, a maximum number of 500 participants will be accommodated. The Campaign for New Community reserves the right to limit the number of representatives from any one constituency so as to insure the diversity of perspective on the topics.

Make checks payable to: Campaign for New Community

Mail form and check to: Natalie P. Shear, Conference Management
1629 K Street, NW, Suite 802
Washington, DC 20006
1 800 833-1354 or 202 833-4456
fax: 202 775-7465

Registrations will be confirmed by mail only. Please call the number listed above if you do not receive your registration confirmation. Cancellation requests received by October 22 are refundable less a $50 processing fee. Those received after October 22 will be 50% refundable. No refunds will be made after November 4.

Conference Hotel-Hyatt Regency Crystal City

2799 Jefferson Davis Highway
Arlington, VA

The Hyatt Regency Crystal City overlooks the Potomac River, and is five minutes from historic Old Town Alexandria, Pentagon, and just 10 minutes from downtown Washington. A block of sleeping rooms is reserved for the conference attendees at a special rate of $114 per night, single or double. These rooms will only be held until October 22. Reservations received after that date will be accepted only if rooms are available and at the prevailing rate. For reservations, call 1 800 233-1234.

NATIONAL ALLIANCE TO END HOMELESSNESS ◆ NATIONAL COALITION FOR THE HOMELESS
NATIONAL COALITION FOR HOMELESS VETERANS ◆ NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL
NATIONAL LAW CENTER ON HOMELESSNESS AND POVERTY ◆ NATIONAL NETWORK FOR YOUTH

October 14, 1998

The Honorable Bruce Reed
Assistant to the President for Domestic Policy
Executive Office of the President
Washington, DC 20503

Dear Mr. Reed:

We are writing as leaders of the six national organizations that share as their vision an end to homelessness in this country to urge the Clinton Administration to request significantly increased funding for the homeless assistance programs of the U.S. Department of Health and Human Services (HHS) in its Fiscal Year (FY) 2000 budget submission. As you know, HHS manages the following homeless assistance programs: Health Care for the Homeless, Projects for Assistance in Transition from Homelessness, and the Basic Center, Transitional Living, and Street Outreach programs for runaway and homeless youth. In addition, we urge the Administration to request FY 2000 funds to enable the Department to establish a targeted homeless addiction disorder treatment program.

The need for health care, housing, income maintenance, and social services for the nation's homeless adults, children, youth, and families far outpaces the availability of services available to them in these program areas. That homelessness is a living condition for an increasing number of our neighbors places even greater pressure on the range of homeless assistance programs. Presidential leadership—demonstrated in part through a meaningful FY 2000 budget request for HHS's current homeless assistance programs and the establishment of a new addiction disorder treatment program—would serve to redress this gap between services and increasing need.

Health Care for the Homeless

The Health Care for the Homeless (HCH) program (one of the programs within the consolidated health center cluster), within the Health Resources and Services Administration, ensures that homeless people have access to health care services through integrated systems of care. As well as providing primary care, diagnostic, preventive, emergency medical, pharmaceutical, addiction disorder and mental health services, HCH projects also conduct intensive outreach, case management, and housing, income, and transportation linkage activities. HCH projects are designed and managed at the community level. HHS estimates that HCH projects serve only about one quarter of persons experiencing homelessness within a given year.

HCH projects and other health centers are overwhelmed by a burgeoning demand for services associated with increasing numbers of individuals without health insurance. This reality places an enormous burden on HCH projects and other community health providers, who are obligated to provide services regardless of the individual or family's ability to pay for them. Furthermore, an increase in the number of homeless people, brought on by recent changes to the Supplemental Security Income (SSI) program, which terminated income and health benefits for individuals with drug addiction and alcoholism disabilities, and other socioeconomic factors, presents an expanded population of patients whom HCH projects and other community health providers are responsible to serve. The phase-out of Medicaid cost-based reimbursement to HCH projects and other health centers and the increased enrollment of Medicaid beneficiaries in managed care programs are reducing the amount of Medicaid funds available to HCH projects, thus presenting an additional major challenge to their ability to provide indigent care.

Increased federal funds will allow the HCH program to expand services to the three-fourths of the homeless population still without basic health care—both in the way of capacity increases of current projects and the establishment of new projects—and enable HCH projects to remain financially viable in the increasingly market-oriented, rather than care-oriented, health service environment. Accordingly, **we urge the Clinton Administration to request at least $1 billion for Consolidated Health Centers (which would likely result in approximately $86 million for the HCH program) in its FY 2000 budget submission.** The $1 billion funding level, while below the amount ultimately necessary to serve the individuals in need, would be a major step forward.

Projects for Assistance in Transition from Homelessness

The Projects for Assistance in Transition from Homelessness (PATH) program, within the Substance Abuse and Mental Health Services Administration (SAMHSA), makes funds available to states to assist them in providing outreach, screening and diagnosis, habilitation and rehabilitation, community mental health services, substance abuse treatment (for people with serious mental illnesses and co-occurring substance use disorders), case management, residential supervision, and limited housing services for homeless people with serious mental illness. PATH funds are allocated to all fifty states, the District of Columbia, and the U.S. territories, which then distribute the funds to a broad range of service providers—approximately 350 in number—who then deliver actual services.

While PATH has enabled many homeless people to return to secure and stable lives, limited funds preclude the program from reaching the universe of homeless people with serious mental illness. This group continues to grow as a result of a new wave of deinstitutionalization of patients from mental health facilities and the denial of services or premature and unplanned discharge brought about by managed care arrangements.

Additional federal funds are necessary for PATH to reach the substantial number of homeless mentally ill people still not receiving mental health services or losing mental health services. **Accordingly, we urge the Clinton Administration to request at least $40 million for PATH in its FY 2000 budget submission.** The $40 million funding level, while below the amount ultimately necessary to serve the individuals in need, would be a major step forward.

Runaway and Homeless Youth Act

Runaway and Homeless Youth Act (RHYA) programs, within the Administration for Children and Families, support cost-effective, community-based services that protect youth from the harms of life on the streets and either reunify them safely with family or find alternative placements. The Basic Center Program provides grants to support temporary shelter for youth and counseling for youth and their families. The Transitional Living Program provides grants to support longer-term shelter as well as independent living services for youth. The Street Outreach Program provides grants to support street-based outreach and education to runaway, homeless, and street youth who have been sexually abused or are at risk of sexual abuse.

RHYA programs provide crucial housing, education, life skills, and support services to vulnerable youth at a pivotal juncture in their lives—when they will be either plunged into chronic homelessness and poverty or achieve stability and independence. Regrettably—for both the youth themselves and for the nation at large—the need for comprehensive services continues to outpace the ability of RHYA programs to provide them. **Accordingly, we urge the Clinton Administration to request at least $115 million for RHYA programs in its FY 2000 budget submission.**

Targeted Homeless Addiction Disorder Treatment

HHS does not currently administer an addiction disorder treatment program targeted to homeless people, as it does for primary care and mental health. Instead, it is assumed that homeless adults and youth with addiction disorders will obtain treatment services through the mainstream substance abuse treatment system.

But, the mainstream treatment system does not adequately reach the homeless population. Homeless people, who are difficult to contact, are readily dropped from extensive waiting lists for mainstream treatment services. Further, community-based mainstream programs often refuse to accept homeless people. And community-based health care providers, such as HCH projects, lack the fiscal or programmatic capacity to provide addiction disorder treatment services to all in need.
For those homeless people who are lucky enough to enter the treatment system, lack of housing frequently renders the treatment less effective. Successful addiction recovery requires the stability of continuous access to needed health care, social services and income support, and a place to live. Homeless people, however, are lacking these necessities and are therefore likely to participate only in the detoxification phase of the treatment cycle. They then are typically discharged back into the environments in which their addictions took hold—streets or emergency shelters—where they are at far greater risk of relapse than if they had been discharged to a stable living situation. Many return multiple times to detoxification programs. Thus, a "revolving door" emerges, resulting in a waste of precious human and financial capital.

Alternative models for delivering addiction disorder treatment services to homeless people that address these flaws in the mainstream system exist and have been proven effective in demonstration projects sponsored by the National Institute on Alcohol Abuse and Alcoholism. Unfortunately, federal funding has not been made available to build on these findings in a concentrated way—a problem that a targeted homeless addiction treatment program would address.

Establishment of a targeted homeless addiction treatment program within HHS is consistent with the intent of Congress, as reflected in FY 1999 Senate Labor-Health and Human Services-Education appropriations report language, which encourages HHS to establish a targeted treatment program; and FY 1999 Senate Veterans Affairs-Housing and Urban Development (HUD)-Independent Agencies report language and the House-passed reauthorization (H.R. 217) of the Stewart B. McKinney Homeless Assistance Act, which require HUD to spend a greater percentage of its homeless assistance funds on permanent housing, and in so doing limit its ability to fund supportive services such as addiction disorder treatment. Establishment and funding of a homeless addiction disorder treatment program would enable HHS to partially satisfy this Congressional expectation.

Accordingly, we urge the Administration to request <u>at least $100 million for an addiction disorder treatment program targeted to the unique needs and life circumstances of homeless people</u> in its FY 2000 budget submission.

As you know, Congress has signaled its support for HHS homeless assistance programs by providing funding for them in the FY 1999 Labor-HHS-Education appropriations bills approved by appropriations committees in both the House and Senate at levels that surpass the Administration's FY 1999 request. We urge the Administration to "set the bar high" in its FY 2000 budget submission and recommend significant increases for the few health and human services programs designed specifically for homeless children, youth, families, and adults. We are confident that when put to the challenge, Congress will respond favorably to the Administration's recommended investment levels.

We look forward to working with the Clinton Administration to assure growth in the Department of Health and Human Services' homeless assistance programs. Please have your staff contact our organizations if we can be of further assistance as the Administration prepares its FY 2000 budget.

Sincerely,

Paula Van Ness
Executive Director
National Alliance to End Homelessness

Mary Ann Gleason
Executive Director
National Coalition for the Homeless

Linda Boone
Executive Director
National Coalition for Homeless Veterans

John Lozier
Executive Director
National Health Care
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Maria Foscarinis
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National Law Center
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Della Hughes
Executive Director
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cc: Chris Jennings
Deputy Assistant to the President for Health Care Policy
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