South Suburban Family Shelter	SHP		1,385,658
Community and Economic Development Association of Cook Count	SHP		982,743
Proviso Township	SHP		1,633,800
WINGS Program, Inc.	SHP		202,512
Home of the Sparrow, Inc.	SHP		253,970
		Total:	**$4,458,683**
IL98-516 Decatur Macon County CoC			
Decatur Macon County Opportunities Corp.	SHPR		170,632
Dove, Inc.	SHPR		303,675
		Total:	**$474,307**
IL98-517 City & County of Kankakee CoC			
Catholic Charities, Diocese of Joliet	SHPR		133,770
		Total:	**$133,770**
IL98-520 Southern Illinois CoC			
SWAN	SHP		230,475
Women's Center	SHP		59,619
Southern IL Coalition for the Homeless	SHP		193,842
BCMW	SHP		78,225
Western Egyptian EOC	SHP		73,395
acts:13	SHP		34,125
Land of Lincoln Legal Assistance Foundation	SHP		127,185
Anna Bixby Women's Center	SHP		228,060
		Total:	**$1,024,926**
IL98-521 Bloomington Normal McLean County CoC			
Salvation Army	SHP		53,159
PATH	SHP		95,960
		Total:	**$149,119**

EMERGENCY SHELTER GRANT PROGRAM

Illinois

CHICAGO	$3,903,000
EAST ST LOUIS	$85,000
EVANSTON	$84,000
OAK PARK	$80,000
PEORIA	$85,000
ROCKFORD	$93,000

COOK COUNTY	$445,000
DU PAGE COUNTY	$133,000
LAKE COUNTY	$99,000
MADISON COUNTY	$133,000
ST CLAIR COUNTY	$77,000
ILLINOIS STATE PROGRAM	$2,347,000
Total	**$7,564,000**

Total State Homeless Funding: $47,074,539

CONTINUUM OF CARE COMPETITION

Indiana

Sponsor Name	COC Name	Program		Award Amount
IN98-500	Saint Joseph County/South Bend			
The Center for the Homeless, Inc.		SHPR		550,267
Madison Center, Inc.		SHP		169,260
Life Treatment Centers, Inc.		SHP		220,878
			Total:	**$940,405**
IN98-501	Delaware County, IN (Muncie)			
Open Door Community Servives, Inc.		SHPR		79,231
			Total:	**$79,231**
IN98-502	Evansville			
Chrysalis Womens Addiction Services, Inc.		SHP		222,060
ECHO Housing Corporation		SHP		383,895
Evansville Goodwill Industries, Inc.		SHPR		197,617
			Total:	**$803,572**
IN98-503	State of Indiana			
Community Mental Health Center, Inc.		SHPR		237,386
Kosciusko County Shelter for Abuse, Inc d/b/a The Beaman Hom		SHPR		112,671
Pathfinder Services, Inc.		SHPR		423,967
Community Mental Health Center, Inc.		SHPR		987,469
Human Services		SHPR		143,267
Haven House Services, Inc.		SHP		730,800
Elkhart Housing Partnership		SHP		400,000
Youth Services Bureau		SHP		125,388
Human Services, Inc.		SHP		105,000
Interfaith Community Council		SHP		51,135
Quinco Behavioral Health Systems		SHP		34,700
The Center for Women and Families		SHP		198,836
The Salvation Army		SHP		157,324
Human Services, Inc.		SHP		105,000
Interfaith Community Council		SHP		51,135
Human Services, Inc.		SHP		105,000
Interfaith Community Council		SHP		51,135
Quinco Behavioral Health Systems		SHP		34,700
The Center for Women and Families		SHP		198,836
The Salvation Army		SHP		157,324

Quinco Behavioral Health Systems	SHP		34,700
		Total:	**$4,445,773**
IN98-504 Indianapolis/ Marion County			
Adult & Child Mental Health Center Inc.	SHPR		331,317
Horizon House Inc.	SHP		399,999
Healthnet, Inc.	SHP		424,614
Partners In Housing Development	SHP		68,881
State of Indiana	SPCR		1,400,220
Eastside Community Investments, Inc.	SHPR		76,767
Westside Community Development Corporation	SHPR		194,488
Eastside Community Investments, Inc.	SHPR		79,811
Dayspring Center, Inc.	SHP		79,800
Health & Hospital d.b.a. Midtown Community Mental Health	SHPR		245,742
		Total:	**$3,301,639**
IN98-505 Lafayette/Tippecanoe County			
Laf. Transitional Hsg. Ctr.	SHP		215,250
		Total:	**$215,250**
IN98-506 Fort Wayne CoC			
Vincent House, INC. (SHP)	SHPR		257,155
Indiana Housing Finance Authority	SHPR		234,175
Vincent House, Inc.	SHPR		153,548
Hope House	SHP		60,000
Vincent House, Inc.	SHP		47,000
Homeless Task Force of Fort Wayne, Inc.	SHP		76,027
		Total:	**$827,905**

EMERGENCY SHELTER GRANT PROGRAM

Indiana

EVANSVILLE	$129,000
FORT WAYNE	$115,000
GARY	$166,000
HAMMOND	$102,000
INDIANAPOLIS	$407,000
SOUTH BEND	$127,000
TERRE HAUTE	$86,000
INDIANA STATE PROGRAM	$1,739,000
Total	**$2,871,000**

Total State Homeless Funding: $13,484,775

CONTINUUM OF CARE COMPETITION

Iowa

Sponsor Name	COC Name	Program		Award Amount
IA98-501	State of Iowa CoC			
Emergency Housing Project, Inc.		SHP		1,219,913
Cedar Valley Friends of the Family		SHP		1,001,254
Hawkeye Area Community Action Program, Inc.		SHP		441,262
Black Hawk-Grundy Mental Health Center		SHP		220,022
John Lewis Coffee Shop, Inc.		SHP		853,000
Victory Center Rescue Mission		SHP		367,750
			Total:	**$4,103,201**
IA98-502	City of Des Moines CoC			
Mercy Hospital Medical Center		SHPR		869,198
YMCA of Greater Des Moines		SHP		194,700
			Total:	**$1,063,898**

EMERGENCY SHELTER GRANT PROGRAM

Iowa

DAVENPORT	$75,000
DES MOINES	$180,000
SIOUX CITY	$83,000
IOWA STATE PROGRAM	$1,318,000
Total	**$1,656,000**

Total State Homeless Funding: $6,823,099

EMERGENCY SHELTER GRANT PROGRAM

Kansas

KANSAS CITY	$114,000
TOPEKA	$87,000
WICHITA	$133,000
KANSAS STATE PROGRAM	$848000
Total	**$1,182,000**

Total State Homeless Funding: $1,182,000*

** No Continuum of Care Award*

CONTINUUM OF CARE COMPETITION

Kentucky

Sponsor Name	COC Name	Program		Award Amount
KY98-500	Louisville & Jefferson County			
Jefferson County Fiscal Court		SPCR		1,943,100
Jefferson County Fiscal Court		SPCR		99,540
Jefferson County Fiscal Court		SPCR		99,540
Society of St. Vincent de Paul		SHPR		395,098
Volunteers of America of Kentucky, Inc.		SHPR		667,935
Goodwill Industries of Kentucky		SHPR		753,570
Wellspring (Schizophrenia Foundation, Kentucky, Inc.)		SHPR		616,350
			Total:	**$4,575,133**
KY98-501	Commonwealth of Kentucky			
Owensboro Area Shelter and Information Services		SHPR		1,800,000
Heartland Cares, Inc.		SHP		565,950
Northern Kentucky Area Development District		SHP		1,068,208
Northern Kentucky Area Development District		SHP		479,619
			Total:	**$3,913,777**
KY98-502	Lexington Fayette County			
Chrysalis House		SHPR		587,010
Presbyterian Child Welfare Agency		SHPR		199,062
			Total:	**$786,072**
KY98-503	City of Covington			
Transitions, Inc.		SHP		899,449
			Total:	**$899,449**

EMERGENCY SHELTER GRANT PROGRAM

Kentucky

COVINGTON	$77,000
LEXINGTON-FAYETTE	$95,000
LOUISVILLE	$422,000
JEFFERSON COUNTY	$113,000

KENTUCKY STATE PROGRAM	$1,279,000
Total	**$1,986,000**

Total State Homeless Funding: $12,160,431

BUCKS COUNTY	$94,000
CHESTER COUNTY	$114,000
DELAWARE COUNTY	$163,000
LANCASTER COUNTY	$135,000
LUZERNE COUNTY	$212,000
MONTGOMERY COUNTY	$145,000
WASHINGTON COUNTY	$189,000
WESTMORELAND COUNTY	$174,000
YORK COUNTY	$102,000
PENNSYLVANIA STATE PROGRAM	$2,803,000
Total	**$9,335,000**

Total State Homeless Funding: $54,850,912

CONTINUUM OF CARE COMPETITION

Puerto Rico

Sponsor Name	COC Name	Program		Award Amount
PR98-501	San Juan CoC			
La Casa de Nuestra Gente		SHPR		424,500
Puerto Rico Housing Finance Corp.		SRO		612,000
Estancia Corazon, Inc.		SHP		835,000
Lucha Contra El Sida, Inc.		SHP		861,000
Office for the Integral Development of Women		SHP		1,214,555
			Total:	**$3,947,055**
PR98-502	Caguas Municipal Government			
Corporacion Milagros del Amor, Inc.		SHP		721,942
Foundation for Community Developmt of PR., Inc. (FUNDESCO)		SHP		152,250
			Total:	**$874,192**

EMERGENCY SHELTER GRANT PROGRAM

Puerto Rico

AGUADILLA MUNICIPIO	$89,000
ARECIBO MUNICIPIO	$139,000
BAYAMON MUNICIPIO	$233,000
CAGUAS MUNICIPIO	$170,000
CAROLINA MUNICIPIO	$187,000
GUAYNABO MUNICIPIO	$96,000
HUMACAO MUNICIPIO	$77,000
MAYAGUEZ MUNICIPIO	$139,000
PONCE MUNICIPIO	$281,000
SAN JUAN MUNICIPIO	$510,000
TOA BAJA MUNICIPIO	$110,000
VEGA BAJA MUNICIPIO	$84,000
PUERTO RICO STATE PROGRAM	$2,515,000
Total	**$4,630,000**

Total State Homeless Funding: $9,451,247

CONTINUUM OF CARE COMPETITION

Rhode Island

Sponsor Name	COC Name	Program	Award Amount
RI98-500	State of Rhode Island CoC		
Urban League of Rhode Island, Inc.		SHPR	1,214,075
The Providence Center		SHPR	500,000
State of Rhode Island		SHPR	97,335
The Turning		SHPR	154,502
Mental Health Association Of RI		SHPR	401,749
The Providence Center		SHPR	487,116
Lucy's Hearth		SHPR	52,831
Child and Family Services		SHPR	315,991
Women's Center of Rhode Island, Inc.		SHPR	199,999
Advent House, Inc.		SHP	288,277
Hope of Liberia Charity Foundation		SHP	120,960
		Total:	**$3,832,835**

EMERGENCY SHELTER GRANT PROGRAM

Rhode Island

PAWTUCKET	$89,000
PROVIDENCE	$261,000
WOONSOCKET	$55,000
RHODE ISLAND STATE PROGRAM	$307,000
Total	**$712,000**

Total State Homeless Funding: $4,544,835

CONTINUUM OF CARE COMPETITION

South Carolina

Sponsor Name	COC Name	Program	Award Amount
SC98-500	Florence/Dillon/Marion County CoC		
Pee Dee Community Action Agency		SHPR	349,032
Pee Dee Community Action Agency		SHP	100,000
Pee Dee Community Action Agency		SHP	40,000
		Total:	**$489,032**
SC98-501	Upstate Region of South Carolina CoC		
Sunbelt Human Advancement Resources, Inc.		SHPR	748,314
Anderson Interfaith Ministries		SHP	223,685
Spartanburg County		SHP	302,820
State of South Carolina		SPC	344,100
Rosewood House of Recovery, Inc.		SHP	90,000
State of South Carolina		SPC	307,200
		Total:	**$2,016,119**
SC98-502	Sumter/Williamsburg/Myrtle Beach CoC		
State of South Carolina		SPC	395,280
		Total:	**$395,280**
SC98-503	Midlands Region of South Carolina CoC		
State of South Carolina		SPC	669,300
Piedmont Legal Services, Inc.		SHP	125,262
		Total:	**$794,562**
SC98-504	Berkeley/Charleston/Dorchester County CoC		
The Housing Authority of the City of Charleston		SHPR	123,112
Humanities Foundation		SHP	213,049
Lil Owll Care Assistance For The Homeless		SHP	209,323
The Housing Authority of the City of Charleston		SHPR	498,240
		Total:	**$1,043,724**

EMERGENCY SHELTER GRANT PROGRAM

South Carolina

CHARLESTON COUNTY	$101,000

GREENVILLE COUNTY	$91,000
SOUTH CAROLINA STATE PROGRAM	$1,392,000
Total	**$1,584,000**

Total State Homeless Funding: $6,322,717

CONTINUUM OF CARE COMPETITION

South Dakota

Sponsor Name	COC Name	Program	Award Amount
SD98-500	City of Sioux Falls		
Inter-lakes Community Action, Inc.		SHPR	222,325
		Total:	**$222,325**

EMERGENCY SHELTER GRANT PROGRAM

South Dakota

SOUTH DAKOTA STATE PROGRAM	$344,000
Total	**$344,000**

Total State Homeless Funding: $566,325

CONTINUUM OF CARE COMPETITION

Tennessee

Sponsor Name	COC Name	Program		Award Amount
TN98-500	Chattanooga & Southeast Tenn			
Chattanooga Church Ministries, Inc..		SHPR		256,853
Chattanooga Homeless Coalition		SHP		388,480
CADAS		SHP		38,115
CADAS		SHPR		506,226
			Total:	**$1,189,674**
TN98-501	Memphis & Shelby County			
Metropolitan Inter-Faith Association (MIFA)		SHP		808,864
The Synergy Foundation		SHP		292,943
Whitehaven Southwest Mental Health Center		SHP		459,430
Aloysius Home, Inc.		SHPR		575,405
Cocaine/Alcohol Awareness Program, Inc.		SHP		679,494
Bethany Home		SHP		195,841
Family Services of the Mid-South		SHP		186,328
Aloysius Home, Inc.		SHPR		287,702
			Total:	**$3,486,007**
TN98-502	Nashville Continuum of Care			
Campus for Human Development		SHPR		1,763,518
CCS Housing Systems, Inc.		SHPR		31,201
			Total:	**$1,794,719**
TN98-503	CoC for Knoxville/Knox County			
Knoxville-Knox County Community Action Committee		SHPR		251,188
Child & Family, Inc.		SHPR		266,697
			Total:	**$517,885**
TN98-504	Hohenwald			
Aid to Distressed Families of Anderson County		SHP		220,000
Buffalo Valley, Inc.		SHPR		1,009,524
Buffalo Valley, Inc.		SHP		690,474
Buffalo Valley, Inc.		SHP		158,000
			Total:	**$2,077,998**

EMERGENCY SHELTER GRANT PROGRAM

Tennessee

CHATTANOOGA	$88,000
KNOXVILLE	$88,000
MEMPHIS	$395,000
NASHVILLE-DAVIDSON	$208,000
TENNESSEE STATE PROGRAM	$1,297,000
Total	**$2,076,000**

Total State Homeless Funding: $11,142,283

CONTINUUM OF CARE COMPETITION

Texas

Sponsor Name	COC Name	Program		Award Amount
TX98-501	Corpus Christi, Nueces County CoC			
CBADRC DBA Charlie's Place		SHP		154,219
DOS Mundos Day School, Inc.		SHP		162,617
Goodwill Industries of South Texas		SHP		223,617
Corpus Christi Metro Ministires		SHPR		344,125
DOS Mundos Day School, Inc.		SHP		163,800
The Salvation Army		SHP		379,440
			Total:	**$1,427,818**
TX98-504	Austin - Travis County CoC			
The Salvation Army, Austin Area Command		SHPR		820,000
Travis County Domestic Violence and Sexual Assault Surv Ctr.		SHPR		1,357,896
The Salvation Army, A Georgia Corporation		SHPR		835,000
			Total:	**$3,012,896**
TX98-600	Ft. Worth, Tarrant County CoC			
Tarrant County Community Development Division		SHPR		286,505
Women's Haven of Tarrant County		SHPR		184,315
Day Resource Center for the Homeless/Tarrant County		SHP		475,015
Women's Haven of Tarrant County		SHP		84,000
Open Arms Home, Inc.		SHP		114,555
AIDS Outreach Center		SHPR		970,442
The Salvation Army		SHPR		88,055
Grapevine Relief and Community Exchange (GRACE)		SHP		294,000
The Women's Shelter of Arlington		SHP		37,359
Habitat for Citizens of Texas, Inc.		SHP		163,406
			Total:	**$2,697,652**
TX98-601	City of Arlington CoC			
Arlington Night Shelter		SHP		305,056
Mission Metroplex		SHP		44,906
Arlington Independent School District		SHP		176,400
The Women's Shelter		SHP		167,738

Dental Health for Arlington	SHP		83,916
		Total:	**$778,016**
TX98-602	City & County of El Paso CoC		
YWCA El Paso Del Norte Region	SHP		660,030
El Paso Center for Children, Inc.	SHP		396,351
El Paso Center for Children, Inc.	SHP		237,871
El Paso Coalition for the Homeless	SHP		277,416
		Total:	**$1,571,668**
TX98-603	Galveston County CoC		
WOMAN, Inc.	SHP		355,915
		Total:	**$355,915**
TX98-604	Bryan, College Station, Brazos County CoC		
Twin City Mission	SHP		244,605
		Total:	**$244,605**
TX98-605	City of Amarillo CoC		
City of Amarillo	SPCR		564,960
		Total:	**$564,960**
TX98-606	City & County of Dallas CoC		
The Family Place	SHPR		2,195,043
LifeNet Community Behavioral Healthcare	SHPR		1,321,297
City of Dallas	SPCR		3,480,960
		Total:	**$6,997,300**
TX98-610	Houston, Harris County CoC		
Harris County	SPC		302,880
The Women's Home	SHP		723,747
AIDS Foundation Houston, Inc.	SHPR		533,067
Harris County Community Development Agency	SHP		679,333
Society of St. Vincent De Paul	SHP		230,947
Harmony House, Inc.	SHP		419,178
Trinity Life Center/DelPelchin Children's Center	SHP		1,321,469
Harris County	SHPR		391,106
Houston Community Voice Mail	SHP		158,000
The Bridge Over Troubled Waters, Inc.	SHPR		650,122

Bay Area Turning Point, Inc.	SHPR		79,577
American Red Cross	SHP		332,064
Wesley Community Center, Inc.	SHPR		897,736
Houston READ Commision	SHP		734,233
Star of Hope Mission	SHP		995,117
Door To Recovery, Inc.	SHP		924,696
Bread of Life , Inc.	SHP		128,237
JASA House of Texas, Inc.	SHP		212,740
Wesley Community Center, Inc.	SHP		999,404
Families Under Urban and Social Attack, Inc.	SHP		473,493
		Total:	**$11,187,146**

EMERGENCY SHELTER GRANT PROGRAM

Texas

AMARILLO	$85,000
ARLINGTON	$101,000
AUSTIN	$288,000
BEAUMONT	$82,000
BROWNSVILLE	$145,000
CORPUS CHRISTI	$175,000
DALLAS	$680,000
EL PASO	$440,000
FORT WORTH	$272,000
HOUSTON	$1,242,000
IRVING	$79,000
LAREDO	$153,000
LUBBOCK	$113,000
MC ALLEN	$91,000
SAN ANTONIO	$713,000
WACO	$78,000
BEXAR COUNTY	$80,000
HARRIS COUNTY	$403,000

HIDALGO COUNTY	$311,000
TARRANT COUNTY	$125,000
TEXAS STATE PROGRAM	$4,721,000
Total	**$10,377,000**

Total State Homeless Funding: $39,214,976

CONTINUUM OF CARE COMPETITION

Utah

Sponsor NameD	COC Name	Program		Award Amount
UT98-500	Salt Lake County			
Volunteers of America, Utah		SHP		307,549
Housing Authority of Salt Lake City		SHPR		96,591
Travelers Aid Society		SHPR		72,844
Catholic Community Services of Utah		SHPR		101,043
Housing Authority of Salt Lake City		SHP		474,793
Utah Nonprofit Housing Corporation		SHPR		104,741
Housing Authority of Salt Lake City		SHPR		44,741
Catholic Community Services of Utah		SHP		25,244
			Total:	**$1,227,546**
UT98-502	Southwest UT Regional CoC			
Iron County Care and Share		SHPR		100,212
			Total:	**$100,212**

EMERGENCY SHELTER GRANT PROGRAM

Utah

SALT LAKE CITY	$172,000
SALT LAKE COUNTY	$112,000
UTAH STATE PROGRAM	$540,000
Total	**$824,000**

Total State Homeless Funding: $2,151,758

CONTINUUM OF CARE COMPETITION

Vermont

Sponsor Name	COC Name	Program		Award Amount
VT98-500	Chiltenden County CoC			
Howard Center for Human Services		SHPR		613,515
Howard Center for Human Service		SHPR		226,340
			Total:	**$839,855**
VT98-501	State of Vermont CoC			
Franklin Grand Isle Mental Health Service		SHPR		372,588
Morningside House		SHP		166,619
Twin Pines Housing Trust		SHP		128,746
Veterans Assistance Office		SHP		130,011
			Total:	**$797,964**

EMERGENCY SHELTER GRANT PROGRAM

Vermont

VERMONT STATE PROGRAM $338,000

Total $338,000

Total State Homeless Funding: $1,975,819

CONTINUUM OF CARE COMPETITION

Virginia

Sponsor Name	COC Name	Program		Award Amount
VA98-500	Richmond CoC			
Emergency Shelter, Inc.		SHPR		785,458
St. Joseph's Villa		SHPR		222,346
The Daily Planet, Inc.		SHPR		379,993
City of Richmond/ Department of Social Services		SHPR		43,517
St. Joseph's Villa		SHPR		305,426
The Daily Planet, Inc.		SHPR		379,993
City of Richmond/Department of Social Services		SHPR		43,517
St. Joseph's Villa		SHPR		305,426
			Total:	**$2,465,676**
VA98-501	City of Norfolk CoC			
The Haven Family Center		SHP		377,941
St. Columba Ecumenical Ministries, Inc.		SHP		109,972
Barrett Transitional Home		SHP		626,632
The Salvation Army		SHP		770,778
			Total:	**$1,885,323**
VA98-502	City of Roanoke			
Total Action Against Poverty		SHPR		757,895
			Total:	**$757,895**
VA98-504	City of Virginia Beach CoC			
Community Alternatives Management Group, Inc.		SHPR		211,355
Community Alternatives Management Group, Inc. (CAMG)		SHPR		34,024
Community Alternatives Management Group, Inc. (CAMG)		SHPR		333,041
Virginia Beach Community Development Corp.		SHPR		253,738
Community Alternatives Management Group, Inc. (CAMG)		SHPR		57,372
			Total:	**$889,530**
VA98-505	Virginia Peninsula CoC			
Hampton-Newport News Community				

Services Board	SHP		513,178
Virginia Peninsula Council on Domestic Violence	SHPR		113,431
HomeBase of the Virginia Peninsula	SHPR		99,666
		Total:	**$726,275**
VA98-507 City of Lynchburg			
Miriam's House, Inc.	SHPR		237,186
		Total:	**$237,186**
VA98-510 Northern Shenandoah Valley			
Virginia Department of Mental Health	SPCR		765,660
		Total:	**$765,660**
VA98-600 Arlington Cty. CoC			
Arlington-Alexandria Coalition for the Homeless	SHPR		615,801
		Total:	**$615,801**
VA98-601 Fairfax County CoC			
Pathway Homes, Inc.	SHPR		847,067
Fairfax County Department of Family Services	SHPR		676,251
		Total:	**$1,523,318**
VA98-603 Alexandria CoC			
Sheltered Homes of Alexandria	SHPR		251,116
Alexandria Community Services Board	SHPR		80,491
		Total:	**$331,607**
VA98-604 Prince William Area CoC			
Benedictine Sisters of Virginia, Inc./BARN	SHPR		478,741
		Total:	**$478,741**

EMERGENCY SHELTER GRANT PROGRAM

Virginia

NEWPORT NEWS	$76,000
NORFOLK	$232,000
PORTSMOUTH	$78,000
RICHMOND	$211,000
ROANOKE	$75,000
VIRGINIA BEACH	$109,000
ARLINGTON COUNTY	$82,000
FAIRFAX COUNTY	$217,000
VIRGINIA STATE PROGRAM	$1,317,000

Total	**$2,397,000**

Total State Homeless Funding: $13,074,012

CONTINUUM OF CARE COMPETITION

Washington

Sponsor Name	COC Name	Program		Award Amount
WA98-500	Tacoma/Pierce County Continuum of Care			
Catholic Community Services Southwest		SHPR		168,741
Veterans Independent Enterprises of Washington		SHPR		682,337
Catholic Community Services Southwest		SHP		154,350
Lakewood Area Shelter Association		SHP		459,690
Domestic Peace		SHP		211,312
YWCA of Tacoma & Pierce County		SHP		374,294
The Caring Place: A Community Resource Network		SHP		608,039
			Total:	**$2,658,763**
WA98-501	City of Spokane Continuum of Care			
Spokane Neighborhood Action Programs (SNAP)		SHP		705,684
City of Spokane Human Services Department		SHP		559,150
			Total:	**$1,264,834**
WA98-503	Seattle-King County Continuum of Care			
YWCA of Seattle-King-Snohomish County		SHPR		153,161
United Indians of All Tribes Foundation		SHPR		641,894
Archdiocesan Housing Authority		SHPR		391,411
Church Council of Greater Seattle		SHPR		111,221
Friends of Youth		SHPR		234,094
Seattle Children's Home		SHPR		127,835
YWCA of Seattle-King-Snohomish County		SHPR		108,150
Archdiocesan Housing Authority		SHPR		202,224
Salvation Army		SHPR		148,922
Kent Youth and Family Services		SHPR		76,266
Catholic Community Services Of WA		SHPR		277,664
YWCA of Seattle-King-Snohomish County		SHPR		81,547
Compass Center, A Luthern Oraganization		SHPR		25,542
Compass Center, A Luthern Organization		SHPR		25,564
Community Psychiatric Clinic		SHPR		141,671
Children's Home Society of Washington		SHPR		109,985
City of Seattle, Department of Housing &				

Human Services	SHPR		236,012
Youth Care	SHPR		199,023
Sea-KC Private Industry Council	SHPR		161,407
City of Seattle, Department of Housing & Human Services	SHPR		326,515
Central Seattle Recovery Center	SHPR		98,041
YMCA of Greater Seattle	SHPR		68,010
South King County Multi Service Center	SHPR		47,970
YWCA of Seattle-King-Snohomish County	SHPR		255,467
City of Seattle,Division of Family and Youth Services	SHPR		990,658
YWCA of Seattle-King-Snohomish County	SHPR		78,771
Vietnam Veterans Leadership Program	SHPR		21,185
Auburn Youth Resources	SHPR		114,905
County of King	SPCR		6,646,680
		Total:	**$12,101,795**
WA98-505 Snohomish County			
YWCA of Seattle, King County and Snohomish County	SHPR		261,662
Housing Hope	SHPR		244,310
Compass Health	SHPR		291,666
Housing Authority of Snohomish County	SHP		300,298
		Total:	**$1,097,936**
WA98-506 Kittitas County Continuum of Care			
Kittitas County Action Council, Inc.	SHP		66,581
		Total:	**$66,581**
WA98-507 Washington State Rural			
Walla Walla County Department of Human Services	SHP		399,063
Serenity House of Clallam County	SHPR		396,872
Community Action Center	SHP		53,844
Housing Authority of Thurston County	SHP		399,000
Washington State Dept of Community, Trade and Economic Dev.	SPC		172,320
Spokane Neighborhood Action Programs (SNAP)	SHP		399,837
Sun Community Services	SHP		102,264
		Total:	**$1,923,200**
WA98-508 Kitsap County Continuum of Care			
Bremerton Housing Authority	SHP		390,600
		Total:	**$390,600**

WA98-600	Clark County Continuum of Care		
Housing Authority of the City of Vancouver		SHPR	247,490
		Total:	**$247,490**

EMERGENCY SHELTER GRANT PROGRAM

Washington

SEATTLE	$533,000
SPOKANE	$160,000
TACOMA	$119,000
KING COUNTY	$230,000
PIERCE COUNTY	$155,000
SNOHOMISH COUNTY	$120,000
WASHINGTON STATE PROGRAM	$1,009,000
Total	**$2,326,000**

Total State Homeless Funding: $22,077,199

CONTINUUM OF CARE COMPETITION

West Virginia

Sponsor Name	COC Name	Program		Award Amount
WV98-503	South Eastern West Virginia			
Community Action of South Eastern West Virginia		SHP		244,048
			Total:	**$244,048**
WV98-504	City of Charleston/Kanawha			
YWCA of Charleston		SHP		400,000
Multi-County Community Against Poverty, Inc.		SHP		400,000
			Total:	**$800,000**
WV98-505	City of Wheeling			
The Greater Wheeling Coalition for the Homeless, Inc.		SHP		211,520
			Total:	**$211,520**

EMERGENCY SHELTER GRANT PROGRAM

West Virginia

CHARLESTON	$86,000
HUNTINGTON	$95,000
WEST VIRGINIA STATE PROGRAM	$870,000
Total	**$1,051,000**

Total State Homeless Funding: $2,306,568

CONTINUUM OF CARE COMPETITION

Wisconsin

Sponsor Name	COC Name	Program		Award Amount
WI98-500	State of Wisconsin			
Western Dairyland Economic Opportunity Council, Inc.		SHP		765,627
West Central Wisconsin Community Action Agency, Inc.		SHP		419,877
Starting Points, Incorporated		SHP		732,294
Community Action Coalition for South Central WI, Inc.		SHP		157,984
Kenosha Human Development Services, Inc.		SHP		353,931
Wisconsin Coulee Region Community Action Program, Inc.		SHP		452,695
Lakeshore CAP, Inc.		SHP		342,708
NEWCAP, Inc.		SHP		1,065,303
NEWCAP, Inc.		SHP		119,700
			Total:	**$4,410,119**
WI98-501	City & County of Milwaukee			
Milwaukee County Mental Health Division		SHPR		1,161,202
Our Home Foundation, Inc. d/b/a Meta House		SHP		987,991
Milwaukee Council on Alcoholism & Drug Dependence		SHP		260,082
Community Relations-Social Development Commission		SHP		726,339
Health Care For The Homeless of Milwaukee, Inc.		SHP		236,250
Matt Talbot Recovery Center, Inc.		SHP		656,250
The Guest House of Milwaukee, Inc.		SHP		999,600
Our Home Foundation, Inc. d/b/a Meta House		SHP		192,730
YWCA of Greater Milwaukee		SHP		106,753
Greater Milwaukee Chapter, American Red Cross		SHP		754,111
			Total:	**$6,081,308**
WI98-502	City & County of Racine			

Center for Veterans Issues, Ltd.	SHP		336,873
Homeward Bound of Racine County, Inc.	SHP		376,110
		Total:	**$712,983**
WI98-503 Madison, Dane County			
Tellurian UCAN, Inc.	SHPR		66,045
Transitional Housing, Inc.	SHPR		981,158
Tellurian UCAN Inc.	SHPR		132,090
		Total:	**$1,179,293**

EMERGENCY SHELTER GRANT PROGRAM

Wisconsin

MADISON	$89,000
MILWAUKEE	$784,000
RACINE	$90,000
WISCONSIN STATE PROGRAM	$1,824,000
Total	**$2,787,000**

Total State Homeless Funding: $15,170,703

CONTINUUM OF CARE COMPETITION

Wyoming

Sponsor Name	COC Name	Program	Award Amount
WY98-500 Self-Help Center/ Authority	Natrona County Casper Housing	SHP	64,765
		Total:	**$64,765**

EMERGENCY SHELTER GRANT PROGRAM

Wyoming

WYOMING STATE PROGRAM	$159,000
Total	**$159,000**

Total State Homeless Funding: $223,765

SUPPORTIVE HOUSING PROGRAM

- FACT SHEET -

PURPOSE

The Program is designed to promote the development of supportive housing and supportive services to assist homeless persons in the transition from homelessness and to enable them to live as independently as possible.

PROGRAM

The Supportive Housing Program finds may be used to provide: (I) transitional housing designed to enable homeless persons and families to move to permanent housing within a 24-month period, which may include up to 6 months of follow-up services after residents move to permanent housing; (ii) permanent housing provided in conjunction with appropriate supportive services designed to maximize the ability of persons with disabilities to live as independently as possible within permanent housing; (iii) supportive housing that is, or is part of, a particularly innovative project for, or alternative methods of; meeting the immediate and long term needs of homeless individuals and families; (iv) supportive services for homeless individuals not provided in conjunction with supportive housing, or (v) safe havens.

ELIGIBLE ACTIVITIES

There are six categories of eligible activities:

1. Acquisition of structures for use as supportive housing or in providing supportive services;

2. Rehabilitation of structures for use as supportive housing or in providing supportive services;

3. New construction of buildings for use as supportive housing under limited circumstances;

4. Leasing of structures for use as supportive housing or in providing supportive services;

5. Operating costs of supportive housing; and

6. Supportive services costs provided to homeless persons, such as job training, substance abuse counseling, child care, mental health treatment and case management.

The program provides grants for leasing costs, operating costs and the provision of supportive services for three years. Grants for operating costs are for up to 75 percent for the first two years of the grant, and up to 50 percent of those costs for the next year. The recipient must match the finding provided for acquisition, rehabilitation, and new construction with an equal amount of fluids from other sources. Acquisition and rehabilitation funding is limited to $200,000 (or up to $400,000in high cost areas) per structure. New construction funding is limited to $400,000 per structure.

ELIGIBLE APPLICANTS

States, local governments, other governmental entities, private nonprofit organizations, and community mental health associations that are public nonprofit organizations are eligible to compete for grant finds through a national selection process.

FY98 Funding Level: $572,819,584

SECTION 8 MODERATE REHABILITATION PROGRAM FOR SINGLE ROOM OCCUPANCY (SRO) DWELLINGS FOR HOMELESS INDIVIDUALS

- FACT SHEET -

PURPOSE

The purpose of the Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SRO) Dwellings for Homeless Individuals is to provide rental assistance on behalf of homeless individuals in connection with the moderate rehabilitation of SRO dwellings. Resources to fund the cost of rehabilitating the dwellings must be from other sources. However, the rental assistance covers operating expenses of the SRO housing, including debt service for rehabilitation financing, provided the monthly rental assistance per unit does not exceed the moderate rehabilitation fair market rent for an SRO unit, as established by HUD.

ELIGIBLE APPLICANTS

Public housing authorities (PHA) and private non-profit organizations are eligible applicants. Private nonprofit organizations must subcontract with a PHA to administer the SRO assistance. At such time as a system is in place to allow nonprofit applicants to administer the assistance, a subcontract will no longer be required.

ELIGIBLE ACTIVITIES

Assistance may only be used for rental assistance and for administering the rental assistance. The assistance will be available for 10 years. A unit to be assisted must need a minimum expenditure of $3,000 of eligible rehabilitation, including the units prorated share of work to be accomplished on common areas.

FY98 Funding Level: $10,138,680

SHELTER PLUS CARE

- FACT SHEET -

PURPOSE

The purpose of the Shelter Plus Care program is to provide rental assistance for hard4o-serve homeless persons with disabilities in connection with supportive services funded from sources other than this program. Assistance is targeted primarily to homeless persons with severe mental illness; chronic problems with alcohol, drugs, or both; or persons living with HIVIAIDS or related diseases.

PROGRAM COMPONENTS

The Shelter Plus Care program provides rental assistance through four components. Applicants may request assistance for any component or combination of components:

Tenant-based Rental Assistance (TWA) provides grants for rental assistance over a five-year period. Participants reside in housing of their choice, except that, where necessary to facilitate the coordination of supportive services, grant recipients may require participants to live in a specific area for their entire period of participation or in a specific structure for the first year and in a specific area for the remainder of their period of participation.

Sponsor-based Rental Assistance (SRA) provides grants for rental assistance through contracts with sponsor organizations over a five-year period. A sponsor may be a private, nonprofit organization or a community mental health agency established as a public nonprofit organization. Participants reside in housing owned or leased by the sponsor. Applicants must identify in their applications the nonprofit sponsor(s) and the housing site(s) to be provided.

Project-based Rental Assistance (?RA) provides grants for rental assistance, through contracts between the grant recipient and owners of existing structures, where the owners agree to lease the subsidized units to, or on behalf of participants. Rental subsidies are provided for a period of five or ten years. To be eligible for 10 years of rental subsidies, the owner must complete, at his or her expense, at least $3,000 of rehabilitation for each unit (including the unit's prorated share of work to be accomplished on common areas or systems), to make the structure decent, safe and sanitary. The rehabilitation must be completed within 12 months of the date of the grant agreement.

The monthly rent per unit for TWA, SRA, and PRA components must be reasonable in comparison with rent for comparable units and HUD assistance may not exceed the difference between existing fair market rent (FMR) established by HUE) for units of comparable size, minus the portion of the rent paid by the participant.

EMERGENCY SHELTER GRANTS (ESG) PROGRAM

PROGRAM: This program provides grants to states, metropolitan cities, urban counties, and territories according to the formula used for Community Development Block grants (CDBG). Eligible activities include renovation, major rehabilitation, or conversion of buildings for use as emergency shelters or transitional housing for the homeless. With certain limitations, grantees may also spend funds on essential services for the homeless, and homeless prevention efforts. In addition, grantees may spend funds on shelter operating costs such as maintenance, insurance, utilities, rent, and furnishing. To receive a grant must have an approved Consolidated Plan.

PURPOSE: The program is designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters and transitional housing, to meet the cost of operating shelters and of providing essential social services to homeless individuals, and to help prevent homelessness.

ELIGIBLE APPLICANTS: States, metropolitan cities, urban counties, and territories according to the formula used for Community Development Block Grants (CDBG). If, according to the CDBG, formula, a city or county receives less than .05 percent of each appropriation in any fiscal year, its ESG amount is added to the allocation for the state in which the city or county is located.

City and county grantees must distribute their ESG funds to public agencies and nonprofit recipients for homeless shelter and service activities. States must distribute all of their funds to local governments, or to nonprofit organization with the approval of the local governments.

FY99Funding Level: $150 million

David M. Egner
12/22/98 01:41 PM

To: <Julie_B._Goldberg@who.eop.gov> AT INTERNET@CCMAILDOM
cc: Sheryl Wilkins/PDR/HHQ/HUD@HUD, John L. Robertson/PDR/HHQ/HUD@HUD, Michael Freedberg/PA/HHQ/HUD@HUD, Judith S. Andrews/PA/HHQ/HUD@HUD, Fred Karnas/CPD/HUD/GOV@HUD, John J. Flynn/PA/HHQ/HUD@HUD, Lisa N. MacSpadden/PA/HHQ/HUD@HUD
Subject: Re: Baltimore Event

Julie, I am attaching the release, an attachment listing funding for each state, and another attachment with stories of five homeless people who have turned around their lives because of our programs. I will add a graf telling the story of the formerly homeless person who will introduce the President, as soon as she is picked. I will NOT state in the attachment that she intro'd him, in case there is a last-minute change.

I am awaiting your approval on all these pieces. I should have the massive list of every grant in about an hour.

Let me red flag two items in the release:

-The quote from the President, which I made up and need specific approval on.
-The 4th graf on Page Two, announcing funding the President will seek in his 2000 budget for homeless programs. I was told OMB was reviewing whether we could announce this and asked to put it in this draft. You need to get OMB sign-off

hud NEWS Department of

Housing and Urban Development – Andrew Cuomo, Secretary
Office of Public Affairs, Washington, DC 20410

NOTE: LIST OF ALL GRANT RECIPIENTS BY STATE IS ON HUD'S WEBSITE

HUD No. 98-643
(202)708-0685
http://www.hud.gov/news.html

FOR RELEASE
10:30 a.m. Wednesday
December 23, 1998

PRESIDENT CLINTON ANNOUNCES $850 MILLION IN ASSISTANCE TO HELP MORE THAN 330,000 HOMELESS AMERICANS

BALTIMORE – President Clinton today announced $850 million in grants to help more than 330,000 homeless Americans get housing, job training, child care, mental health services and substance abuse treatment so they can move from homelessness to self-sufficiency.

The assistance announced today will go to more than 300 communities, all 50 state governments, the District of Columbia, Puerto Rico and American territories. In addition, more than 1,000 non-profit organizations such as the Salvation Army, Volunteers of America and Catholic Charities will receive funding for homeless assistance programs.

(UNAPPROVED) "These grants will transform the lives of some of the most vulnerable people in our country," President Clinton said in Baltimore, where he announced the assistance. "In this holiday season, we are giving homeless Americans the most precious gift of all – a brighter future filled with hope and prosperity, instead of despair and poverty. Our assistance will help homeless people across this nation to achieve the American Dream of decent housing, a job with a living wage, and a chance for their children to build successful lives."

"The President's policies recognize that if we provide homeless people with the help they need, they can overcome their problems and work their way out of poverty," Housing and Urban Development Secretary Andrew Cuomo said. "I have met men and women across this nation who would be dead today or would be living on the streets if not for our programs."

A total of $700 million of the HUD assistance is targeted to 1,420 long-term programs to help individuals and families permanently end their homeless status, as part of HUD's Continuum of Care approach to homelessness.

Programs funded by the Continuum of Care grants will provide transitional and permanent housing assistance and will help people overcome problems that can lead to homelessness, such as a lack of basic education and job skills, mental illness and drug addiction. The grants are awarded to states, local governments and non-profit groups based on a number of factors that measure the effectiveness of plans to help homeless people become self-sufficient.

-more-

The remaining $150 million in funds are for Emergency Shelter Grants that provide food and shelter on a short-term basis to homeless people. These grants are awarded through a formula based on a community's housing and poverty needs. States and cities select projects to receive funding.

"Every homeless person has a story of enormous personal tragedy and incredible hardship," Cuomo said. "Helping these men, women and children rebuild their lives isn't easy, but it's one of the most important investments we can make. It's an investment that says America is the land of opportunity not just for some of us, but for all us."

President Clinton successfully won approval of increased funding for homeless assistance programs to $975 million in his fiscal 1999 budget. He had proposed an even larger increase that would have boosted funding to $1.15 billion.

The President's proposed budget for Fiscal Year 2000 will call for a record $1.125 billion in funding for HUD programs for homeless Americans, including: $1.025 billion for the same type of grants announced today and $100 million in rental assistance vouchers under the Section 8 program to enable 18,000 homeless individuals and families to live in subsidized apartments.

HUD has invested nearly $5 billion in programs to help homeless Americans since President Clinton took office in 1993. That's more than three times as much as the $1.5 billion HUD spent on homeless assistance programs from the time they were created in 1987 until 1993.

The Continuum of Care, which is the centerpiece of the federal policy on homelessness announced by President Clinton in 1993, stresses permanent solutions to homelessness through comprehensive and collaborative community planning.

Communities submit Continuum of Care plans to HUD that reflect efforts to address the complexities of homelessness through a range of housing and services. The services have a short-term goal of providing emergency assistance and assessment of a homeless person's needs and a long-term goal of helping the person to obtain permanent housing and become self-sufficient.

Cuomo said the Continuum of Care approach has been successful because it brings together non-profit groups, the private sector and local and state governments in a partnership to design local programs to help homeless people become self-sufficient.

This year, the Continuum of Care was one of 25 finalists, out of 1,400 competitors, for the prestigious Innovations in American Government Award that is awarded by the Ford Foundation and the Kennedy School of Government at Harvard University.

A Columbia University study concluded that HUD's homeless policies spelled out in the Continuum of Care "have had a positive impact on communities across the nation" and were an improvement from past efforts that focused on short-term emergency shelter.

##

LISTING OF HUD HOMELESS ASSISTANCE PROGRAM GRANTS

Here is a list of Department of Housing and Urban Development homeless assistance program grants announced today. Continuum of Care (CoC) Grants are for long-term programs designed to help homeless people get permanent housing and jobs to become self-sufficient. Emergency Shelter Grants provide short-term food and shelter.

ALABAMA - $6.6 million, including: CoC - $4.5 million and ESG - $2.1 million.

ALASKA - $1.8 million, including: CoC - $1.6 million and ESG - $192,000.

ARIZONA - $13.7 million, including: CoC - $11.9 million and ESG - $1.8 million.

ARKANSAS-$2.8 million, including: CoC - $1.7 million and ESG - $1.1 million.

CALIFORNIA - $141.5 million, including: CoC - $123.1 million and ESG - $18.4 million.

COLORADO - $7.7 million, including: CoC - $6.2 million and ESG - $1.5 million.

CONNECTICUT - $6.7 million, including: CoC - $5 million and ESG - $1.7 million.

DELAWARE - $2.7 million, including: CoC - $2.4 million and ESG - $281,000.

DISTRICT OF COLUMBIA - $9.7 million, including: CoC -$8.9 million and ESG - $827,000.

FLORIDA - $35.6 million, including: CoC - $29.4 million and ESG - $6.2 million.

GEORGIA - $17.5 million, including: CoC - $14.5 million and ESG - $3 million.

HAWAII - $3.1 million, including: CoC - $2.5 million and ESG - $637,000.

IDAHO - $1.7 million, including: CoC - $1.3 million and ESG - $414,000.

ILLINOIS - $47.1 million, including: CoC - $39.5 million and ESG - $7.6 million.

INDIANA - $13.5 million, including: CoC - $10.6 million and ESG - $2.9 million.

IOWA - $6.8 million, including: CoC - $5.2 million and ESG - $1.6 million.

KANSAS - $1.2 million, all for ESG.

KENTUCKY - $12.2 million, including: CoC - $10.2 million and ESG - $2 million.

LOUISIANA - $14.4 million, including: CoC - $11.5 million and ESG - $2.9 million.

MAINE - $780,000, all for ESG.

-more-

MARYLAND - $17.4 million, including: CoC - $15.2 million and ESG - $2.2 million.

MASSACHUSETTS - $33.5 million, including: CoC - $29 million and ESG - $4.5 million.

MICHIGAN - $34.2 million, including: CoC - $28.6 million and ESG - $5.6 million.

MINNESOTA - $14.6 million, including: CoC - $12.1 million and ESG - $2.5 million.

MISSISSIPPI - $2.2 million, including: CoC - $650,256 and ESG - $1.6 million.

MISSOURI- $27.9 million, including: CoC - $25.0 million and ESG - $2.9 million.

MONTANA - $1.4 million, including: CoC - $1 million and ESG - 363,000.

NEBRASKA - $4.9 million, including: CoC - $4.1 million and ESG - $828,000.

NEVADA - $3.7 million, including: CoC - $3.2 million and ESG - $563,000.

NEW HAMPSHIRE - $3.2 million, including: CoC - $2.7 million and ESG - $511,000.

NEW JERSEY - $22.7 million, including: CoC - $18.4 million and ESG - $4.3 million.

NEW MEXICO - $3.6 million, including: CoC - $2.8 million and ESG - $805,000.

NEW YORK - $99 million, including: CoC - $84.4 million and ESG - $14.6 million.

NORTH CAROLINA - $7 million, including: CoC - $4.4 million and ESG - $2.6 million.

NORTH DAKOTA -$285,000, all for ESG.

OHIO - $34.6 million, including: CoC - $27.9 million and ESG - $6.7 million.

OKLAHOMA - $1.3 million, including: ESG - $1.3 million.

OREGON - $7.9 million, including: CoC - $6.5 million and ESG - $1.4 million.

PENNSYLVANIA - $54.8 million, including: CoC - $45.5 million and ESG - $9.3 million.

RHODE ISLAND - $4.5 million, including: CoC - $3.8 million and ESG - $712,000.

SOUTH CAROLINA - $6.3 million, including: CoC - $4.7 million and ESG - $1.6 million.

SOUTH DAKOTA - $566,325, including: CoC - $222,325 and ESG - $344,000.

-more-

TENNESSEE - $11.1 million, including: CoC - $9 million and ESG - $2 million.

TEXAS - $39.2 million, including: CoC - $28.8 million and ESG - $10.4 million.

UTAH - $2.1 million, including: CoC - $1.3 million and ESG - $824,000.

VERMONT - $2 million, including: CoC - $1.7 million and ESG - $338,000.

VIRGINIA - $13.1 million, including: CoC - $10.7 million and ESG - $2.4 million.

WASHINGTON STATE - $22.1 million, including: CoC - $19.8 million and ESG - $2.3 million.

WEST VIRGINIA - $2.3 million, including: CoC - $1.3 million and ESG - $1.1 million.

WISCONSIN - $15.2 million, including: CoC - $12.4 million and ESG - $2.8 million.

WYOMING - $223,765, including: CoC - $64,765 and ESG - $159,000.

AMERICAN SAMOA, GUAM, NORTHERN MARIANAS, VIRGIN ISLANDS - $300,000, all for ESG.

PUERTO RICO - $9.4 million, including: CoC - $4.8 million and ESG - $4.6 million.

##

STORIES OF HOMELESS PEOPLE WHOSE LIVES WERE TRANSFORMED BY CLINTON ADMINISTRATION HOMELESS ASSISTANCE PROGRAMS

Throughout the United States, homeless people have dramatically transformed their lives because of the Clinton Administration's Continuum of Care homeless assistance programs. Many men and women have moved from desperate poverty and life on the streets to jobs and homes of their own with the help of the programs funded by the Department of Housing and Urban Development. Here are five success stories. The formerly homeless people have asked that their full names not be used.

WASHINGTON – As a child, Dorthea was abandoned by her drug-addicted mother, sexually abused by her stepfather and uncle, and beaten by her grandmother. Dropping out of school in the 9th grade, she drank and smoked crack. Dorthea married at age 15. She was a victim of several assaults. When she left the street and arrived at the House of Ruth – a homeless facility funded by HUD – she was dirty and had gone so long without human contact that she could not even carry on a normal conversation. A psychiatrist diagnosed her with depression, psychosis and auditory hallucinations. Dorthea's struggle to gain a stable life was difficult and she relapsed into drug use a few times. Finally, after a year and much hard work, her life began to turn around. Today, Dorthea has her own apartment and a job as a receptionist with a social service agency.

LOS ANGELES – Nancy (not her real first name) was severely injured when her abusive husband poured acid over most her face and upper body. Her husband went to prison and her marriage broke up. With no job, Nancy and her three children soon became homeless. The family was referred to Beyond Shelter in Los Angeles, which is funded by HUD. Beyond Shelter provided the family with emergency food and clothing, helped them find affordable housing and assisted Nancy in obtaining income. In addition, the shelter provided counseling, therapy referral, and connected the disfigured woman to an organization willing to provide her with free plastic surgery this year. Today, Nancy and her children live safely in their own home.

DENVER – Harold was a homeless veteran who lived on the streets for 18 years. The Colorado Department of Human Services used HUD funds to link him to support services such as case management, substance abuse treatment, and group therapy. After two years in these programs, Harold bought a home and reunited with his estranged family. He recently became a grandfather.

NEW ORLEANS – Cindy and her one-year old son spent last Christmas living in an emergency shelter. When Cindy found out about the Unity transitional housing program in New Orleans funded by HUD, she and her son moved there. With housing, child care, and an array of other support services available to her, Cindy was able to secure a job in the health care field with full benefits for her family. She is part of a program to help her become a homeowner.

QUINCY, MA – Two years ago, Bob spent a cold and lonely Christmas living in the " weeds" – the tall marsh reeds – in Quincy, MA. With help of a local shelter funded by HUD called

Father Bill's Place, Bob began a new life at the shelter and started receiving treatment for a medical condition. As his health – and his hope – improved, Bob found a home through the HUD-funded Shelter Plus Care program and established contact with his teenage son, who he had not seen in almost five years. Today, Bob works on the Board of Directors of the Quincy Interfaith Sheltering Coalition and devotes three nights a week to volunteering at Father Bill's shelter. This year, Bob will spend Christmas with his son in his own home.

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1998 Continuum of Care
BALTIMORE, MARYLAND
Summary

On any given night, it is estimated that over 2,500 men, women, and children are homeless in the City of Baltimore, Maryland with as many as 9,000 persons experiencing homelessness in that city each year.

The Continuum of Care is Baltimore's strategic plan for addressing homelessness. The Continuum was produced by the Baltimore Department of Housing and Community Development Office of Homeless Services in partnership with over 60 non-profit homelessness assistance organizations, government agencies, businesses, philanthropic organizations, and homeless and formerly homeless people. These groups come together through the Mayor's Homeless Relief Advisory Board. Input is also received from numerous other task forces, coalitions and program-specific groups with knowledge and experience regarding services and housing for homeless people.

The Clinton Administration's Continuum of Care policy calls on communities to develop a range of services from outreach and assessment to permanent housing to address the complex needs of homeless Americans. The primary goals of Baltimore's Continuum (listed below) operationalize the Federal Continuum of Care model in a way that reflects unique local needs:

- Provide appropriated accessible services to individuals and families residing in shelters
- Provide facilities that will enable services to be more timely and accessible
- Assist eligible families to access appropriate housing
- Increase skills and income of individuals and families
- Increase private funding of homeless services by foundations and business

Baltimore's 1998 Continuum of Care priorities build on the elements of the Continuum put in place over the past few years. In FY 1997, nearly 18,000 homeless persons were served by Baltimore's Continuum of Care programs. Also, over 1,417 units of permanent housing for homeless persons have been developed. Baltimore's 1998 Continuum of Care priorities focus on the needs of the most disenfranchised members of the homeless population – the chronically mentally ill and those living with HIV/AIDS. Other priority projects will assist families as they transition to independence, single adults as they deal with substance abuse, and those in need of job training and job placement. (*Individual project descriptions attached*).

Based on the high quality of the Baltimore proposal, HUD will provide $7,296,336 to fund 21 of that city's top priority projects. Baltimore, in turn, has committed to leveraging these funds with $17,053,826 in additional public and private resources, making the implementation of the Continuum of Care a real Federal-local partnership.

PROJECT #1: Maryland Center for Veteran's Education and Training (MCVET)

AWARD: $2,411,004

PROJECT SPONSOR: Maryland Center for Veteran's Education and Training, Inc.

PROJECT ADDRESS: 301 North High St., Baltimore, MD

TYPE: Supportive Housing Program RENEWAL

DESCRIPTION: This renewal project will provide 2 years of continued funding for the provision of transitional and permanent housing as well as needed supportive services to 120 homeless veterans. The supportive services being provided are designed to assist in the recovery of these veterans from substance abuse and both mental and physical health difficulties. The MCVET program being funded includes outreach services, a drop-in center, transitional housing and single room occupancy (SRO) permanent housing, as well as needed supportive services.

PROJECT #2: Safe Haven Renewal Project

AWARD: $781,833

PROJECT SPONSOR: Baltimore Mental Health System (BMHS)

PROJECT ADDRESS: 2926 Harford Road, Baltimore, MD

TYPE: Supportive Housing Program RENEWAL

DESCRIPTION: This project will provide for the operation of a Safe Havens facility to stabilize and house 20 homeless individuals currently living on the streets of Baltimore who have severe mental illness. The project is a joint effort of Baltimore Mental Health Systems, Inc., University of Maryland Medical Systems and the Johns Hopkins Community Psychiatry Department and will include the provision of mobile outreach, mental health services and case management.

PROJECT #3: Johns Hopkins Community Psychiatric Department

AWARD: $338,083

PROJECT SPONSOR: Baltimore Mental Health System (BMHS)

PROJECT ADDRESS: 2926 Harford Road, Baltimore, MD

PROJECT TYPE: Supportive Housing Program RENEWAL

DESCRIPTION: This project will provide the required funding necessary to provide Johns Hopkins Community Psychiatric Department's highly-trained Assertive Community Treatment (ACT) staff with the resources needed to provide the supportive services needed to address the severe mental illness of the homeless individuals who will be served by the Safe Havens Renewal Project described above (see Project #2).

PROJECT #4: Supplemental Security Income (SSI) Presumptive Eligibility

AWARD: $201,042

PROJECT SPONSOR: Baltimore Mental Health System, Inc.

PROJECT ADDRESS: Scattered sites across Baltimore, MD

PROJECT TYPE: Supportive Housing Program RENEWAL

DESCRIPTION: This project operates city-wide and permits trained staff of Baltimore Mental Health Systems, Inc. to determine eligibility for Social Security Administration entitlement programs for homeless individuals with severe mental illness. The project pays for up to 6 months of SSI benefits during which the Social Security Administration formally processes the applications for benefits. This project will be implemented in conjunction with the Sinai Hospital Assertive Community Treatment (ACT) team.

PROJECT #5: Sinai Hospital ACT Teams Project

AWARD: $232,580

PROJECT SPONSOR: Baltimore Mental Health Systems, Inc.

PROJECT ADDRESS: Scattered sites across Baltimore, MD

DESCRIPTION: The purpose of this renewal project is to continue Sinai Hospital's Assertive Community Treatment (ACT) team activities first funded with a Supportive Housing Program grant in 1997. These activities will be implemented in conjunction with the University of Maryland Medical Systems Supplemental Security Income Project as described immediately above (see Project #4).

PROJECT #6: HERO - Case Management

AWARD: $61,244

PROJECT SPONSOR: HERO

PROJECT ADDRESS: 101 West Reed Street, Baltimore, MD

TYPE: Supportive Housing Program RENEWAL

DESCRIPTION: HERO, the largest community-based AIDS agency in the city of Baltimore, will continue to provide case management services for 22 previously homeless individuals with HIV/AIDS who are now being housed under a HUD-funded Shelter Plus Care homeless assistance grant awarded to the City of Baltimore in 1996. The case management services to be provided will equip the project's clients with the resources necessary to access appropriate treatment programs, medical care and benefits and, thereby, allow them to successfully remain in permanent housing.

PROJECT #7: AIRS (AIDS Interfaith Residential Services) Supportive Housing Project

AWARD: $60,234

PROJECT SPONSOR: AIDS Interfaith Residential Services

PROJECT ADDRESS: 5000 York Road, Baltimore, MD

TYPE: Supportive Housing Program RENEWAL

DESCRIPTION: This project will continue to provide critically-needed services and housing to homeless HIV-positive parents and their dependent children. By providing such families with a safe, affordable and well supported place to live, as well as access to the supportive services necessary to maintain the families' well-being, this project will continue to encourage family preservation and the success of the children's development.

PROJECT #8: Project PLASE SRO

AWARD: $227,400

PROJECT SPONSOR: Project PLASE, Inc.

PROJECT ADDRESS: 1812 Maryland Ave., Baltimore, MD

TYPE: Section 8 Moderate Rehabilitation Single Room Occupancy Program

DESCRIPTION: This new project will create five (5) Single Room Occupancy (SRO) units for currently homeless men and women, especially those with HIV/AIDS by providing 10 years of rental assistance for five currently homeless individuals. Most residents of this permanent housing will also evidence a history of mental illness and/or substance abuse. Importantly, the specific neighborhood in which the project will be located in mid-town Baltimore has already voted its support for the use of the currently unoccupied structures for permanent housing for this homeless population.

PROJECT #9: Project PLASE AIDS Housing

AWARD: $69,116

PROJECT SPONSOR: Project PLASE, Inc.

PROJECT LOCATION: 1812 Maryland Ave., Baltimore, MD

PROJECT TYPE: Supportive Housing Program

DESCRIPTION: This new project will fund the rehabilitation of the five Section 8 Moderate Rehabilitation SRO units being created with the rental assistance provided under Project #8 (see immediately above). This project is, therefore, essential to the implementation of Project PLASE's five (5) unit Section 8 SRO project and ensures that the SRO housing will meet all required housing quality standards.

PROJECT # 10: Dayspring House

AWARD: $420,000

PROJECT SPONSOR: Episcopal Housing Corporation

PROJECT ADDRESS: 1200 N. Collington Avenue, Baltimore, MD 21213

TYPE: Supportive Housing Program

DESCRIPTION: Dayspring House will be an 18 unit transitional housing facility for homeless mothers who have custody of their children and are working to overcome substance abuse issues. The women will receive substance-abuse treatment at the Johns Hopkins Hospital Comprehensive Women's Center and will be required to follow an individual service program developed case managers detailing a path to recovery and self-sufficiency. HUD funds will be used to construct a new building with 9 two-bedroom and 9 three-bedroom units with a capacity of 72 persons.

PROJECT #11: Assessment and Referral

AWARD: $157,500

PROJECT SPONSOR: Historic East Baltimore Community Action Coalition

PROJECT ADDRESS: 1211 N. Chester Street, Baltimore, MD 21213

TYPE: Supportive Housing Program

DESCRIPTION: The Historic East Baltimore Community Action Coalition's Assessment and Referral project will provide substance abuse assessments and referrals for up to 2,800 homeless men and women over a two year period. Project counselors will evaluate the individual needs of clients, identify the best substance abuse treatment option for the client, and assist the client to enter that service. When needed, clients will also be assisted with other health care and housing needs.

PROJECT #12: Druid House

AWARD: $483,801

PROJECT SPONSOR: Department of HCD/Office of Homeless Services

PROJECT ADDRESS: 1821 McCulloh Street, Baltimore Maryland

TYPE: Supportive Housing Program

DESCRIPTION: HUD Continuum of Care funds will assist Druid House in providing direct case management services to 23 families in transitional housing. The program will provide comprehensive services to prepare families to move from shelter to permanent housing. The transitional housing will be developed by the Druid Heights Community Development Corporation which will provide 23 fully furnished Section 8 project-based apartments for families with funds received in the 1997 Continuum of Care homelessness assistance competition.

PROJECT #13: Harford House/Micah House

AWARD: $286,464

PROJECT SPONSOR: Govans Ecumenical Development Corporation

PROJECT ADDRESS: 1517 North Ave. & 5207 York Road, Baltimore, MD

TYPE: Supportive Housing Program

DESCRIPTION: HUD funds will provide an array of supportive services to residents of Micah House, a Single Room Occupancy (SRO) permanent housing facility for 33 homeless men with disabilities, including substance abuse issues, mental illness and/or HIV/AIDS. Among the services to be provided are case management, drug and alcohol recovery counseling, life skills training, mental health services, employment readiness training, job search assistance, and health care referrals.

PROJECT # 14: Carrington Transitional Housing

AWARD: $166,186

PROJECT SPONSOR: Light Street Housing Corporation

PROJECT ADDRESS: 3500 Clifton Avenue, Baltimore, MD 21216

TYPE: Supportive Housing Program

DESCRIPTION: HUD Continuum of Care funding will allow Carrington House to expand its services for homeless men. Currently Carrington House provides supportive housing to 10 homeless men. With this grant Carrington House will be able to serve 19 additional men, for a total of 29. HUD funds will be used for outreach, case management, life skills training, substance abuse treatment, mental health services, and employment assistance.

PROJECT #15: Margaret J. Bennett SRO

AWARD: $202,662

PROJECT SPONSOR: Women's Housing Coalition

PROJECT ADDRESS: 14 E. Franklin Street, Baltimore, MD 21202

TYPE: Supportive Housing Program

DESCRIPTION: The Margaret J. Bennett SRO is designed to meet the growing need for quality affordable housing for disabled women in Baltimore. HUD funds will be used to provide supportive services for the women in the 29 Margaret J. Bennett apartments. Services to be provided include case management, life skills support, and employment assistance. All residents will be required to be involved in an activity which enhances their own independence and chances for greater self-determination.

PROJECT # 19: Margaret J. Bennett SRO

AWARD: $227,400

PROJECT SPONSOR: Women's Housing Coalition

PROJECT ADDRESS: 14 E. Franklin Street, Baltimore, MD 21202

TYPE: Section 8 Single Room Occupancy Mod Rehab

DESCRIPTION: HUD funding will provide a 10 year stream of rental assistance for 5 Single Room Occupancy (SRO) units in the Margaret J. Bennett SRO. Twenty four additional units will be funded through other sources. The Margaret J. Bennett SRO will serve homeless women who are physically disabled and/or mentally ill. All of the units will be handicapped-accessible. In addition to the housing, another HUD grant (*see project #15 above*) will provide an array of supportive service to assist residents maintain their stability, remain successfully housed, and progress toward greater self-determination.

PROJECT #20: *Additional years of funding for Project #3*

PROJECT #21: *Additional years of funding for Project #4*

PROJECT #22: *Additional years of funding for Project #5*

Homeless VA

Facsimile Cover Sheet

Department of Veterans Affairs
Director
VA Homeless Programs

To: Thomas Freedman, Special Assistant
Mary Smith, Associate Director

Fax No: 202.456.7431

From: Pete Dougherty

Fax No: 202-273-9472
Voice No: 202-273-5774

Transmitting this cover page plus (no) pages.

Here are a few fast suggestions:

1. June 4-6, 1999 three-day stand down, Kansas City, MO (VA's Vet Center and Veterans of Foreign Wars) are lead agencies.
2. June 25-27, 1999, three day stand down, Long Beach, CA (Could be folded into a visit to see the reconstruction of the [old] Long Beach Navy housing as a comprehensive center for veterans, women, children, schools, etc.) – [This is a great example of base closure.]
3. The Veteran Organizations Homeless Council (VOHC) is scheduled to meet here [in DC] on May 14. {VOHC is made up all major veteran service organizations} Meeting could be held at OEOB and POTUS or VPOTUS could drop-in. [If this were to be the plan, obviously I would suggest all VSO Execs as well as their staff liaisons to VOHC attend.]
4. There is a one day event (stand down) at Bay Pines, FL June 11,1999 this could be a fall back – generally the Tampa/St.Pete folks do a great job in getting this event organized.
5. We have potential grant awards under our homeless grants in Tampa, FL; Atlanta, GA; (near) Chicago, IL; Memphis, TN; Houston, TX; and Newburg, WI

HOMELESSNESS 1996:

Programs and the People They Serve

SUMMARY REPORT

Findings of the 1996
National Survey of Homeless Assistance
Providers and Clients

PRELIMINARY DRAFT
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HOMELESSNESS 1996:

Programs and the People They Serve

SUMMARY REPORT

Findings of the 1996 National Survey of Homeless Assistance Providers and Clients

AUGUST 1999

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Laudan Y. Aron
Toby Douglas
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Edgar Lee
Britta Iwen

The nonpartisan Urban Institute publishes studies, reports, and books on timely topics worthy of public consideration. The views expressed are those of the authors and should not be attributed to the study's federal funders or to the Urban Institute, its trustees, or its funders.

Contents

FOREWORD xiii

ACKNOWLEDGMENTS xv

HIGHLIGHTS xvii

1 **Introduction and Design Overview** 1

Introduction 2

Overview of the Study Design 2

Data Collection Approaches 3

Basic Analytic Categories 5

Defining Homelessness Status 5

Specifying Time Frames 6

Defining Family and Single Status 6

Defining Alcohol/Drug/Mental Health (ADM) Status 6

Describing Urban/Rural Location 7

Statistical Significance of Findings 7

Confidence Intervals 7

Statistical Significance of Comparisons 7

Risk of False Positives 7

Limitations of NSHAPC Findings 7

The Study Is Descriptive 7

The People in the Study Come from Homeless Assistance Programs 8

NSHAPC Was Designed to Collect Data on Clients Who Use Homeless Assistance Services 8

All Client Information Comes from the Clients Themselves 8

What the Study Does Not Do 8

The Structure of This Report 9

Additional Information May Be Found in the Technical Report 9

2 An Overview of Homeless Clients 11
Introduction 13
Demographic Characteristics of Homeless Clients 13
Sex 14
Race/Ethnicity 15
Age 15
Marital Status 16
Education 17
Veteran Status 18
The Children of Homeless Clients 18
Service Needs, Stresses, and Vulnerabilities 20
Service Needs as Seen by Clients 20
Food Consumption and Hunger 21
Victimization while Homeless 22
Physical Health Status and Insurance 22
Alcohol, Drug, and Mental Health Problems 23
History of Incarceration 25
Adverse Childhood Experiences 25
Where Homeless Clients Were Living 26
Characteristics of Clients Using Different Housing and Other Services 27
Income, Employment, and Other Income Sources 28
Income 28
Paid Employment 29
Receipt of Government Benefits 29
History of Homelessness 30
Clients Who Change Locations after Becoming Homeless 32
Comparisons of Clients from Central Cities, Suburbs, and Rural Areas 33
Comparisons with 1987 Urban Institute Findings 35

3 Comparing Currently with Formerly Homeless Clients and Other Service Users 39
Introduction 41
Basic Demographic Characteristics 41
Sex 41
Race/Ethnicity 41
Age 43
Education 43
Marital and Household Status 43
Veteran Status 44
Service Needs, Stresses, and Vulnerabilities 44
Service Needs as Seen by Clients 44
Food Consumption and Hunger 44

Physical Health Status and Insurance 45
Alcohol, Drug, and Mental Health Problems 49
Incarceration 50
Adverse Childhood Experiences 50
Income Levels, Sources, and Employment 52
History of Homelessness 55
Use of Homeless Assistance Programs 56
Lifetime Service Use 56
Urban/Rural Location 57

4 **Homeless Assistance Programs** 59
Introduction 60
Service Locations and Program Types 60
Service Level and Program Size 61
Total Number of Expected Service Contacts 62
Variability in Program Size 63
Operating Agencies 64
Funding Sources 66
Population Focus 66
Household Type 66
Special Population or Special Need 67
Occupancy Levels of Shelter/Housing Programs 69
Location of Homeless Assistance Programs 69
Availability of Services within NSHAPC's 76 Sampling Areas 71
Distribution of Program Contacts within Sampling Areas 72
Distribution of Services within Sampling Areas by Program Type 73
Distribution within Sampling Areas of Contacts with Different Types of Shelter/Housing Programs 76

5 **Postscript** 79

APPENDIX A: NSHAPC's PRIMARY SAMPLING AREAS 81

APPENDIX B: NSHAPC PROGRAM DEFINITIONS 85

REFERENCES 87

Figures and Tables

Figure 1.1 Sampling Areas for NSHAPC 3

Table 2.1 Demographic Characteristics of Homeless Clients, by Family Status 14

Figure 2.1 Sex of Homeless Clients and the U.S. Adult Population 15

Figure 2.2 Homeless Clients in Families 15

Figure 2.3 Race/Ethnicity of Homeless Clients and U.S. Adults 16

Figure 2.4 Age Distribution of Homeless Clients in Families, Single Homeless Clients, and U.S. Adults 16

Figure 2.5 Marital Status of Homeless Clients in Families, Single Homeless Clients, and All U.S. Adults 17

Figure 2.6 Educational Attainment of Homeless Clients in Families, Single Homeless Clients, and U.S. Adults 17

Table 2.2 Characteristics of Children under 18 Living with Homeless Parents, and the U.S. Population of Children 19

Table 2.3 Demographic Characteristics of Homeless Adults Plus Their Children Living with Them, Compared with the U.S. Population in Poverty and the General U.S. Population 20

Figure 2.7 Residence of Minor Children Who Do Not Live with a Homeless Parent 21

Figure 2.8 Most Important Thing Respondent Thinks Is Preventing Exit from Homelessness 21

Figure 2.9 Frequency of Food Problems in the Past 30 Days among Homeless Clients 22

Figure 2.10 Victimization of Clients while Homeless 23

Table 2.4 Alcohol, Drug, and Mental Health (ADM) Problems among Homeless Clients 24

Figure 2.11 Alcohol, Drug, and Mental Health Problems of Homeless Clients in Different Time Periods 25

Figure 2.12 Adverse Experiences before Reaching Age 18 26

Figure 2.13 Where Homeless Clients Slept on Day of Interview and Previous Seven Days 27

Table 2.5 Demographic and Other Characteristics of Homeless Clients, by Street Location and Program Use in Past Week 28

Table 2.6 Economic and Other Characteristics of Homeless Clients, by Family Status 29

Figure 2.14 Receipt of Means-Tested Benefits during Past Month, by Family Status 30

Table 2.7 History of Homelessness and Transiency, by Family Status 31

Figure 2.15 Pattern of Homelessness, by Family Status 32

Table 2.8 Movers: Origins and Destinations 33

Table 2.9 Characteristics of Homeless Clients in Central Cities, Suburbs, and Rural Areas 34

Figure 2.16 Urban/Rural Location of Homeless Clients Compared with the Poor U.S. Population 35

Table 2.10 What Has Changed? Comparing Homeless Clients Found in Central City Shelters and Soup Kitchens in 1987 and 1996 36

Figure 3.1 Sex, by Homeless Status 41

Table 3.1 Basic Demographic Characteristics, by Homeless Status 42

Figure 3.2 Age, by Homeless Status 43

Table 3.2 Service Needs, by Homeless Status 44

Table 3.3 Food Consumption and Hunger, by Homeless Status 45

Table 3.4 Physical Health Status, by Homeless Status 46

Figure 3.3 Ability to See a Doctor or Nurse, by Homeless Status 47

Figure 3.4 Medical Insurance Coverage, by Homeless Status 47

Table 3.5 Mental Health and Substance Use Problems, by Homeless Status 48

Figure 3.5 Any Mental Health, Alcohol, and/or Drug Use Problems, by Homeless Status 49

Table 3.6 History of Incarceration, by Homeless Status 50

Table 3.7 Adverse Childhood Experiences, by Homeless Status 51

Figure 3.6 Adverse Experiences before Age 18, by Homeless Status 51

Figure 3.7 Out-of-Home Experiences before Age 18, by Homeless Status 52

Table 3.8 Income Levels, Income Sources, and Employment, by Homeless Status 53

Figure 3.8 Income Received in the Last 30 Days, by Homeless Status 54

Figure 3.9 Money/Benefits Received from Government Sources in the Last 30 Days, by Homeless Status 54

Table 3.9 Number and Length of Homeless Periods, by Homeless Status 55

Figure 3.10 Number of Times Homeless, by Homeless Status 56

Table 3.10 Use of Homelessness Assistance Programs, by Homeless Status 57

Table 3.11 Urban/Rural Location, by Homeless Status 58

Figure 4.1 Number of Homeless Assistance Programs in the United States, 1996 61

Figure 4.2 Number of Program Contacts Expected at Programs of Different Types on an Average Day in February 1996 62

Figure 4.3 Size of Homeless Assistance Programs 63

Figure 4.4 Proportion of Program Contacts Provided by Larger Programs 64

Figure 4.5 Types of Agencies That Operate Homeless Assistance Programs 65

Figure 4.6 Types of Agencies Operating Housing, Food, Health, and Other Programs 65

Figure 4.7 Program Reliance on Government Funding 67

Figure 4.8 Types of Households Served by Homeless Assistance Programs 68

Figure 4.9 Special Population Focus of Homeless Assistance Programs 69

Figure 4.10 Special Needs Focus of Homeless Assistance Programs 70

Table 4.1 Shelter/Housing Utilization and Information on Turnaways 71

Figure 4.11 Distribution of Programs Compared with Program Contacts among Communities of Different Types 71

Figure 4.12 Distribution of Program Contacts across Different Types of Communities 72

Table 4.2 Statistics for Program Contacts in Primary Sampling Areas 73

Figure 4.13 Program Contacts in a Primary Sampling Area by Overall Population, per 10,000 Population and per 10,000 Living in Poverty 74

Figure 4.14 Program Contacts in a Primary Sampling Area, by Program Type 75

Figure 4.15 Rate of Housing/Shelter Program Contacts per 10,000 Poor People, by Type of Housing Program 77

PRELIMINARY DRAFT
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Foreword

The **1996 National Survey of Homeless Assistance Providers and Clients** is a landmark study. It was designed to provide updated information about the providers of homeless assistance and the characteristics of homeless persons who use services. The survey is based on a statistical sample of 76 metropolitan and nonmetropolitan areas, including small cities and rural areas. Data for the survey were collected between October 1995 and November 1996.

The survey is a response to the fact that homelessness remains one of America's most important social issues. Chronic poverty, coupled with physical and other disabilities, have combined with rapid changes in society, the workplace, and local housing markets to make many people vulnerable to its effects. With the enactment of the Stewart B. McKinney Homeless Assistance Act of 1987, Congress recognized the need to supplement "mainstream" federally funded housing and human services programs with funding that was specifically targeted to assist homeless people. Over $11 billion in McKinney funds have been appropriated since then, and billions more have been provided through other federal, state, and local programs and benefits.

Those who provide assistance—the government agencies, the thousands of nonprofit organizations, and countless private individuals—have learned a great deal about effective ways to meet the needs of homeless people through improved supportive services, increased housing options and cooperative ventures among agencies providing assistance. Although substantial progress has been made in obtaining funding and learning about effective approaches, much more remains to be done.

Despite significant increases in funding, program administrators had to manage their programs without current and reliable data on the characteristics of the people they were serving and the newly emerging networks of services and service providers. Indeed, the last national study was conducted by the Urban Institute in 1987. In 1991 federal agencies began initial planning for a new national survey to fill this gap.

The new survey was designed and funded by 12 federal agencies[1] in a collaborative venture under the auspices of the Interagency Council on the Homeless, a working group of the White House Domestic Policy Council. The U.S. Bureau of the Census collected the data, and the Urban Institute analyzed it. A panel comprised of public interest groups, nationally recognized researchers, and other experts on

[1]The 12 federal agency sponsors include the Departments of Housing and Urban Development, Health and Human Services, Veterans Affairs, Agriculture, Commerce, Education, Energy, Justice, Labor, and Transportation as well as the Social Security Administration and the Federal Emergency Management Agency.

issues related to homelessness reviewed and commented on the analysis plan and draft reports. All of the draft survey instruments were published in the Federal Register for public review and comment.

It is important to note that the survey was *not* designed to produce a national count of the number of homeless people, nor does it include information on client characteristics at the regional or local levels. The survey *was* designed to provide up-to-date information about the providers of assistance to homeless people, the characteristics of those who use services that focus on homeless people, and how this population has changed in metropolitan areas since 1987. The analyses of the provider data examine factors such as geographic level (e.g., national, central city, communities outside of central cities but still within metropolitan statistical areas, and rural areas), program type, and the types and levels of services delivered. The data received from service users identifies patterns based on a number of characteristics including, but not limited to, such factors as age, race/ethnicity, sex, family status, history of homelessness, employment, education, veteran status, and use of services and benefits.

The information in this report is critical to discussions about effective public policy responses needed to break the cycle of homelessness. It encompasses a wealth of data that weaves a unique snapshot of homelessness in the United States.

As such, it provides an important baseline and foundation for future assessments of the nature and extent of homelessness. It also provides a valuable overview that will improve our understanding of the characteristics of homeless people who use services, the nature of homelessness, and how best to address it.[2]

[2]Two other items related to the survey are currently available. *Lists* containing the names, addresses, and telephone numbers of the homeless assistance providers in each of the 76 survey areas who reported in 1996 that they met the criteria for inclusion in the survey are available from the Interagency Council on the Homeless, HUD, 451 7th Street, S.W., Washington, DC 20410, Room 7274, or survey_results@hud.gov Survey Results, **(Contact info to follow)**. *Public Use Data Tapes* are available from the Bureau of the Census, **(Contact info to follow)**.

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Acknowledgments

Many people played a role in bringing this report to fruition. James Hoben of the Department of Housing and Urban Development, Mary Ellen O'Connell of the Department of Health and Human Services, and George Ferguson of the Interagency Council on the Homeless spearheaded the efforts of a Federal Working Group under the auspices of the Interagency Council. They had the responsibility for supervising all phases of the study; their counsel has greatly improved the report's structure, focus, and readability.

Other members of the Federal Working Group who contributed ideas, comments, comparison data, and support include Katherine Meredith of the Office of Management and Budget; Nancy Gordon, Annetta Clark, Denise Smith, Marjorie Corlett, Charles Alexander, Dave Hubble, David Hornick, and Steve Tourkin of the Bureau of the Census; Fred Karnas, Marge Martin, Mark Johnston of the Department of Housing and Urban Development; Marsha Martin, Pete Delany, and Michael Shoag of the Department of Health and Human Services; Pete Dougherty, Scott Steins, and Josephine Hawkins of the Department of Veterans Affairs; Joanne Wiggins, James Parker, and Wei-min Wang of the Department of Education; Gary Bickel, John Pentacost, and Amy Donoghue of the Department of Agriculture; John Heinberg and Raymond Higgins of the Department of Labor; Carol Coleman and Yolanda Jones of the Federal Emergency Management Administration; Patricia Betch, Cassandra Wilkins, and Paul Davies of the Social Security Administration; Patricia Rose of the Department of Energy; Betty Jackson of the Department of Transportation; and Molly Brostrom of the Domestic Policy Council. In addition, Sharon Fondelier, Dave Hornick, Tracy Mattingly and other Census Bureau staff have remained polite and forthcoming under the provocation of what must have seemed like never-ending requests for additional data, additional interpretation of methods, additional reviews of draft method sections, and additional handholding.

In addition, we were assisted greatly by a devoted panel of experts on research and policy related to homelessness. These included Dr. Paul Koegel of the RAND Corporation, Dr. Kim Hopper of the Nathan Kline Institute, Dr. Dennis Culhane of the University of Pennsylvania, Dr. Howard Goldman of the University of Maryland—Baltimore, Dr. Sue Watlov-Phillips of Elim Transitional Housing, Inc., Dr. Beverly Toomey of Ohio State University, Dr. Robert Rosenheck of Yale University, Dr. James Stronge of the College of William and Mary, Dr. Michael L. Dennis of Chestnut Health Systems, Dr. Linda Fosburg of Abt Associates, Dr. Beth Weitzman of

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Finally, Martin Frankel and K.P. Srinath of Abt Associates and Fritz Scheuren, John Marcotte, and Douglas Wissoker of the Urban Institute assisted with weighting and other statistical issues.

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Highlights

These highlights present information from *Homelessness 1996: Programs and the People They Serve—Summary Report* in the form of frequently asked questions and answers. Also noted are some important questions that this study does *not* address.

Study Purpose and Design

What is the purpose of the National Survey of Homeless Assistance Providers and Clients (NSHAPC)?

- NSHAPC was done to provide updated information on homeless assistance programs and the clients who use them to federal agencies responsible for administering homeless assistance programs and to other interested parties. The data are national in scope, and the survey is the first to gather through one effort a wide range of information relevant to the missions of the federal sponsors.
- NSHAPC was *not* designed or conducted to produce a count or estimate of homeless persons.

How was NSHAPC conducted?

- The Bureau of the Census conducted the study for 12 federal agencies.
- NSHAPC selected a sample of 76 geographical areas to represent the entire United States, including
  - the 28 largest metropolitan statistical areas (MSAs);
  - 24 small and medium-sized MSAs randomly selected from the remaining MSAs; and
  - 24 groups of rural counties randomly selected from all rural counties.
- Through telephone interviews and a mail survey, the study identified and gathered information about 16 types of homeless assistance programs:
  - emergency shelters
  - transitional housing programs
  - permanent housing programs for formerly homeless people
  - programs distributing vouchers for emergency accommodation
  - programs accepting vouchers in exchange for giving emergency accommodation
  - food pantries (rural areas only)
  - soup kitchens
  - mobile food programs
  - physical health care programs
  - mental health care programs
  - alcohol/drug programs

- HIV/AIDS programs
- outreach programs
- drop-in centers
- migrant labor camps used to provide emergency shelter for homeless people
- other programs

- A client survey was conducted. For this survey, homeless assistance programs* were randomly selected to represent all such programs in each of the study's primary sampling areas. Then users of these programs (clients) were randomly selected and interviewed to learn about their characteristics, situation, and needs.

Who and what does the NSHAPC sample represent? How should the results be interpreted?

- The programs and clients interviewed for NSHAPC represent homeless assistance programs throughout the United States and all the clients who use these services. All information based on NSHAPC data are estimates. In general, percentages reported have a margin of error no greater than 4 percentage points.
- Representatives of 11,909 programs were actually interviewed. These programs in the NSHAPC sample represent an estimated 40,000 such programs nationwide.
- 4,207 clients who use these programs were actually interviewed. They represent all of the clients who use such programs nationwide. Of these,
  - 54 percent were homeless at the time of their interview;
  - 22 percent had been homeless in the past but were not homeless at the time of the interview; and
  - the remaining 24 percent were other service users who had never been homeless.
- The results should be interpreted as representing
  - homeless assistance programs nationwide in 1996; and
  - homeless people and other users of these programs in 1996.

Homeless Families

What proportion of homeless clients are in family households?

- Each homeless *client* is an adult representing a *homeless household.*
- 15 percent of these are *family* households (that is, the clients have one or more of their own children under age 18 with them).
- On average, each homeless family household includes 2.2 minor children of the client.

If we include the children as part of the total, what proportion of all homeless service users are members of homeless families?

- 34 percent of homeless service users are members of homeless families.
- 23 percent are minor children and 11 percent are their parents.

What are the basic characteristics of the parent-clients in homeless families?

- 84 percent are female and 16 percent are male.
- 38 percent are white non-Hispanic, 43 percent are black non-Hispanic, 15 percent are Hispanic, 3 percent are Native American, and 1 percent are other races.
- 26 percent are ages 17 to 24, 74 percent are ages 25 to 54, and less than 0.5 percent are ages 55 and older.
- 41 percent have never married, 23 percent are married, 23 percent are separated, 13 percent are divorced, and none are widowed.
- 53 percent have less than a high school education, 21 percent have completed high school, and 27 percent have some education beyond high school.

Single Homeless Clients

What are the basic characteristics of single homeless clients?

- Most homeless clients (85 percent) are single (that is, they do not have any of their children with them).
- 77 percent are male and 23 percent are female.
- 41 percent are white non-Hispanic, 40 percent are black non-Hispanic, 10 percent are Hispanic, 8 percent are Native American, and 1 percent are other races.
- 10 percent are ages 17 to 24, 81 percent are ages 25 to 54, and 9 percent are ages 55 and older.
- 50 percent have never married, 7 percent are married, 14 percent are separated, 26 percent are divorced, and 4 percent are widowed.
- 37 percent have less than a high school education, 36 percent have completed high school, and 28 percent have some education beyond high school.

*Programs included emergency shelters, transitional and permanent housing programs, voucher distribution programs, food pantries, soup kitchens, mobile food programs, outreach programs, drop-in centers, and other programs.

Problems

Do homeless clients get enough to eat?

- 28 percent say they sometimes or often do not get enough to eat, compared with 12 percent of poor American adults.
- 20 percent eat one meal a day or less.
- 39 percent say that in the last 30 days they were hungry but could not afford food to eat, compared with 5 percent of poor Americans.
- 40 percent went one or more days in the last 30 days without anything to eat because they could not afford food, compared with 3 percent of poor Americans.

What proportion have problems with alcohol, drugs, or mental health?

Within the past month:

- 38 percent report indicators of alcohol use problems.
- 26 percent report indicators of drug use problems.
- 39 percent report indicators of mental health problems.
- 66 percent report indicators of one or more of these problems.

What proportion have physical health problems? What types of problems do they have?

At the time of the interview:

- 3 percent report having HIV/AIDS.
- 3 percent report having tuberculosis.
- 26 percent report having acute infectious conditions, such as a cough, cold, bronchitis, pneumonia, tuberculosis, or sexually transmitted diseases other than AIDS.
- 8 percent report having acute non-infectious conditions, such as skin ulcers, lice, or scabies.
- 46 percent report having chronic health conditions, such as arthritis, high blood pressure, diabetes, or cancer.
- 55 percent have no medical insurance.

What proportion experience victimization or violence while homeless?

While they have been homeless:

- 38 percent say someone stole money or things directly from them.
- 41 percent say someone stole money or things from their possessions while they were not present.
- 22 percent have been physically assaulted.
- 7 percent have been sexually assaulted.

How poor are homeless clients?

- Single homeless clients report a mean income of $348 during the last 30 days. This amount is only 51 percent of the 1996 federal poverty level of $680/month for one person.
- Clients in family households report a mean income of $475 during the last 30 days. This amount is only 46 percent of the 1996 federal poverty level of $1,023/month for a family of three.
- Single homeless clients receive only 12 percent of $2,840 (the median monthly income of all American households in 1995) in the month before being interviewed, and homeless families receive only 17 percent.

Sources of Income and Benefits

How many homeless clients did any paid work in the past month?

- 44 percent did paid work during the past month. Of these:
  - 20 percent worked in a job lasting or expected to last at least three months.
  - 25 percent worked at a temporary or day labor job.
  - 2 percent earned money by peddling or selling personal belongings.
- 3 percent report more than one source of earned income.

How many receive income from family or friends?

- 21 percent receive income from family members or friends, including:
  - 9 percent from parents.
  - 2 percent from a spouse.
  - 5 percent from other relatives.
  - 12 percent from friends, including boyfriends and girlfriends.
  - 1 percent from child support.
- 8 percent report income from more than one type of family member or friend.

How many homeless clients receive government benefits? What types of benefits?

- 37 percent receive food stamps.
- 52 percent of homeless households with children receive Aid to Families with Dependent Children (AFDC). (In 1996, when the survey was conducted, AFDC was still operating.)

- 11 percent receive Supplemental Security Income (SSI).
- 9 percent receive General Assistance or another state or local cash assistance benefit.
- 6 percent of homeless veterans receive veteran-related disability payments; 2 percent receive veteran-related pensions.
- 30 percent receive Medicaid, and another 7 percent receive medical care from the Department of Veterans Affairs.

How many homeless clients receive money from panhandling?

- 8 percent report income from panhandling in the last 30 days.

The Location of Homeless Clients

In what types of communities (big cities, suburbs, and rural areas) are homeless clients found?

- There are homeless clients in every type of community. The majority of homeless clients, 71 percent, are in central cities, while 21 percent are in the suburbs and urban fringe areas, and 9 percent are in rural areas. These figures contrast with the distribution of 31, 46, and 23 percent, respectively, for poor people in the United States.

How much do homeless clients move from one community to another?

- 29 percent of homeless families and 46 percent of single homeless clients are not living in the same city or town where they became homeless.
- Major reasons given for leaving the city or town where they first became homeless are the lack of jobs, the lack of affordable housing, and being evicted from or asked to leave the place where they were living.
- Major reasons for coming to the city or town where they were interviewed are the presence of relatives or friends, the possibility of work, and the availability of shelters, missions, and other services.

Within their communities, where can homeless clients be found? What services do they use?

- 31 percent slept on the streets or in other places not meant for habitation within the last week.
- 66 percent used an emergency shelter, transitional housing program, or program offering vouchers for emergency accommodation within the last week.
- 36 percent used soup kitchens within the last week.
- 10 percent used other homeless assistance programs (e.g., drop-in centers, food pantries, outreach programs, mobile food programs) within the last week.

Patterns of Homelessness

How many people are homeless for the first time? How long are people homeless?

- 49 percent of homeless clients are in their first episode of homelessness, while 34 percent have been homeless three or more times. Clients in families and single homeless clients are equally likely to be in their first homeless episode, but singles are more likely than clients in families to have been homeless three times or more (37 versus 23 percent).
- For 28 percent of homeless clients, their current episode has lasted three months or less, but for 30 percent it has lasted more than two years. Clients in families are more than twice as likely as single clients to have been homeless for three months or less (49 versus 23 percent), while single clients are almost three times as likely as clients in families to be in homeless spells that have lasted more than two years (34 versus 13 percent).

Other Important Profiles

How many homeless clients are parents? Are their children with them?

- 60 percent of homeless women have children ages 0 to 17; 65 percent of these women live with at least one of their minor children.
- 41 percent of homeless men have children ages 0 to 17; 7 percent of these men live with at least one of their minor children.

What are the characteristics of the children of homeless clients?

- 53 percent of the children accompanying a homeless parent in this study are male and 47 percent are female.
- Most of these children are young: 20 percent are ages 0 to 2, 22 percent are ages 3 to 5, 20 percent are ages 6 to 8, 33 percent are between the ages of 9 and 17, and age was not given for 5 percent.

- Parents report that 45 percent of the 3- to 5-year-olds attend preschool, and that 93 percent of school-age children (ages 6 to 17) attend school regularly.
- 51 percent of children are in households receiving AFDC, 70 percent are in households receiving food stamps, 12 percent are in households receiving SSI, and 73 percent receive Medicaid.

How many homeless clients are veterans? What is the proportion for homeless men?

- 23 percent of homeless clients are veterans, compared with about 13 percent of all American adults in 1996.
- 98 percent of homeless clients who are veterans are men. 33 percent of male homeless clients are veterans, as were 31 percent of American men in 1996.
- 21 percent served before the Vietnam era (before August 1964); 47 percent served during the Vietnam era (between August 1964 and April 1975); and 57 percent served since the Vietnam era (after April 1975). Many have served in more than one time period.
- 33 percent of the male veterans in the study were stationed in a war zone, and 28 percent were exposed to combat.

What adverse childhood experiences did homeless clients report?

- 27 percent of homeless clients lived in foster care, a group home, or other institutional setting for part of their childhood.
- 25 percent report childhood physical or sexual abuse.
- 21 percent report childhood experiences of homelessness.
- 33 percent report running away from home and 22 percent report being forced to leave home.

Homeless Assistance Programs

How many homeless assistance programs are there in the United States? What kinds of programs are they?

- This study estimates that there are about 40,000 homeless assistance programs in the United States, offered at an estimated 21,000 service locations.
- Food pantries are the most numerous type of program, estimated to number 9,000 programs. Emergency shelters are next with an estimated 5,700 programs, followed closely by transitional housing programs (4,400), soup kitchens and other distributors of prepared meals (3,500), outreach programs (3,300), and voucher distribution programs (3,100).
- 49 percent of all homeless assistance *programs* are located in central cities, 32 percent in rural areas, and 19 percent in suburban areas. However, because central city programs serve more clients, a larger share of *program contacts* happen in central cities (57 percent) than in suburban and rural areas (20 and 23 percent of all *program contacts*, respectively). Expected contacts include those made by both homeless and other people who use services (program contacts are provider estimates for an average day in February 1996).
- Great variation was found among the 76 sampling areas in their level of expected program contacts.
  - The largest sampling areas expect the most service contacts. The average estimated number of program contacts per sampling area is about 17,600, with a high of about 186,000, and a low of zero.
  - The average estimated *rate of program contacts per 10,000 population* in a sampling area is 122. Some of the smaller sampling areas expect to provide more units of homeless assistance services *in relation to their population* than do some of the largest sampling areas.
  - The average estimated *rate of program contacts per 10,000 poor people* in a sampling area is 1,437. The biggest cities are providing about equal levels of service in relation to their poor population. Small and medium-sized metropolitan areas and rural areas reveal much more variability in service levels.

Changes between 1987 and 1996

What comparisons are possible between NSHAPC data and the last national study, conducted in 1987 by the Urban Institute (Burt and Cohen 1989)?

- The 1987 study included only shelters and soup kitchens in large U.S. cities (those with 100,000 or more population), therefore the 1996 statistics used for this comparison use only homeless NSHAPC clients found in central cities who were sampled from emergency shelters, transitional housing programs, voucher distribution programs, and soup kitchens.

How do homeless shelter and soup kitchen clients located in central cities in 1996 compare to those in 1987?

- They are less likely to be white (39 versus 46 percent) and more likely to be black (46 versus 41 percent).

- They are better educated (more likely to have completed high school—39 versus 32 percent, and to have some education beyond high school—27 versus 20 percent).
- More have never married (51 versus 45 percent), but have the same likelihood of living in family households (10 percent in each year).
- They are much more likely to get government benefits: AFDC among homeless families with children—58 percent in 1996 versus 33 percent in 1987; food stamps among all homeless—38 versus 18 percent; SSI among all homeless—13 versus 4 percent.
- They have higher average monthly incomes per capita after adjusting for inflation ($267 in 1996 versus $189 in 1987), but are still very poor.
- They are less likely to say they sometimes or often do not get enough to eat—28 percent versus 38 percent; and more likely to say they get enough of what they want to eat—31 percent versus 19 percent.
- No differences were found in the proportion experiencing inpatient treatment for alcohol or drug abuse, or for mental health problems.

Questions This Report Does *Not* Answer

- How many homeless people are there? How many homeless people are there in my city/county/state?
- What are the characteristics of homeless people in my city/county/state?
- What programs work best?

What If You Want to Know More?

Homelessness 1996: Programs and the People They Serve—Summary Report contains more detailed information relevant to the questions posed in these highlights, as well as many other issues. Readers who want an even more detailed look at study results, or those who want to know more about its methodology, should consult *Homelessness 1996: Programs and the People They Serve—Technical Report.* Two other items related to the survey are currently available. Lists containing the names, addresses, and telephone numbers of the homeless assistance providers in each of the 76 survey areas who reported in 1996 that they met the criteria for inclusion are available from the Interagency Council on the Homeless, HUD, 451 7th Street, SW, Room 7274, Washington, D.C. 20410, or by emailing survey_results@hud.gov. Public use data tapes are available from the Bureau of the Census [contact info to come].

PRELIMINARY DRAFT
NOT TO BE QUOTED

1 Introduction and Design Overview

HIGHLIGHTS

NSHAPC Methods Highlights

- The National Survey of Homeless Assistance Providers and Clients (NSHAPC) was conducted to provide updated information about the providers of homeless assistance services and the characteristics of homeless clients who use these services for use by federal agencies responsible for administering homeless assistance programs and other interested parties. The data are national in scope, and the survey is the first to gather through one effort a wide range of information relevant to the missions of the federal sponsors. NSHAPC was *not* designed or conducted to produce a count or estimate of the number of homeless persons.
- NSHAPC is based on a statistical sample designed to represent the entire United States. The sample includes 76 primary sampling areas: the country's 28 largest metropolitan statistical areas (MSAs), another 24 randomly sampled small and medium-sized MSAs, and 24 randomly sampled groups of rural counties.
- NSHAPC involved two major phases: surveying administrators of homeless assistance programs through telephone interviews and mail surveys, and conducting face-to-face interviews with the clients of these programs.
- Telephone interviews were conducted with representatives of about 6,400 service locations operating about 12,000 programs. This was followed by a mail survey of about 6,500 programs identified through the telephone interviews. Finally, to reach clients the study randomly selected programs within the primary sampling areas, and from these programs randomly selected about 4,200 program clients who completed in-person interviews.
- NSHAPC covers 16 types of homeless assistance programs: emergency shelters, transitional housing, permanent housing for the formerly homeless, programs offering vouchers for temporary housing, programs accepting vouchers for temporary housing, food pantries (in rural areas), soup kitchens/meal distribution programs, mobile food programs, physical health care programs, mental health care programs, alcohol/drug programs, HIV/AIDS programs, outreach programs, drop-in centers, migrant housing used for homeless people, and other programs.

HIGHLIGHTS *(Continued)*

- This study interviewed a random sample of clients who use homeless assistance programs.* Many were not homeless at the time of the interview. Some had been homeless at some earlier point in their lives, while others had never been homeless. In addition, although NSHAPC is nationally representative, it does *not* represent homeless people who do not use services or those in communities that have few or no homeless assistance services. These areas may have homeless people but because the NSHAPC sample is service based, they would not be included in this survey.
- All numbers and simple percentages presented in the text have a 90 percent confidence interval (margin of error) less than or equal to 4 percentage points unless otherwise noted. All comparisons presented in the text are statistically significant at a 90 percent level or better ($p \leq .10$).
- This report does not answer several frequently asked questions, including: How many homeless people are there? How many homeless people are there in my city/county/state? What are the characteristics of homeless people in my city/county/state? What programs work best?

*Program included emergency shelters, transitional and permanent housing programs, voucher distribution programs, food pantries, soup kitchens, mobile food programs, outreach programs, drop-in centers, and other programs.

Introduction

Homelessness has been a constant presence in American cities, towns, and rural areas for many years, although during the recession of 1981–82 it was identified as a national issue for the first time since the Great Depression. Since the early 1980s, homelessness has been a regular focus of media interest and a topic of policy debate. The array of programs and services for homeless persons has increased greatly during this period, as has the funding needed to support them.

Reliable and comprehensive information about homeless clients has not been easy to obtain at the national level. In 1987 the Urban Institute conducted the first national study to interview homeless clients at some depth on a variety of topics. The data from that study were collected before the passage of the Stewart B. McKinney Homeless Assistance Act of 1987, and before the significant increase in federal involvement and program development that followed. Further, although national in scope, the Urban Institute study only went to central cities and collected data only from emergency shelter and soup kitchen users, so it could not be used to characterize homelessness in the entire United States.

Nine years later, the National Survey of Homeless Assistance Providers and Clients (NSHAPC) was conducted to remedy this serious gap in knowledge. It became the second probability-based interview study on homelessness to be national in scope. This time, homeless clients in smaller cities, suburbs, and rural areas are included for a full picture of homeless service users in late 1996. NSHAPC thus provides the first opportunity in nine years to update the national picture of homelessness in a comprehensive and reliable way. Occurring as it did before implementation of major changes in welfare programs, it also provides a baseline for the effects of welfare reform on homeless assistance programs.

NSHAPC was conceived, developed, and funded by 12 federal agencies under the auspices of the Interagency Council on the Homeless, a working group of the White House Domestic Policy Council.[1] The Census Bureau carried out the data collection on behalf of the sponsoring agencies. This chapter presents findings related to the characteristics and experiences of homeless clients. Where possible, data on homeless clients are compared to statistics for the population of all American adults or those living in poverty, to provide readers with some context.

Overview of the Study Design[2]

The NSHAPC study was designed to provide a nationally representative sample of homeless and other clients who use homeless assistance programs, and of the programs themselves (exhibit 1.1). There were 76 primary sampling areas[3] (figure 1.1), including

- the 28 largest metropolitan statistical areas in the United States;
- 24 small and medium-sized metropolitan statistical areas, selected at random to be representative of geo-

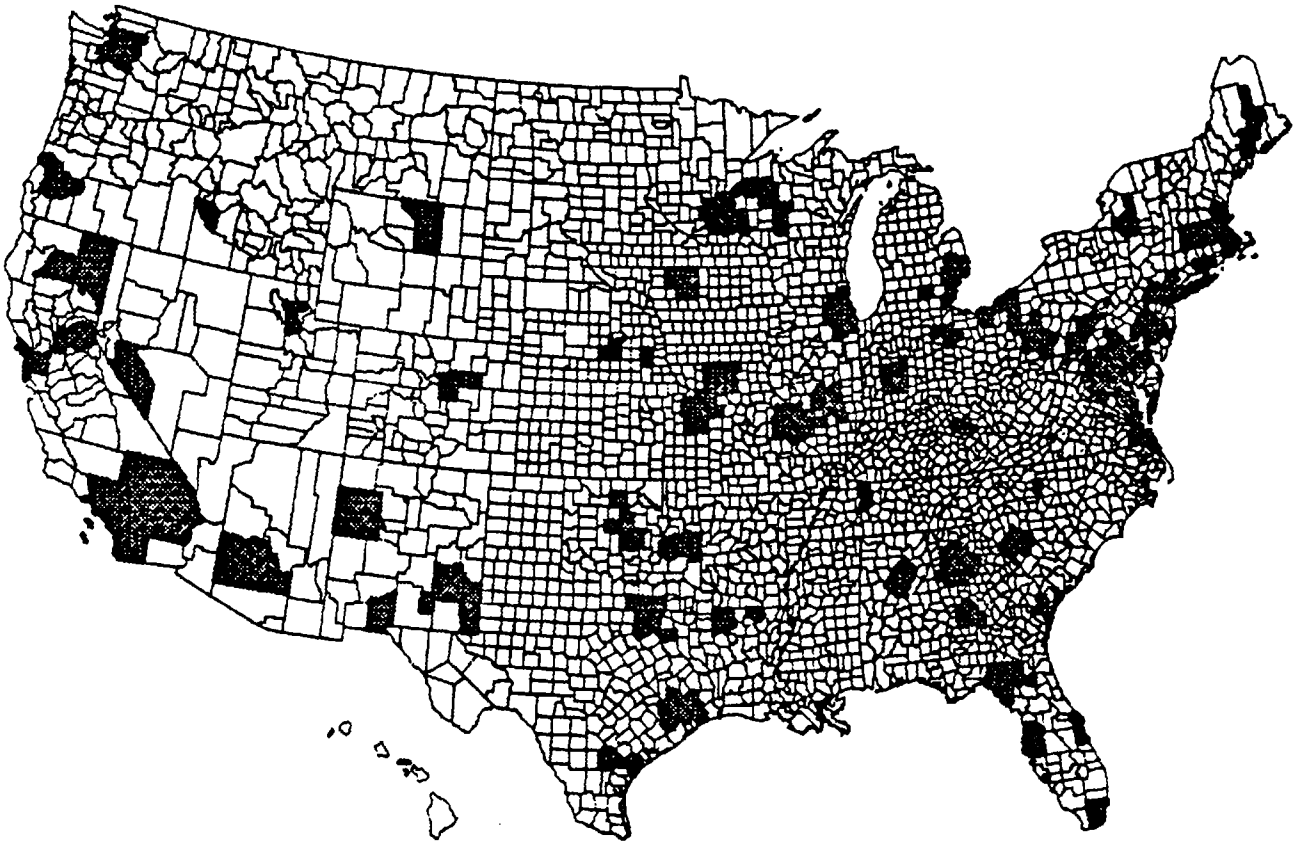
[1]The 12 federal sponsoring agencies are the U.S. Departments of Housing and Urban Development, Health and Human Services, Veterans Affairs, Agriculture, Commerce, Education, Energy, Justice, Labor, and Transportation, and the Social Security Administration, and the Federal Emergency Management Administration.

[2]Readers interested in more detail about the methods used in NSHAPC should read chapters 1 and 2 in *Homelessness 1996: People and Programs—Technical Report*, and that report's appendixes dealing with sampling, weighting, and the survey instruments.

[3]Appendix A provides the full list of the 76 primary sampling areas.

FIGURE 1.1

Sampling Areas for NSHAPC



Source: U.S. Department of Commerce, DSMD Bureau of the Census.

graphical regions (northeast, south, midwest, west) and size; and

- 24 rural areas (groups of counties), selected at random from a sampling frame defined as the catchment areas of Community Action agencies, and representative of geographical regions.

The study began by identifying and collecting information about *all* of the programs within each of the 76 primary sampling areas that met its definition of a homeless assistance program. Such programs had to *have a focus* on serving homeless people (although they did not have to serve homeless clients exclusively). They also had to offer direct service, and be within the geographical boundaries of the sampling area. In rural areas the study's definition of a program was expanded to include programs that *served* homeless people but may not have had this population as a *focus*. Sixteen types of homeless assistance programs were defined (exhibit 1.1).[4]

[4]Appendix B provides full program definitions.

Data Collection Approaches

The study collected information in three ways:

Homeless assistance programs—basic description

- *Telephone interviews with representatives of 6,361 service locations offering 11,909 homeless assistance programs*
  - A **service location** is the physical location at which one or more programs operate. A **homeless assistance program** is a set of services offered to the same group of clients at a single location and focused on serving homeless people as an intended population (although not always the only population).
  - Program directors or other staff knowledgeable about the program(s) offered at a particular location were interviewed by telephone. Basic descriptions of all homeless assistance programs offered at that location were obtained.

Homeless assistance programs—detailed information about services

- *Mail surveys from 6,457 programs*
  - Surveys were completed by a staff person who

EXHIBIT 1.1 Overview of NSHAPC Study Design

NATIONAL SAMPLE BASED ON:

- 28 largest metropolitan statistical areas (MSAs)
- 24 MSAs randomly sampled from the remaining small and medium-sized MSAs
- 24 randomly sampled groups of rural counties

DEFINITIONS

- *Service location:* a physical location at which one or more homeless assistance programs operate
- *Program:* any one of the 16 types of programs eligible for inclusion in NSHAPC:
  1. emergency shelters
  2. transitional shelters/housing
  3. permanent housing for formerly homeless people
  4. programs offering vouchers for emergency accommodation
  5. programs accepting vouchers for emergency accommodation
  6. food pantries (in rural areas)
  7. soup kitchens/meal distribution programs
  8. mobile food programs
  9. physical health care programs
  10. mental health care programs
  11. alcohol/drug programs
  12. HIV/AIDS programs
  13. outreach programs
  14. drop-in centers
  15. migrant housing used for homeless people
  16. other programs
- *Service:* goods or activities offered to program clients
- *Client:* anyone who uses a program and is not accompanied by a parent

DATA COLLECTION TECHNIQUES

- *Telephone interviews* with representatives of all service locations identified in the sampled geographic areas (final unweighted sample of 6,361 service locations and the 11,909 programs they report offering)
- *Mail survey* of programs reported during the telephone interviews (final unweighted sample of 6,457 programs)
- *Client interviews* in a sample of programs in each of the sampled geographic areas (final unweighted sample of 4,207)

knew the program and its clients well. Detailed information was collected about client needs, the extent to which these needs were met, and whether services to meet these needs were available at their own program or other programs in the community.

- A **service** is any good or activity offered to clients using a *program*, but not qualifying on its own as a *program*.

Clients of homeless assistance programs

- *Interviews with 4,207 clients*
  - A **client** is someone who uses a *program*, whether he or she is homeless or not. Interviews were conducted with clients of any age as long as they were not accompanied by a parent or guardian.
  - In each sampling area, the study selected a sample of the programs identified through the telephone

interviews, taking into consideration program type and program size. Six to eight clients were interviewed at each of approximately 700 program visits. Census Bureau staff worked with the programs selected to establish the best times and methods to select and interview clients, and methods to pay clients once interviews were completed.

- Six to eight people were selected randomly from among all clients using the program at the time of data collection. They were interviewed in person by trained interviewers from the Census Bureau. Most interviews took place at the program location. Clients selected through outreach programs or programs operating in the evening or at night were sometimes interviewed the next day at locations arranged in advance. Every effort was made to assure privacy during the interview. Clients completing the interview received $10 for their time.

Basic Analytic Categories

Three important client subgroups are used throughout this report and need to be defined for the reader. These are homelessness status, family status, and alcohol/drug/mental health (ADM) status. Also described is the geographic basis for the terms "central city," "suburbs/urban fringe," and "rural," and the time frames used in the report.

Defining Homelessness Status

The study adopted the same definition of "homeless" as that used in the Stewart B. McKinney Homeless Assistance Act of 1987, namely an individual who lacks a fixed, regular, and adequate nighttime residence, or an individual who has a primary nighttime residence that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) a public or private place that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, regular sleeping accommodations for human beings.

The following specific conditions were used to classify NSHAPC clients as **currently homeless**:

- The clients stayed in any of the following places on the day of the survey or during the seven-day period prior to being interviewed for NSHAPC:
  1. an emergency shelter or transitional housing program, or
  2. a hotel or motel paid for by a shelter voucher, or
  3. an abandoned building, a place of business, a car or other vehicle, or anywhere outside.
- Or the clients
  4. reported that the last time they had "a place of [their] own for 30 days or more in the same place" was more than seven days ago, or
  5. said their last period of homelessness ended within the last seven days, or
  6. were identified for inclusion in the NSHAPC client survey at an emergency shelter, transitional housing program, or voucher distribution program, or
  7. reported getting food from "the shelter where you live" within the last seven days, or
  8. on the day of the interview, said they stayed in their own or someone else's place but that they "could not sleep there for the next month without being asked to leave."

Use of the first criterion (shelter use) classifies 34.9 percent of the sample as currently homeless. Criteria two (voucher use) and three (places not meant for habitation) add 1.7 percent and 9.8 percent, respectively, for a total of 46.4 percent. The five remaining criteria together add another 7.1 percent, for a final total of 53.5 percent of the sample classified as currently homeless. All but the final criterion meet the McKinney Act definition of homelessness; the last criterion adds only 0.3 percentage points to the final proportion classified as currently homeless, and was included because the survey itself treats clients in this situation as homeless.

Many clients who were not literally homeless reported having been homeless at some earlier time in their lives (22 percent of the full sample). The circumstances used to classify clients as formerly homeless also meet the McKinney Act definition of homelessness. Clients were classified as **formerly homeless** if they

- did not meet any of the conditions qualifying them as currently homeless but at some point in their lives had stayed in any of the following:
  1. an emergency or transitional shelter, or
  2. a welfare/voucher hotel, or
  3. an abandoned building, a place of business, a car/other vehicle, or anywhere outside, or
  4. a permanent housing program for the formerly homeless; or
- said they had previously had a period when they were homeless.

The remaining 24 percent of NSHAPC clients had never been homeless according to the criteria used here, and also said they had never been homeless. They are referred to throughout this report as **other service users.**

Specifying Time Frames

All time periods referred to in this report are in relation to the day a client was interviewed for the study (between October 18 and November 14, 1996). Thus, "past week" or "past seven days" refers to the week before the interview; "past month" or "past 30 days" refers to the month before the interview; and "past year" refers to the year before the interview. "Lifetime" refers to the client's life up to the time of the interview.

Defining Family and Single Status

In this report, a client is considered to be in a *family household* if she or he lives with one or more of his or her own children under age 18. For the sake of simplicity throughout the report, these clients will be referred to as "clients in families." It is not possible to determine who else might be members of these family households, nor is it possible to say with certainty that a respondent is alone. However, it is clear when none of the clients' children live with them, and that most clients are not married. Therefore, for simplicity of language, the family status variable reported throughout this study classifies clients into two mutually exclusive groups: **clients in families** and **single clients.**

Defining Alcohol/Drug/Mental Health (ADM) Status

In general, individuals are classified as having an ADM problem if they have had at least one alcohol use, drug use, or mental health problem during the past month. Presence of each problem was defined as follows.

Clients were classified as having a **past month alcohol use problem** if *any* of the following conditions were met: (1) they scored 0.17 or higher on a modified Addiction Severity Index[5] (ASI) measure, (2) they reported drinking to get drunk three or more times a week within the past month, (3) they reported being treated for alcohol abuse within the past month, or (4) they reported ever having been treated for alcohol abuse *and* drinking three or more times a week within the past month.

Clients were classified as having a **past year alcohol use problem** if they met these same criteria within the past year (including the past month), and as having a **lifetime alcohol use problem** if they met these same criteria in their lifetime or if they reported ever having had three or more alcohol-related problems (such as blackouts, tremors, and/or convulsions).

Clients were classified as having a **past month drug use problem** if any of the following conditions were met: (1) they scored 0.10 or higher on a modified ASI measure, (2) they reported being treated for drug abuse within the past month, (3) they reported using drugs intravenously (shooting up),[6] or (4) they reported using any of a variety of specific drugs three or more times a week within the past month.[7] Clients were classified as having a **past year drug use problem** if they met these same criteria within the past year (including the past month), and as having a **lifetime drug use problem** if they met these same criteria in their lifetime or if they reported ever having had three or more drug-related problems (such as blackouts, convulsions, withdrawal symptoms, and/or illegal activities to get money for drugs).

Clients were classified as having a **past month mental health problem** if any of the following conditions were met: (1) they scored 0.25 or higher on a modified ASI measure, (2) they reported receiving treatment or counseling or being hospitalized for emotional or mental problems within the past month, (3) they reported taking prescribed medications for psychological or emotional problems within the past month, (4) they reported that a mental health condition is the single most important thing keeping them from getting out of homelessness, or (5) they reported receiving treatment or counseling or being hospitalized for emotional or mental problems at some point in their lives and having one or more of the ASI's seven emotional or psychological conditions within the past month.[8] Clients were classified as having a **past year mental health problem** if these same criteria were met within the past year (including the past month), and as having a **lifetime**

[5]The Addiction Severity Index is an instrument developed by the National Institute on Drug Abuse (Fureman, Parikh, Bragg, and McLellan, 1990). It contains subscales to measure a respondent's level of problems with alcohol, with drugs, and with mental or emotional problems. Cutoff levels used in this report are slight modifications of the means reported in Zanis, McLellan, Cnaan, and Randall (1994).

[6]This item is part of Question 10.1 of the client survey, that asked about current medical conditions.

[7]See *Homelessness 1996: Programs and the People They Serve—Technical Report*, chapter 8 and/or question 13.14 of the client survey (appendix E of the *Technical Report*) for a list of these drugs.

[8]See *Homelessness 1996: Programs and the People They Serve—Technical Report*, chapter 8 and/or question 12.1 of the client survey (appendix E of the *Technical Report*) for a list of these emotional and psychological conditions.

mental health problem if these same criteria were met in their lifetime or if they reported ever having stayed in an client group home, crisis residence, or other housing for the mentally ill.

Describing Urban/Rural Location

A number of analyses focus on the geographic location where clients were found, including central cities, suburban and urban fringe areas, and rural areas. *Central cities* are the main or primary cities of metropolitan statistical areas (MSAs). *Suburban and urban fringe areas* are defined as what is left of MSAs after taking out the central cities, and may include smaller cities, suburbs, towns, and even open land if it is in the counties making up the MSA. *Rural areas* are defined as all areas outside of MSAs, and may include small cities (under 50,000 people), towns, villages, and open land.

Statistical Significance of Findings

This report contains many statistics. Some are numbers, such as the number of housing, food, and other programs in the United States. Others are simple percentages, such as the percentage of clients who are male. Still others are comparisons between two groups.

Confidence Intervals

A 90 percent criterion has been used for confidence intervals in this report.

- **For numbers:** Ninety percent confidence intervals are given for all estimates of numbers. A 90 percent confidence interval of ±400 means that if the reported number of soup kitchens is 4,000, 4,000 is the estimate of the number of soup kitchens and the probability is 90 percent that the number falls between 3,600 and 4,400.
- **For percentages:** Almost all simple percentages reported in the text have a 90 percent confidence interval of no more than ±4 percentage points. A 90 percent confidence interval of ±4 percentage points means that if the reported percent is 60, 60 is the best point estimate and the probability is 90 percent that the true percent falls between 56 and 64 percent. In the few instances when the confidence interval exceeds ±4 percentage points, the actual confidence interval is reported in a footnote with the following notation: 90% C.I. = X percentage points.

Statistical Significance of Comparisons

Comparisons are the other important way that information is presented in this report. When one reports that currently homeless clients include higher proportions of men than do formerly homeless clients, one is making a comparison. A statistical test is used to determine whether the difference between two percentages from different groups is "significant" in the statistical sense. As with confidence intervals, these tests can be calculated for different levels of statistical significance.

A 90 percent criterion has been used for all comparisons in this report. Thus, all comparisons discussed in the text are statistically significant at $p = .10$ or better, meaning that there is only a 10 percent chance that the difference is *not* a true difference.

Risk of False Positives

The reader should note that when one conducts a very large number of statistical significance tests, some of them are going to produce false positives, meaning that a difference between two numbers really is *not* significant, although the test says it is. Thousands of tests for statistical significance were performed on the data contained in this report. The reader is cautioned not to make too much of statistically significant but relatively small differences between populations. Rather, attention is best directed to serious or sizable differences between populations that are most likely to be stable and reliable, and also may have a chance to be important for policy purposes.

Limitations of NSHAPC Findings

There are some important aspects of the NSHAPC study that readers need to know if the study's findings are to be interpreted correctly.

The Study Is Descriptive

This study is intended to provide information describing currently homeless and other clients using homeless assistance programs in the United States. There is no intent to infer causes of homelessness from this descriptive information. Statistics are presented as simply as possible, for ease of understanding. Where information is available, the report compares study findings for homeless clients with statistics describing all American adults, all poor adults, or other relevant national populations. This is intended to help the reader understand similarities and

differences between poor people or the population in general and clients experiencing homelessness in the fall of 1996. When a statistic looks simple but actually reflects some hidden third factor, the report tries to point this out. For example, the report shows that veterans comprise a higher proportion of street stayers than they do of shelter stayers. But the report also points out that this is because more street stayers are men and almost all of the veterans in the sample are men, not because veterans have a special propensity for sleeping on the streets.

The People in the Study Come from Homeless Assistance Programs

The people interviewed for NSHAPC are clients of homeless assistance programs. In cities and other communities with many programs, this approach is an efficient and effective way to find and interview a very high proportion of homeless people. However, in communities without many services, this approach will miss many homeless people, and the complete absence of services in a community, and therefore of people interviewed for this study (as happened in two rural sampling areas), cannot be taken to mean that such communities do not have any homeless people.

In addition, there may be some systematic biases in the homeless people who are interviewed and those who are missed when a community does not have a full range of homeless assistance services. If soup kitchens are rare in rural areas, typical soup kitchen users will be less likely to appear in rural homeless samples. If suburbs will accept transitional housing programs for families but not for recovering substance users or people with mental health problems, then a service-based methodology will make suburban homeless populations look as if they have higher proportions of families and lower proportions of clients with mental health or substance use problems.

A service-based approach to data collection is the most reasonable way that a *national* study of homelessness could be undertaken and still be statistically meaningful. (See the paper by Tourkin and Hubble, appendix A of the *Technical Report*, for an explanation of why this study used a service-based design.) Local studies can compensate for gaps in a community's service system, but there is no realistic way for a national study to do so. The reader is therefore advised to use caution in interpreting differences in homelessness between communities of different types, as some of the differences will probably reflect service system variations rather than true differences in homeless populations.

NSHAPC Was Designed to Collect Data on Clients Who Use Homeless Assistance Services

Many homeless assistance programs serve clients who are not currently homeless. As a result of the study's random sampling of all program clients, some clients in the NSHAPC sample were not homeless at the time they were interviewed. This is particularly true for programs that are not shelters or transitional housing programs. Information collected during the interview indicated that some have been homeless at least once in their lifetime; this report refers to this group as "formerly homeless" clients. The remaining people, who reported never having been homeless, are referred to as "other service users."

The study designers wanted to know the characteristics of people using the programs, including information about their living situation. The reader should remember that while the study design produces as close to a nationally representative sample of homeless clients as possible, the same is not true for formerly homeless clients and other service users. As unrepresentative of their larger categories as these two subgroups of the sample may be, information about them is important for service providers. These two groups make up almost half of all clients who use homeless assistance programs, so information about their characteristics can be of considerable help to program managers.

All Client Information Comes from the Clients Themselves

The study interviewed clients of homeless assistance programs about their experiences, and recorded their responses. No attempt was made to verify or confirm the accuracy of what clients said about themselves. This is especially important for readers to remember when they review information about the clients' health conditions, use of alcohol and drugs, mental health problems, incarceration, victimization, joblessness, and other possibly sensitive subjects. Clients may not actually know some things, such as medical conditions (e.g., hypertension, anemia), if they do not see doctors regularly. They may have forgotten, or wish to downplay, other things that carry some level of social stigma. Furthermore, many questions were asked and left up to the client to interpret, including such critical issues as whether or not they had ever been homeless (no "official" definition was given or imposed on clients).

What the Study Does Not Do

All studies have limitations, and NSHAPC is no different. This report does not include information on the fol-

lowing issues, because the study was not designed to address them:

- How many homeless people are there? (Neither the program nor the client component of NSHAPC provides or was intended to provide a count or census of homeless persons in the United States. Such a count would be logistically impossible and financially unsupportable, as the experience of the Street and Shelter Night component of the 1990 Decennial Census clearly showed. Further, NSHAPC misses all homeless people who never contact a homeless assistance program, either out of personal preference or because no programs are available to them. Homeless assistance program estimates of the clients they expect to serve will be inaccurate because they include many clients who are not homeless, as well as an unknowable amount of duplicate counting because clients often use more than one program.)
- How many homeless people are there in my city/county/state? (The study was not designed to answer this question.)
- What are the characteristics of homeless people in my city/county/state? (The study can reliably describe homeless people in central cities as a group, suburbs and urban fringe areas as a group, and rural areas as a group. However, it cannot describe population characteristics for smaller geographic areas.)
- What programs work best? (NSHAPC is not a program evaluation, and does not contain any outcome or impact information.)
- Are there "enough" services? (This question can only be answered at the local level, using information about the amount of each service that is available and the number of clients who need it.)

It is also important for the reader to remember that this study obtained information about homeless clients and other service users during October–November 1996. As with all information that focuses on homeless people at a single point in time, it will overemphasize people with long episodes of homelessness and underemphasize people with short periods of homelessness and also people who are homeless for the first time. Any characteristics associated with length of a homeless episode will likewise be skewed toward the characteristics of people with longer spells of homelessness.

The Structure of This Report

The remainder of this report presents information about people who use homeless assistance programs included in NSHAPC, referred to throughout as clients, and programs and service locations. Chapter 2 presents an overview of homeless clients for the most general findings within each of the study's topic areas. Chapter 3 looks at the same findings, asking whether currently homeless clients differ in important ways from those who were once but are not now homeless, and other users of homeless assistance programs who do not report any episode of homelessness. Chapter 4 describes homeless assistance programs, including program type, size, auspices (nonprofit, government, private), funding, population groups for which the programs have a special focus, and services offered. It also examines the availability of shelter/housing services and soup kitchen meals in relation to the total population and population in poverty in 1990 of each of the study's 76 primary sampling areas. A brief conclusion is provided in the Postscript. Appendix A provides a list of the 76 sampling areas used in the study. Appendix B provides the NSHAPC definition of a "homeless assistance program" and full descriptions of the 16 types of homeless assistance programs included in the study.

Additional Information May Be Found in the Technical Report

Readers who would like to examine more detailed information about the topics summarized in this report or who would like to review study methods, survey instruments, and other technical details should review the companion technical volume to this report, *Homelessness: Programs and the People They Serve—Technical Report.* After an introductory chapter and a chapter summarizing methods, chapters 3 through 13 present information about clients and chapters 14 through 17 cover topics related to homeless assistance programs. Chapter topics are

- Chapter 3: demographic characteristics.
- Chapter 4: history of homelessness among currently and formerly homeless clients.
- Chapter 5: income, income sources, employment and unemployment, and participation in government programs.
- Chapter 6: physical health conditions and access to medical and dental treatment.
- Chapter 7: food situation of clients, including food problems and food access.
- Chapter 8: special needs, including past month, past year, and lifetime alcohol, drug, and mental health problems; treatment experiences related to these problems; incarceration history; and victimization while homeless.

- Chapter 9: service needs from the client's perspective.
- Chapter 10: adverse childhood experiences, including out-of-home placement, victimization, runaway and homeless experiences, and early involvement with drugs and alcohol.

PRELIMINARY DRAFT
NOT TO BE QUOTED

2 An Overview of Homeless Clients

HIGHLIGHTS

Homeless Clients[1]

- Among homeless *households* (that is, the one or more people represented by each NSHAPC client), 15 percent are *family households* (that is, they include the client and one or more of the client's minor children). If one includes *all minor children* living with homeless clients, then 34 percent of homeless people found at homeless assistance programs are members of homeless families and 66 percent are not.
- Homeless clients are predominantly male (68 percent) and nonwhite (53 percent). Large proportions are also never married (48 percent) and poorly educated (38 percent have less than a high school diploma). These characteristics contrast sharply with those of the U.S. population as a whole (48 percent male, 14 percent nonwhite, 23 percent never married, and 18 percent with less than a high school education).
- Sixty percent of homeless women have minor children, as do 41 percent of homeless men. Among these minor children, only 28 percent live with their homeless parent and 72 percent do not. Twenty percent of the children living with a homeless parent are infants and toddlers (ages 0 to 2), 22 percent are preschoolers (ages 3 to 5), another 33 percent are of elementary school age (6 to 11), and 20 percent are adolescents (ages 12 to 17). Age was not given for 5 percent.
- Finding a job is the top need reported by homeless clients (42 percent). In addition, 30 percent cited insufficient income and another 24 percent cited lack of employment as the single most important thing preventing them from leaving homelessness.
- Homeless clients often have a hard time getting enough food. Fifty-eight percent report at least one problem with getting enough food to eat during the 30 days before being interviewed.

[1]Unless noted specifically, all comparisons are significant at $p \leq .10$ and all percentages presented by themselves have a 90 percent confidence interval no larger than ±4 percentage points. Confidence intervals greater than ±4 percentage points will be noted with a footnote as: 90% C.I. = X percentage points.

HIGHLIGHTS (*Continued*)

- Fifty-five percent of homeless clients have no health insurance and 24 percent say they needed medical attention in the past year but were not able to get it.
- Alcohol problems during the past month are reported by 38 percent of homeless clients; drug problems by 26 percent, and mental health problems by 39 percent. Sixty-six percent reported problems with one or more of these issues during the month before they were interviewed.
- Being homeless leaves one's person and possessions vulnerable to attack. Thirty-eight percent of homeless clients report having money or things taken directly from them while homeless, and 41 percent report thefts of their possessions while they were not present. In addition, 22 percent have been physically assaulted and 7 percent sexually assaulted while homeless.
- Over one-quarter (27 percent) of homeless clients lived in foster care, a group home, or other institutional settings for part of their childhood. Twenty-five percent report childhood physical or sexual abuse. In addition, many had childhood experiences of homelessness (21 percent), running away from home (33 percent), or being forced to leave home (22 percent).
- The incomes of homeless clients are extremely low. Mean income during the 30 days before being interviewed was $367. Mean income for clients living with their children was higher ($475), but was still only 46 percent of the 1996 federal poverty level of $1,023/month for a family of three. Single homeless clients report less income, averaging $348 during the past month, or just 51 percent of the 1996 federal poverty level of $680/month for one person. By comparison, the median monthly income for all American households was $2,840 in 1995, indicating the extreme poverty of homeless clients whether they be families or singles.
- Forty-four percent of homeless clients worked for pay during the last 30 days, but less than half of these workers had a regular job (one lasting or expected to last three months or more).
- The means-tested government benefits with the highest rates of participation among homeless clients were food stamps (37 percent) and Medicaid (30 percent). Participation in cash assistance included Aid to Families with Dependent Children (AFDC) (52 percent among homeless families), General Assistance (GA) (9 percent), and Supplemental Security Income (SSI) (11 percent). Household status did not affect receipt of the latter two benefits, but homeless families were much more likely than other homeless clients to receive food stamps and Medicaid. All 1996 rates of participation in government benefit programs are significant improvements over participation rates for homeless clients in 1987.
- Almost half (49 percent) of homeless clients have been homeless only once, but 22 percent have been homeless four or more times. Current spells of homelessness in this point-in-time study are about equally likely to be short (28 percent were three months or less) and long (30 percent were two years or more). Homeless families are more likely than single homeless clients to be in a first episode that has lasted less than six months (34 versus 15 percent).
- About one-third (32 percent) of homeless clients spent any time as "street homeless" during the week before being interviewed.
- Homeless clients changed their location frequently in the week before being interviewed, revealing a great deal of overlap among clients sleeping in places not meant for habitation, shelters, and temporary accommodations. Seventy-three percent used shelters, of whom slightly more than half also had slept in other arrangements and/or on the streets. Thirty-two percent slept on the streets, of whom 4 out of 5 also slept in shelters and/or other arrangements. Fifty-five percent had slept in other arrangements, of whom 9 out of 10 had also slept in shelters and/or on the streets.
- The majority of homeless clients (71 percent) are in central cities, 21 percent in the suburbs and urban fringe areas, and 9 percent in rural areas. This contrasts with the distribution of the U.S. population in poverty of 43, 34, and 23 percent, respectively.
- Comparing findings from the Urban Institute's 1987 study of central city homeless shelter and soup kitchen users with equivalent 1996 NSHAPC clients reveals both continuity and change during this nine-year period. There is no change in the proportion of homeless clients in the two time periods who are male, Hispanic, in families, or homeless for two years or more, or who have experienced inpatient treatment for alcohol and/or drug and mental health problems. The biggest changes are evident in increases from 1987 to 1996 in the proportion of clients whose current homelessness has lasted three months or less, who receive AFDC[2] (family households only), SSI, and food stamps; an increase in mean monthly income per person after adjusting for inflation; and decreases in the proportion with

HIGHLIGHTS (*Continued*)

less than a high school education, who have never married, and who have problems getting enough to eat.

[2]Data were collected in late 1996, when Temporary Assistance for Needy Families (TANF) had not yet taken effect and AFDC was still the relevant cash benefit program.

Introduction

Homelessness has been recognized as a significant social problem in the United States for many years. In the early 1980s, when homelessness gained prominence as a social phenomenon, views of the issues it posed were relatively simple. Some observers felt that the problem was a temporary consequence of the recession of 1981–1982, and would go away when the economy recovered, while others argued that the problem stemmed from a lack of affordable housing and that homeless clients were simply a cross section of poor Americans.

Knowledge gained about homelessness and homeless people since the early 1980s provides a more complicated picture. Studies leave no question that extreme poverty is the virtually universal condition of clients who are homeless, and that this poverty is one reason they cannot maintain themselves in housing. However, many people who are very poor never become homeless. Other vulnerabilities characterize many homeless people, such as low levels of educational achievement, few job skills, exhaustion of social supports or complete lack of family, problems with alcohol or drug use, severe mental illness, childhood and client experiences of violence and victimization, and incarceration as a child or client. Together with extreme poverty, these vulnerabilities increase a person's risk of becoming homeless when faced with a financial or personal crisis.[3] In addition, decreases in the availability of housing at prices affordable to clients in low-wage employment and increases in the skill levels needed to obtain employment beyond the low-wage level have changed many local environments into ones that make it more difficult for very poor clients to make ends meet even if they have no other vulnerabilities.

This chapter includes information about many issues that may increase a person's vulnerability to homelessness. It describes homeless service users in very basic ways, such as their sex, age, race, and marital status. Other pieces of the picture of homelessness are then explored, including client reports of service needs, hunger, physical health conditions, mental health problems, problems with alcohol and other drugs, and history of incarceration and victimization including childhood experiences of out-of-home placement.

Thereafter, the chapter describes clients' use of various homeless assistance programs and examines similarities and differences in the characteristics of clients who use different types of programs, and those who sleep on the streets.

It shows clients' geographical location, household status, history of homelessness, and length of current homeless spell to describe variations in the conditions of their homelessness. It then turns to one of the underlying realities of virtually all homelessness, namely, income levels, income sources, and low levels of significant labor force participation.

The chapter ends with two important comparisons. The first is an examination of similarities and differences among homeless clients in central cities, suburban and urban fringe areas, and rural areas. The second is a comparison of 1987 Urban Institute and 1996 NSHAPC findings, examining ways in which homeless populations have changed or remained the same.

Demographic Characteristics of Homeless Clients[4]

On most basic demographic characteristics, homeless clients differ considerably from the population of the United States. In addition, the parents in homeless fam-

[3]Bassuk et al. 1997; Caton et al. 1994; Herman et al. 1997; Koegel and Burnam 1991; Koegel, Burnam, and Morton 1996; Koegel, Melamid, and Burnam 1995; Mangine, Royse, and Wiehe 1990; Piliavin, Sosin, and Westerfelt 1993; Robertson, Zlotnick, and Westerfelt 1997; Susser, Struening, and Conover 1987; Susser et al. 1991; Weitzman, Knickman, and Shinn 1992; Wood et al. 1990.

[4]For simplicity, the term "homeless" is used throughout this report to mean *currently* homeless.

TABLE 2.1

Demographic Characteristics of Homeless Clients, by Family Status

	U.S. Adult Population (1996)	*All Homeless Clients (N = 2938)*	*Clients in Homeless Families (N = 465)*	*Single Homeless Clients (N = 2473)*
Sex[a]				
Male	48(%)	68(%)	16(%)	77(%)
Female	52	32	84	23
Race/Ethnicity[b]				
White non-Hispanic	76	41	38	41
Black non-Hispanic	11	40	43	40
Hispanic	9	11	15	10
Native American	1	8	3	8
Other	3	1	1	1
Age[a]				
17 to 24 years	13	12	26	10
25 to 54 years	59	80	75	81
55 or more years	28	8	*	9
Marital Status[c]				
Never married	23	48	41	50
Married	60	9	23	7
Separated	[f]	15	23	14
Divorced	10	24	13	26
Widowed	7	3	0	4
Educational Attainment[d]				
Less than high school	18	38	53	37
High school graduate/G.E.D.	34	34	21	36
More than high school	48	28	27	28
Veteran Status[e]	13	23	5	26

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers may not sum to 100 percent due to rounding.
*Denotes percentage less than 0.5 but greater than 0 percent.
Sources for U.S. adult population data:
[a]Bureau of the Census (1997a), data for 1996; table 14, *N* = 200 million.
[b]Ibid., table 23, *N* = 196.2 million.
[c]Ibid., table 58, *N* = 193.2 million.
[d]Ibid., table 245, *N* = 168.3 million persons 25 years and older.
[e]Department of Veterans Affairs, data for 1995.
[f]Included in "married."

ilies using services, who comprise 15 percent of the homeless clients to NSHAPC survey, also differ from single homeless clients on many of these same factors. Table 2.1 presents the relevant information.

Demographic characteristics of all U.S. adults appear in the first column of table 2.1 as a point of comparison to the homeless clients who participated in the NSHAPC survey. The second column describes these homeless clients. The third and fourth columns break out NSHAPC homeless clients into those who are with their own children (homeless families), and those who are not (single homeless clients).

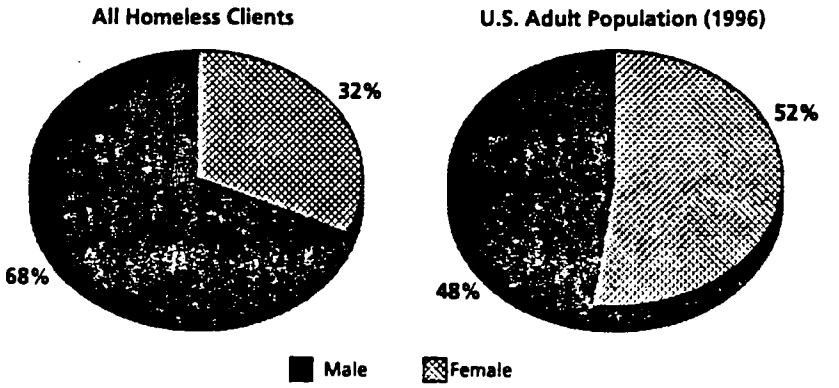
Sex

As in other studies, men dominate among homeless clients, comprising 68 percent of this group compared to 48 percent of all U.S. clients in 1996 (figure 2.1).[5] However, these statistics mask considerable differences in the sex of homeless clients in homeless families and single homeless clients. Among homeless clients in families, 84 percent are women and 16 percent are men (figure 2.2). Among single home-

[5]Sex distribution of U.S. adult population calculated from Bureau of the Census (1997a), table 14.

FIGURE 2.1

Sex of Homeless Clients and the U.S. Adult Population



Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Sex distribution of U.S. adult population calculated from the Bureau of the Census (1997a), table 14.

less clients, the sex ratio is reversed; only 23 percent are women and 77 percent are men (table 2.1).

Race/Ethnicity

Homeless clients are about equally divided between non-Hispanic whites and blacks (41 and 40 percent, respectively), with 11 percent Hispanics, 8 percent Native Americans, and 1 percent "other" (figure 2.3). Compared with all U.S. adults in 1996, homeless clients are disproportionately black non-Hispanics (11 versus 40 percent) and Native American (1 versus 8 percent).[6] The racial/ethnic makeup of homeless clients does not differ by family status.

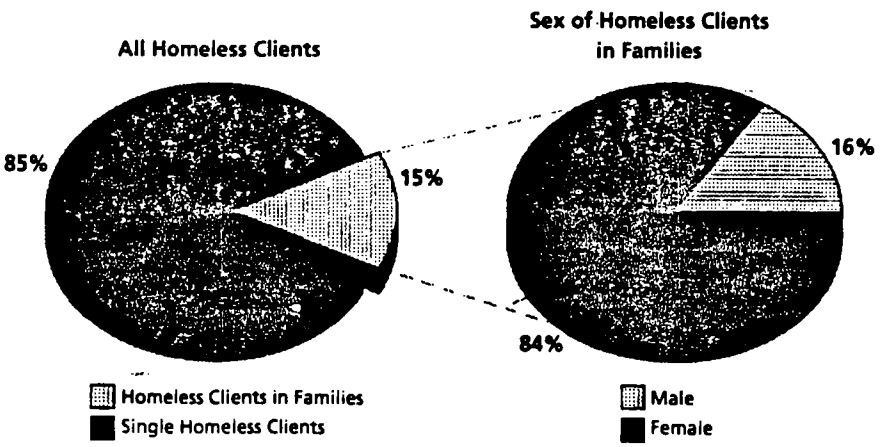
Age

The overall statistics on the ages of homeless clients mask very great differences between homeless clients in families

[6]Age distribution of U.S. adult population calculated from the Bureau of the Census (1997a), table 14.

FIGURE 2.2

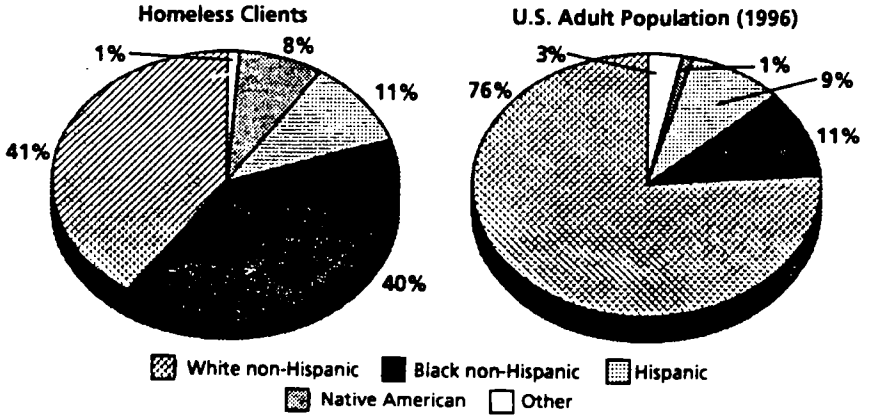
Homeless Clients in Families



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

FIGURE 2.3

Race/Ethnicity of Homeless Clients and U.S. Adults



Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Race/ethnicity information for the U.S. adult population calculated from Bureau of the Census (1997a), table 23.
Note: Numbers do not sum to 100 percent or other total due to rounding.

and single homeless clients. Clients in families are much younger, as shown in their higher probability of being ages 24 and younger (26 versus 10 percent) and lower probability of being ages 55 and older (less than 0.5 percent versus 9 percent) (figure 2.4). This age distribution is quite different from that of all U.S. adults, in which only 14 percent are under 25 years of age and 28 percent are ages 55 and older.[7]

Marital Status

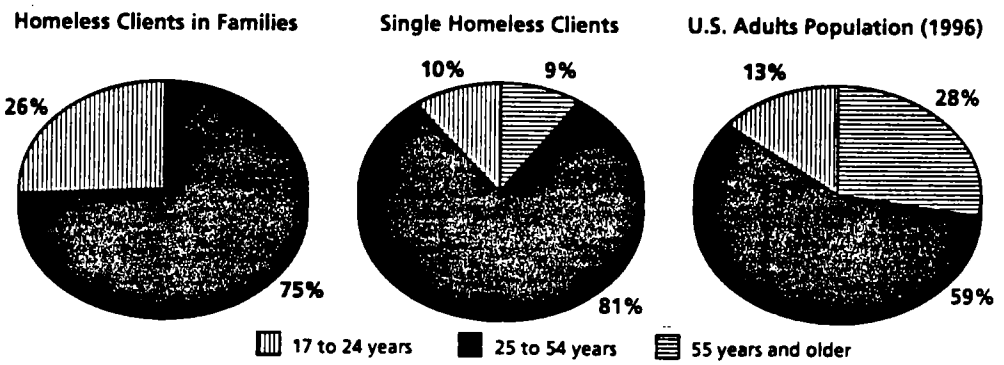
Forty-eight percent of homeless clients have never married. Among the 52 percent who have been married at one time or another, most have seen those marriages dissolve through divorce (24 percent) or separation (15 percent) without subsequently entering into another marriage. These patterns are repeated among single homeless clients, and modified somewhat among homeless clients in families (figure 2.5). The latter group is more likely to report being married (23 versus 7 percent) and less likely to report being divorced (13 versus 26 percent). In addition, they are less likely never to have married (41 versus 50 percent), but the proportion who have never married is still high compared to all U.S. adults at 23 percent.[8]

[7]Age distribution of U.S. adult population in 1996 calculated from the Bureau of the Census (1997a), table 14.

[8]Marital status of U.S. adult population in 1996 obtained from the Bureau of the Census (1997a), table 58.

FIGURE 2.4

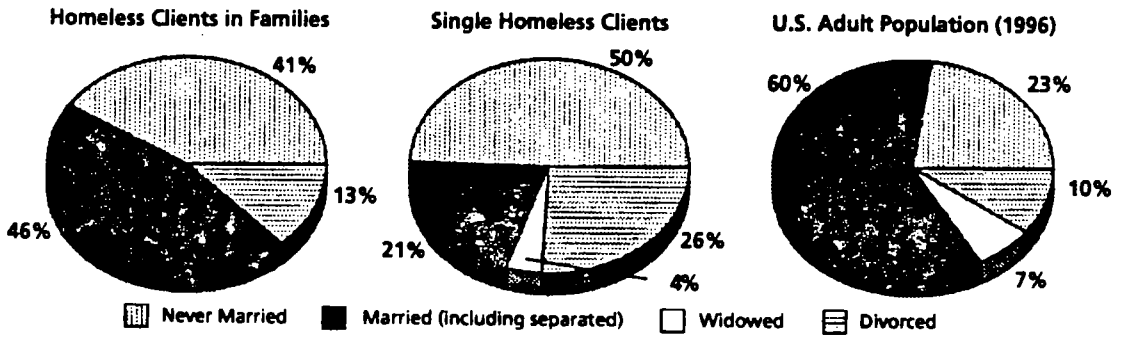
Age Distribution of Homeless Clients in Families, Single Homeless Clients, and U.S. Adults



Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Age distribution of U.S. adult population calculated from the Bureau of the Census (1977a), table 14.
Note: Numbers do not sum to 100 percent or other total due to rounding.

FIGURE 2.5

Marital Status of Homeless Clients in Families, Single Homeless Clients, and All U.S. Adults



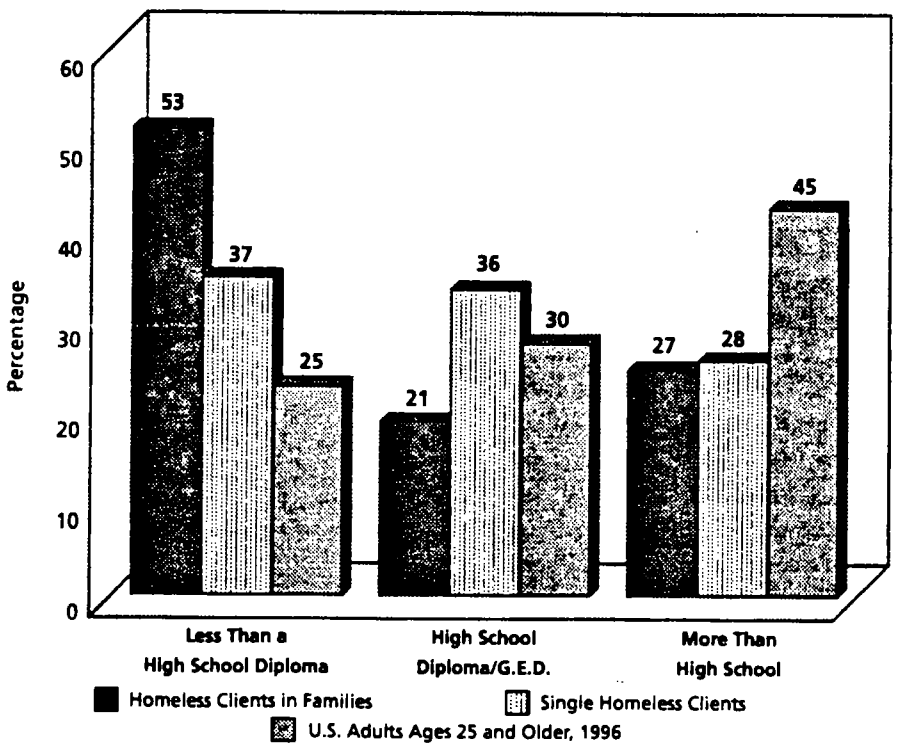
Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Marital status information from the Bureau of the Census (1997a), table 58.
Note: Numbers do not sum to 100 percent due to rounding.

Education

Thirty-eight percent of homeless clients have dropped out of high school, while for 34 percent, a high school diploma is their highest level of completed education. Fewer, but still more than one-quarter, have some education beyond high school. These figures differ considerably between clients in families and single homeless clients (figure 2.6). Clients in families are more likely to have ended their education before completing high school (53 versus 37 percent), and less likely to have exactly a high school diploma or G.E.D. (21 versus

FIGURE 2.6

Educational Attainment of Homeless Clients in Families, Single Homeless Clients, and U.S. Adults



Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Educational attainment of U.S. adult population calculated from the Bureau of the Census (1997a), table 245.
Note: Numbers do not sum to 100 percent due to rounding.

36 percent). However, the two groups are equally likely to have received some education beyond high school. Homeless clients are less educated than the adult U.S. population: only 25 percent of American adults (those ages 25 and older) have less than a high school education, 34 percent have a high school diploma, and 45 percent have some education beyond high school.[9]

Veteran Status

Twenty-three percent of homeless clients are veterans. Examined separately by sex, 1 percent of homeless women are veterans compared to 33 percent of homeless men. For men, this proportion is not different from the 31 percent of the general client male population whom the Department of Veterans Affairs estimates were veterans in 1996, but somewhat lower than the 40 percent of veterans among homeless men found in a systematic synthesis of data from other studies of homeless populations (Rosenheck et al. 1996).

The Children of Homeless Clients

Many more homeless clients are parents than is indicated by the proportion who have at least one of their children with them. Among homeless women, 60 percent have children under age 18, but only 65 percent of them live with at least one of these children. Among homeless men, 41 percent have children under age 18, but only 7 percent of these fathers live with at least one of their own children.[10] Looked at from the children's perspective, 28 percent of minor children of homeless parents live with that parent, while 72 percent do not.

Homeless families have, on average, two children. Members of these families comprise 34 percent of all homeless people using services. As this figure (34 percent) is quite different from the figure noted earlier—15 percent of homeless clients are heads of homeless families—some clarification is in order. The two figures illuminate a common confusion about the term "homeless family." Only 15 percent of homeless ***households*** contain an client and at least one minor child, which is a common defintion of "family" used in the context of homelessness research. However, when one counts clients and children together, 34 percent are in families. Two-thirds of these are children.

Children in homeless families using services are fairly evenly divided between males (53 percent) and females (47 percent), which does not differ from American children generally (table 2.2). They are disproportionally younger than school age (ages 0 to 5) compared to all U.S. children (42 versus 34 percent).[11] Parents report that almost half (45 percent) of these children ages 3 to 5 attend preschool. In addition, almost all (93 percent) of school-age children (ages 6 to 17) are reported to attend school regularly.[12]

Homeless clients in families (table 2.1) and the children themselves (table 2.2) are similarly distributed among racial/ethnic groups. These similarities are due in large part to the fact that children's race/ethnicity was attributed from that of their parents, but also implies that the number of children homeless with their parent(s) does not differ systematically in relation to the parent's race or ethnicity.

NSHAPC parents' reports of their children's school attendance can be compared with data about school ***enrollment*** of U.S. children (table 2.2). Forty-five percent of the 3- to 5-year-old children accompanying homeless NSHAPC clients are reported to be attending preschool. Parents also say that 93 percent of their children ages 6 to 17 attend school regularly. The closest comparable figures for all U.S. children are for enrollment rather than for attendance. They indicate that 49 percent of 3- to 4-year-olds and 98 percent of 5- to 17-year-olds are enrolled in school.[13] These figures are comparable to NSHAPC information about homeless children.

Homeless children live in households whose receipt of government benefits is quite similar to that of nonhomeless children in poor U.S. households. Seventy percent of children in homeless families receive food stamps, which does not differ from the 66 percent of poor U.S. children who do so. Nor does the proportion of both groups covered by Medicaid differ (73 percent of homeless and 69 percent of poor U.S. children). It is harder to tell whether differences exist between homeless and

[9]Educational attainment in 1990 of U.S. adult population (25 and older) obtained from the Bureau of the Census (1997a), table 245.

[10]The 90 percent confidence interval for the percent of women who have children under 18 is ±6 percentage points.

[11]Age distribution in 1996 of all children obtained from the Bureau of the Census (1997a), table 16.

[12]This level of regular school attendance may seem high in light of a study done for the U.S. Department of Education that found in a series of field visits that about one-fourth of school-age homeless children experience some interruptions in schooling (Anderson, Janger, and Panton 1995). Both sources of information are likely to have their biases (parental self-report for NSHAPC clients, including personal definitions of what constitutes "regular" school attendance, and small and possibly unrepresentative field sites for the Anderson et al. study). In addition, it is possible that homeless children have trouble attending school when they first become homeless, but that these difficulties have been overcome for many in a sample that includes families with relatively long homeless spells.

[13]Bureau of the Census (1997b), table 1.

TABLE 2.2

Characteristics of Children under 18 Living with Homeless Parents and the U.S. Population of Children

	Children under 18 (N = 1007)	*U.S. Population, 1996: Children*
Child's Sex[a]		
Male	53(%)	51(%)
Female	47	49
Child's Age[a]		
0–2 years	20	17
3–5 years	22	17
6–8 years	20	17
9–11 years	13	17
12–14 years	11	16
15–17 years	9	16
Not answered	5	—
Child's School Attendance/Enrollment	Attendance	Enrollment[c]
Ages 3–5, percent attending/enrolled in preschool	45	49
Ages 6–17, percent attending/enrolled in school regularly	93	98
Parent's Race/Ethnicity[b]		
White non-Hispanic	38	66
Black non-Hispanic	47	15
Hispanic	13	14
Native American	2	1
Other	1	4
In Household Receiving Government Benefits		Children in Poor Households[d]
Food Stamps	70	66
AFDC	51	55[e]
SSI	12	[e]
Medicaid	73	69

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Information was collected on each child's sex, age, school attendance, and enrollment in Medicaid. Other information is assigned to each child based on the client/parent's characteristics.

Sources for U.S. child population data:

[a]Bureau of the Census (1997a), data for 1996, table 16, $N = 69.5$ million.

[b]Ibid., table 22.

[c]Bureau of the Census (1997b), data for 1995, table 1, $N = 59.0$ million 3- to 17-year-olds, data reflect enrollment, not attendance, the 49 percent pertains to 3- to 4-year-olds and the 98 percent pertains to 6- to 17-year-olds.

[d]Bureau of the Census (1992); P60–181, data for 1991, table E, $N = 13.7$ million children ages 0 to 17.

[e]This 55 percent is for children in households receiving any cash assistance, which could include AFDC, SSI, General Assistance, or other means-tested cash benefits.

nonhomeless poor children in their family's receipt of cash assistance because the data are not reported in the same categories. Fifty-one percent of homeless children live in families receiving AFDC, and 12 percent live in families receiving SSI. The Bureau of the Census (1992, table E) reports that 55 percent of nonhomeless poor children live in households receiving cash assistance, which could be AFDC, SSI, General Assistance, or other means-tested cash benefits.

Combining homeless children with their homeless parent and with single homeless clients, table 2.3 shows how all homeless service users compare to the U.S. population in poverty on some basic demographic characteristics.[14] All homeless service users include considerably more males

[14]Statistics for the whole U.S. population and all poor persons in the United States were calculated from the Bureau of the Census (1997a), table 22, and (1997b), table 1.

TABLE 2.3

Demographic Characteristics of Homeless Adults Plus Their Children Living with Them, Compared with the U.S. Population in Poverty and the General U.S. Population

	Homeless Adults plus Children[a] *(N = 3945)*	*Poor Persons, 1996*[c] *(All Ages) (N = 36.5 Million)*	*U.S. Population, 1996*[b] *(All Ages) (N = 266.2 Million)*
Sex			
Male	65(%)	43(%)	49(%)
Female	35	57	51
Race			
White	47	67	83
Black	42	27	13
Other	11	6	5
Hispanic Origin	11	24	11
Age			
Under 18 years	24	40	26
18–24	4	12	14
25–34	19	14	15
35–44	29	12	16
45–54	13	7	12
55–64	5	6	8
65 and older	2	9	13

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Note: Numbers may not sum to 100 percent due to rounding.

[a] Clients plus any of their own children ages 0 to 17 who live with them. Children's race/ethnicity is assigned based on parent's.

[b] Sources for U.S. population data: Bureau of the Census (1997a), sex and race, table 21; Hispanic origin, table 23; age, table 16.

[c] Sources for poverty population data: Lamison-White (1997); P60–198, sex, table 2; race, Hispanic origin, and age, table A.

than the overall American poverty population (65 versus 43 percent). They are less likely to be white (47 versus 67 percent) or Hispanic (11 versus 24 percent), and more likely to be black (42 versus 27 percent). They are also less likely to be children (24 versus 40 percent), less likely to be ages 55 and older (7 versus 15 percent), and more likely to be in their middle years (42 versus 19 percent are between the ages of 35 and 54).

The last issue of importance with respect to children of homeless clients is the question of where children are when they are *not* with their homeless parent. The answer is heavily dependent on the homeless clients' sex (figure 2.7). When the homeless client is male, his children who do not live with him are most likely to be with their (nonhomeless) mother (81 percent of male homeless clients' minor children). But only 23 percent of female homeless clients' minor children who do not live with them live with their father. The woman's own parents or other relatives are most likely to be caring for her children if they are not with her (46 percent of children of female homeless parents), and about one-fifth (19 percent of homeless women's minor children) are in foster care or group homes.

Service Needs, Stresses, and Vulnerabilities

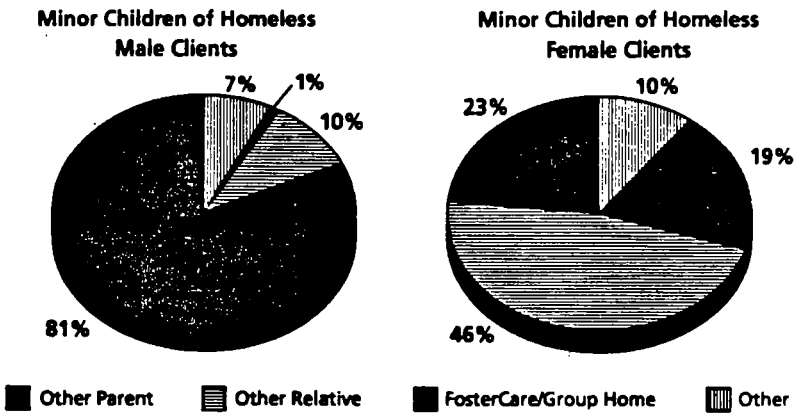
Service Needs as Seen by Clients

Clients were asked to name the three things they needed most "right now," and also to identify the single most important thing keeping them in a homeless condition. Help finding a job was the most frequently cited need (42 percent), followed by help finding affordable housing (38 percent), and assistance with paying rent, mortgage, or utilities in relation to securing permanent housing (30 percent). About one in four clients also cited other needs from among the 29 specific needs probed by the survey, but no single category rose above 10 percent. The only other need cited by a significant number of homeless clients was the need for food (17 percent).

Insufficient income was cited most frequently as "the single most important thing" keeping the client home-

FIGURE 2.7

Residence of Minor Children Who Do Not Live with a Homeless Parent



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers do not sum to 100 percent due to rounding.

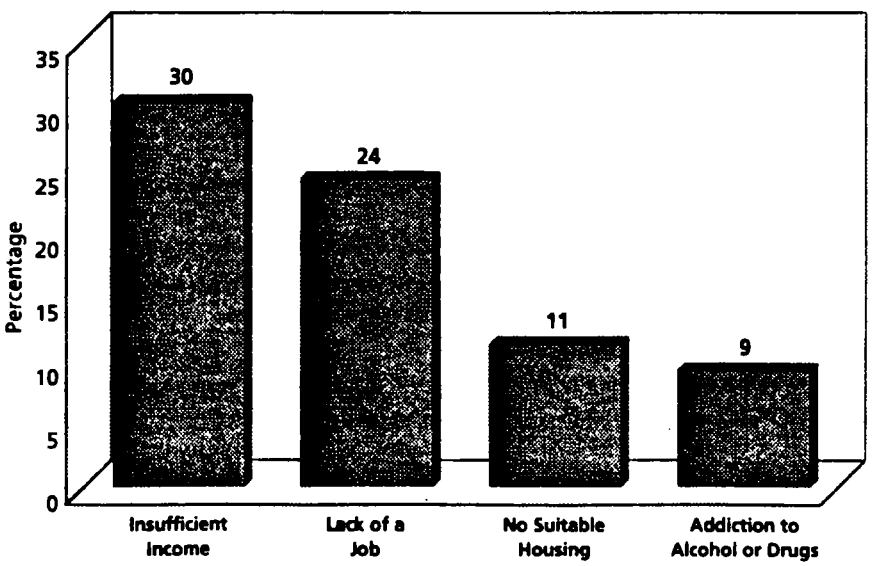
less, at 30 percent of all homeless clients (figure 2.8). An additional 24 percent cited lack of a job or employment. Lack of suitable housing was mentioned by 11 percent of homeless clients, and addiction to alcohol and/or drugs by 9 percent. No other categories except "other" (14 percent) were reported by many clients.

Food Consumption and Hunger

NSHAPC clients were asked a basic question about the sufficiency of the food they eat. Twenty-eight percent of homeless clients report that they sometimes or often do not get enough to eat. Only 39 percent get enough of the kinds of

FIGURE 2.8

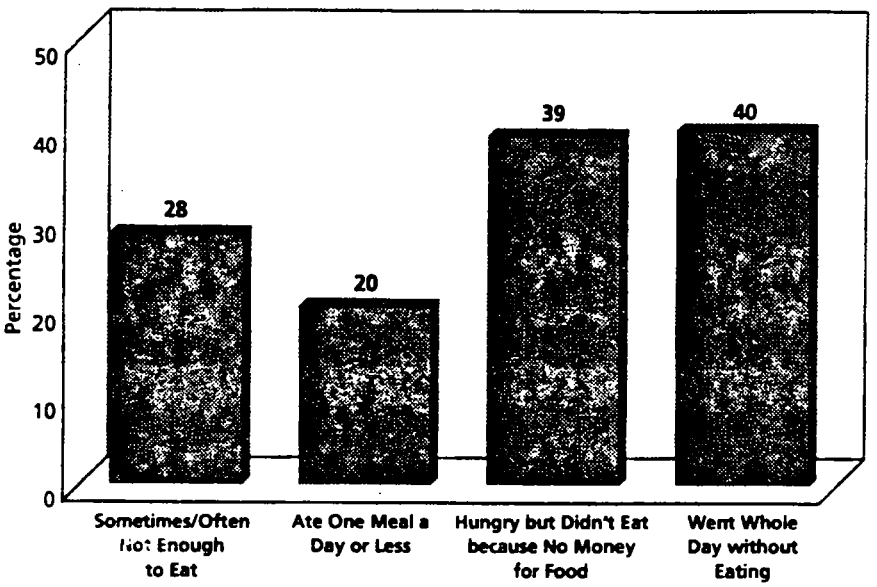
Most Important Thing Respondent Thinks Is Preventing Exit from Homelessness



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

FIGURE 2.9

Frequency of Food Problems in the Past 30 Days among Homeless Clients



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

food they want to eat. This contrasts with 60 percent of poor U.S. households and 80 percent of all U.S. households who say they get enough of what they want to eat.[15] Other food problems experienced by homeless clients include usually eating one meal a day or less (20 percent); being hungry in the past 30 days but not eating because one could not afford enough food (39 percent); and going a whole day without eating anything at all in the last 30 days (40 percent) (figure 2.9).

Data for some of these problems from poor U.S. households indicate that homeless clients have much higher levels of food problems than poor people generally. Thirty-nine percent of homeless clients versus 5 percent of poor households reported that in the last 30 days they were hungry but didn't eat because they couldn't afford to buy food, and 40 versus 3 percent said they didn't eat for one whole day or more because they couldn't afford to buy food.

An index of food problems based on clients' reported hunger and difficulties obtaining adequate food was also calculated. This five-level index reports the percentage of homeless clients reporting none, one, two, three, or four food problems. On this index, 42 percent of homeless clients report no food problems. By contrast, 37 percent have two or more food problems.

[15]Information in this and the following paragraphs about food problems for all and poor U.S. households comes from the *Current Population Survey Food Security Supplement*, April 1995 (Food and Consumer Service, 1999).

Victimization while Homeless

In addition to the stresses of finding enough food to eat, being homeless removes the safety of a permanent residence and leaves one's person and possessions vulnerable to attack. Robbery and theft are common threats experienced by two in five homeless clients (figure 2.10). Thirty-eight percent of homeless clients report having money or things stolen directly from them while they were present (robbery), and a similar proportion (41 percent) report having money or things stolen from their bags, locker, or other location while they were gone (theft). In addition, 22 percent report being physically assaulted or beaten up at least once while homeless, and 7 percent report being sexually assaulted or raped.

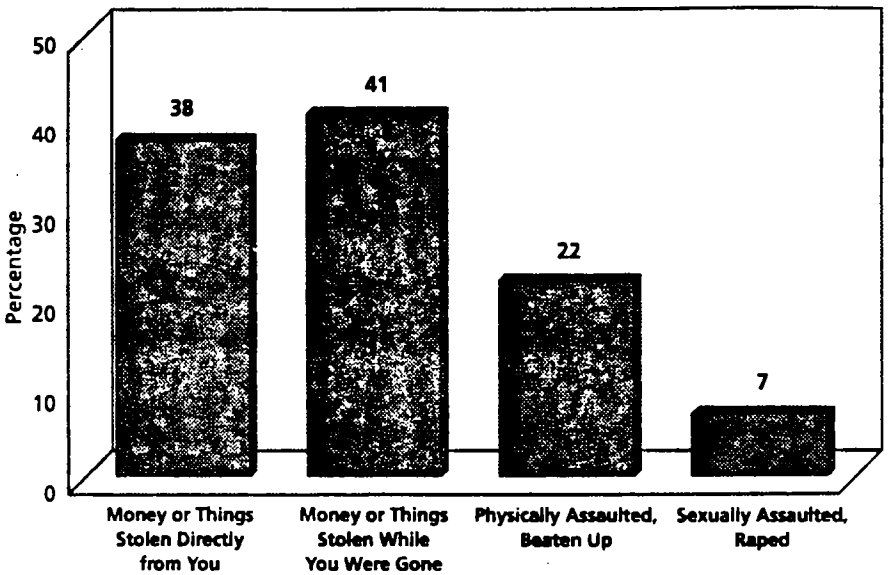
Physical Health Status and Insurance

Survey clients were given a list of 17 medical conditions and asked if they had any of them. These include conditions classified as

- acute infectious conditions (chest infection/cold/cough/bronchitis, pneumonia, tuberculosis, STDs other than AIDS);
- acute noninfectious conditions (skin diseases, lice/scabies); or
- chronic health conditions (diabetes, anemia, high blood pressure, heart disease/stroke, liver problems,

FIGURE 2.10

Victimization of Clients while Homeless



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

arthritis/rheumatism, cancer, problems walking/lost limb/other handicap, HIV/AIDS), as well as "other" conditions.

Reported rates of these conditions may be underestimates because they rely on client self-reports. These self-reports may be low due to lack of knowledge or diagnosis of medical conditions, or reluctance to admit to having some of them. It is also possible that if the interview had inquired about other conditions, reported rates would be higher. Twenty-six percent of clients report one or more acute infectious conditions, 8 percent report one or more acute noninfectious conditions, and 45 percent report one or more chronic health conditions. Three of the four most commonly reported medical conditions are chronic health conditions: arthritis, rheumatism, or joint problems (24 percent); high blood pressure (15 percent); and problems walking, a lost limb, or other handicap (14 percent). Chest infection, cold, cough, or bronchitis (acute infectious conditions) are also among the most highly reported, at 22 percent.

Twenty-four percent of homeless clients report that they needed medical attention in the past year but were not able to get it. Forty-six percent could not get access to a dentist when one was needed. This lack of access may be due to their general lack of insurance coverage. Fifty-five percent report that they have no medical insurance of any kind; the comparable figure for all American adults is 16 percent. By contrast, 30 percent say they are covered by Medicaid, 7 percent by medical care through the Department of Veterans Affairs, 4 percent by private insurance, and 10 percent by insurance of other types. A few clients mentioned more than one type of insurance.

Among homeless clients in family households, 10 percent report that their children needed to see a doctor or nurse in the past year but were not able to do so. Homeless children are much less likely than homeless clients to be without insurance coverage. Only 20 percent of homeless family households have no insurance for their children. Seventy-three percent[16] report Medicaid coverage for their children, while 6 percent have private insurance coverage and 6 percent have some other type of medical insurance coverage for their children (some clients in family households mentioned more than one type of insurance).

Alcohol, Drug, and Mental Health Problems

Clients were asked about experiences considered to be indicators of alcohol, drug, and mental health (ADM) problems, and about treatment experiences related to these problems. Responses to questions were combined to categorize clients as having or not having particular problems during the past month, past year, and/or their

[16] 90% C.I. = ±12 percentage points.

TABLE 2.4

Alcohol, Drug, and Mental Health (ADM) Problems among Homeless Clients

ADM Combinations	*Past Month*	*Past Year*	*Lifetime*
Any ADM Problem[a]	66(%)[b]	74(%)	86(%)
Alcohol Problem	38	46	62
Drug Problem	26	38	58
Mental Health Problem	39	45	57
Specific Problems and Problem Combinations			
Alcohol problem only	13	12	9
Drug problem only	7	7	6
Mental health problem only	17	15	10
Alcohol and drug problems	7	10	15
Alcohol and mental health problems	10	10	9
Drug and mental health problems	5	7	8
Alcohol, drug, and mental health problems	8	14	30
No ADM problems	34	26	14

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Note: Percentages may not sum to 100 percent due to rounding.

[a]These ADM measures include a small number of cases (21 for the past month, 3 for the past year, and 5 for lifetime) who answered questions suggesting they had a substance use problem (questions 2.11a(13b), 3.15a(13b), and 14c(5)) but did not satisfy any other specific criteria for alcohol or drug problems. Because the precise nature of the problem cannot be determined from these measures, they are not included in the problem-specific measures.

[b]This is the measure used throughout this report as the ADM standard break.

lifetime (see chapter 1 for details on how alcohol, drug, and mental health problems were defined). When looking at the results, it is important to remember that NSHAPC information is not based on clinical diagnoses.

Past Month. Homeless clients report a variety of problems with mental or emotional conditions, alcohol use, or use of illegal drugs within the past 30 days (table 2.4). During this period 38 percent report problems with alcohol use; 26 percent report problems with drug use, and 39 percent report mental health problems.

Sixty-six percent of homeless clients report one or more of these problems during the past month (figure 2.11). Thirteen percent report *only alcohol* problems, 7 percent report *only drug* problems, 17 percent report *only mental health* problems, 22 percent report combinations of two problems, and 8 percent report all three problems during the past month.

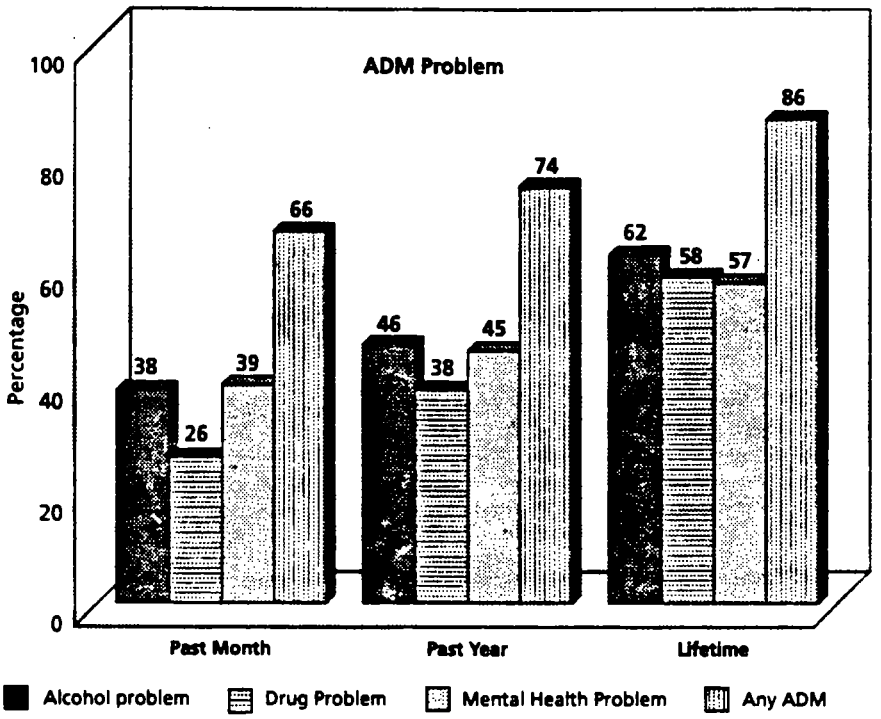
Past Year. The longer time period of the past year (including the past month) captures a larger proportion of homeless clients who report one or more problems with mental or emotional conditions, alcohol use, or use of illegal drugs. During this period, 46 percent report problems with alcohol use; 38 percent report problems with drug use, and 45 percent report mental health problems. Seventy-four percent of homeless clients report one or more of these problems during the past year (figure 2.11). Twelve percent report *only alcohol* problems, 7 percent report *only drug* problems, 15 percent report *only mental health* problems, 27 percent report combinations of two problems, and 14 percent report all three problems during the past year.

Lifetime. As the longest time period being considered, it is not surprising that lifetime histories reveal the highest level of problems. During their lifetime, 62 percent of homeless clients report problems with alcohol use; 58 percent report problems with drug use, and 57 percent report mental health problems. Eighty-six percent of homeless clients report one or more of these problems during their lifetime (figure 2.11). Nine percent report *only alcohol* problems, 6 percent report *only drug* problems, 10 percent report *only mental health* problems, 32 percent report combinations of two problems, and 30 percent report all three problems during their lifetime.

Overall Patterns. Looking over the three time periods examined, it is clear that as the time period lengthens more clients report problems in each area. Second, as the time period lengthens the proportion of clients who report a single problem decreases and the proportion who report combinations of two or three problems increases. Third, in each succeeding time period the difference decreases in the proportion reporting problems with alcohol compared to the proportion reporting drug problems, until for lifetime problems the difference is no longer statistically significant. Fourth, the proportion

FIGURE 2.11

Alcohol, Drug, and Mental Health Problems of Homeless Clients in Different Time Periods



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

reporting combinations involving mental health problems plus alcohol and/or drug problems increases from 23 percent during the past month to 31 percent during the past year up to 47 percent over clients' lifetimes,[17] with the most dramatic increase occurring in the proportion reporting all three.

History of Incarceration

About half (49 percent) of homeless clients have spent five or more days in a city or county jail in their lifetime. Some of these jail experiences may have been a direct result of their homelessness (i.e., the charges might be for behaviors that are difficult to avoid if one is homeless, such as loitering). Eighteen percent of clients have been in a state or federal prison, and 16 percent were held in juvenile detention at least once before reaching their 18th birthday. Altogether, 54 percent have some experience of incarceration.

Adverse Childhood Experiences

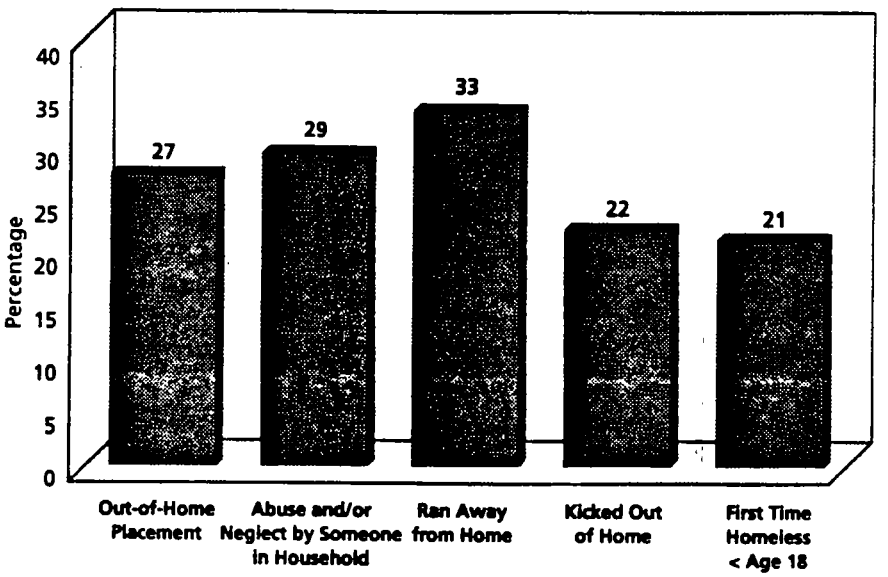
Ever since a Minneapolis study (Piliavin, Sosin, and Westerfelt 1993) identified childhood out-of-home of people placement in foster care as a common experience of homeless people, interest has been focused on these early separations from family and the ways that lack of family support after age 18 (when one has to leave foster care) might increase a young person's risk of homelessness. Homeless clients in the present study reveal that 27 percent were placed in foster care, a group home, or other institutional setting before their 18th birthday (figure 2.12). Many experienced multiple placements, as 12 percent were in foster care, 10 percent had been in a group home, and 16 percent had been in residential institutions.

Twenty-nine percent of homeless clients also report abuse or neglect in childhood from someone in their household (12 percent neglect, 22 percent physical abuse, and 13 percent sexual abuse). Thirty-three percent ran away from home and 22 percent were forced to leave home

[17]People who report regular use of marijuana (three or more times a week) but *do not* report *any other* drug use are included in estimates of people reporting problems with drug use. Were they to be excluded, the proportion with any drug problem would drop for the past month by about 6 percentage points, for the past year by about 8 percentage points, and for lifetime by about 10 percentage points. However, the proportion with any ADM would drop only by about 2 percentage points for each past month, past year, and lifetime ADM problem.

FIGURE 2.12

Adverse Experiences before Reaching Age 18



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

for at least 24 hours before they reached age 18. In addition, 21 percent report that their first period of homelessness predated their 18th birthday (this homelessness might have been with their family or on their own).

Where Homeless Clients Were Living

Even within the week documented by this study, homeless clients did not stay in one place. On the day of their interview and the seven days preceding it, many clients slept or rested in a number of different places. These could include places not meant for human habitation; emergency or transitional shelters; or temporary arrangements such as a house, apartment, or room in which someone is allowed to stay on a temporary basis.

Thirty-two percent of homeless clients slept or rested in places not meant for human habitation (designated "streets" in figure 2.13), including transportation depots, commercial spaces, cars or other vehicles, abandoned buildings, outdoor locations, and other venues of similar type. Thus just under one-third of homeless clients would have been found during a typical week's time using such places for sleep (although they and others might easily have used them for other purposes).

Homeless shelters are the most common type of location where homeless clients may be found. More than twice as many homeless clients (73 percent) slept in one or more of a variety of shelters during the eight-day period being examined as slept in places not meant for human habitation during the same period. Some, of course, slept in both types of venue. Shelters take many forms, including emergency shelters, transitional housing programs, and vouchers for emergency housing (designated "shelters" in figure 2.13).

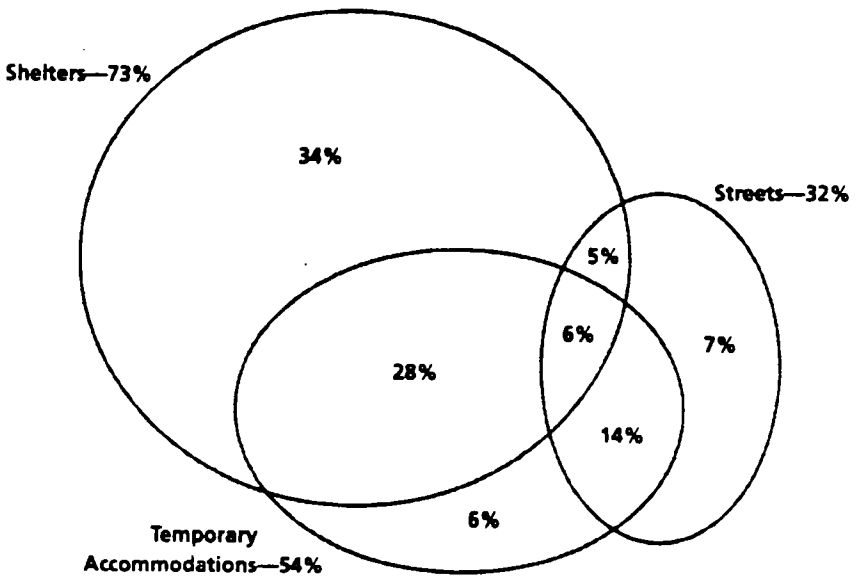
In addition, figure 2.13 shows that 54 percent of homeless clients slept or rested in one or more temporary accommodations,[18] including a friend's or relative's place, their own place, a hotel or motel room they paid for themselves, or a permanent housing program for formerly homeless people (designated "temporary accommodations" in figure 2.13).

To understand how extremely transient homeless clients are, it is important to examine the overlap in these categories. Six percent of homeless clients had slept or rested in all three venues during the eight-day period. At the other extreme, 7 percent had stayed only on the streets, 34 percent had stayed only in shelters, 6 percent had stayed only in temporary accommodations. The overlap is greatest for shelters and temporary accommodations, with 34 percent of homeless clients using both during the eight-day period. By contrast, the overlap between streets and shelters is quite low, with only 11 percent of homeless clients staying in both.

[18]Most of this 6 percent reporting temporary accommodations with no overlap to shelters or streets actually indicated in other ways that they are currently homeless, including having been found in an emergency or transitional shelter; saying they got food at the shelter where they lived; or saying in answer to the basic screener question that the last time they had a permanent place to live was more than seven days ago.

FIGURE 2.13

Where Homeless Clients Slept on Day of Interview and Previous Seven Days*



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

*Client used option at least once during the eight days including the day of the interview and the seven previous days, including being sampled at the site.

"Shelters" = emergency and transitional shelters and voucher programs; "Streets" = any place not meant for habitation; "Temporary Accommodations" = own or other person's house, apartment, or room, including hotel/motel room that client paid for, but without the possibility of sleeping there for the next month without being asked to leave.

Characteristics of Clients Using Different Housing and Other Services

People staying in the different venues displayed in figure 2.13 are quite different from each other on a number of dimensions of importance to planners, service providers, and others offering assistance to homeless clients. To understand these differences, table 2.5 presents some basic descriptive information for clients who slept on the streets on the day of the interview and/or the previous seven days, and clients who during the same time period stayed in a shelter, used a soup kitchen, or used other types of homeless assistance programs. These groups are not mutually exclusive; many clients fall into more than one of them, and some clients could be included in all four.

Men are a similar proportion of clients who slept in the streets and those who used a soup kitchen during the last eight days (86 and 85 percent, respectively) and are more likely to be found in those venues than in shelters or other programs (where they comprise 65 and 67 percent of users). Few significant racial/ethnic differences exist between the four venues. Shelter stayers are more likely to be in a first homeless episode lasting six months or less (22 percent) than is true for any other group.

Table 2.5 also reports the prevalence of several subgroups within the four service use patterns. Relatively few survey clients in any venue are youth ages 24 and younger. Clients in homeless families are a larger proportion of shelter users (16 percent) and users of other programs (14 percent) than they are of street stayers (3 percent) or users of soup kitchens (6 percent). Persons reporting HIV/AIDS are a very small proportion (2 to 5 percent) in every venue.

More than half of clients in each venue have not done any work for pay in the last 30 days. Street stayers and users of other programs are less likely than shelter stayers to have done any paid work, and users of other programs are also less likely than soup kitchen users to have worked for pay during the past month.

The presence of any alcohol, drug, and/or mental health problems is highest among street stayers and those who used other programs (75 and 74 percent, respectively). Rates are lower but still considerable among homeless clients using shelters and soup kitchens (63 and 66 percent, respectively). Problems with drug use are lowest among shelter stayers (23 percent), and do not differ among clients using the other venues (31 to 35 percent). Both street stayers (45 percent) and other program users (43 percent) are more likely to report alcohol use

TABLE 2.5

Demographic and Other Characteristics of Homeless Clients, by Street Location and Program Use in Past Week

		Program Use			
	All Homeless Clients (N = 2938)	*Slept on Streets (N = 768)*	*Stayed in a Shelter (N = 2352)*	*Used a Soup Kitchen (N = 1727)*	*Used Other Program (N = 909)*
Sex					
Male	68(%)	86(%)	65(%)	85(%)	67(%)
Female	32	14	35	15	33
Race/Ethnicity					
White non-Hispanic	41	40	41	38	35
Black non-Hispanic	40	38	39	39	45
Hispanic	11	13	11	13	11
Native American	8	7	8	10	8
Pattern of Homelessness					
First time homeless					
6 months or less	18	10	22	14	11
More than 6 months	31	35	30	31	38
Not first time homeless					
Current spell 6 months or less	21	23	21	25	18
Current spell more than 6 months	30	32	28	31	33
Other Characteristics					
Youth (ages 17–24)	12	9	14	8	11
Living with own child < age 18	15	3	16	6	14
No paid work last 30 days	56	61	53	56	65
Any ADM problem, past 30 days	66	75	63	66	74
Alcohol use problem	38	45	35	40	43
Drug use problem	26	35	23	31	32
Mental health problem	39	44	38	37	46
HIV/AIDS	3	2	3	2	5
Veteran	23	27	20	22	23

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Note: Street locations include any place not meant for habitation (e.g., transportation sites, places of business, vehicles, abandoned buildings, anywhere outside, etc.). Shelters include emergency shelters, transitional housing programs, and vouchers for temporary shelter. Other programs include permanent housing programs for formerly homeless clients, food pantries, outreach programs, drop-in centers, and other programs.

problems than are shelter stayers (35 percent). The only significant difference by venue for mental health problems is that a higher proportion of users of other programs (46 percent) report such problems compared to those who stayed in a shelter (38 percent) or those who used a soup kitchen (37 percent).

These findings with respect to shelter and other program venues probably reflect the differing influences of program goals and rules. Many transitional housing programs are designed explicitly for clients with these problems, but many emergency shelters have rules that explicitly or effectively *exclude* clients with these problems, leaving the streets as their only alternative. Users of both types of programs are combined in the shelter user category. Further, some "other programs," especially outreach programs, drop-in centers, and permanent housing programs are explicitly designed to reach and serve clients with alcohol, drug, and/or mental health problems.[19]

Income, Employment, and Other Income Sources

Income

The average income of homeless clients during the month before being interviewed was $367 (table 2.6).[20] Further, 13 percent received no cash income at all dur-

[19]Clients were not asked about their use of health, mental health, alcohol/drug, or HIV/AIDS programs.

[20]The standard deviation for the $367 average past month income for all homeless clients was $354; for families the standard deviation on their average income of $475 was $342; for singles the standard deviation on their average income of $348 was $353.

TABLE 2.6

Economic and Other Characteristics of Homeless Clients, by Family Status

	All Homeless Clients (N = 2938)	*Clients in Homeless Families (N = 465)*	*Single Homeless Clients (N = 2473)*
Economic Characteristics			
Mean monthly income ($)[a]	$367	$475	$348
Any paid work in past month	44(%)	29(%)	46(%)
Any money from family/friends[b]	21	32	19
Have problems getting enough food	58	54	59
Government Benefits			
Any means-tested benefits	40	79	39
AFDC	10	52	3
General Assistance	9	10	9
SSI	11	11	11
Food stamps	37	71	31
Medicaid	30	61	25
Alcohol/Drug/Mental Health Problems			
Any ADM problem past 30 days	66	49	69
Alcohol use problem	38	18	41
Drug use problem	26	20	27
Mental health problem	39	36	40

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers may not sum to 100 percent due to rounding.
[a]The standard deviations for the three mean incomes are $354, $342, and $353, respectively.
[b]Includes spouse, parents, other relatives, friends (including boyfriends and girlfriends), and child support.

ing the past month. Clients in families averaged $475, but this amount had to support the parent and two children (on average). Homeless families thus were living on 46 percent of the federal poverty level of $1,023 for a family of three. Single homeless clients averaged $348 during the month before the interview, which was 51 percent of the federal poverty level of $680 a month for a single person. A comparison of these figures with the 1995 median monthly household income of $2,840 for all American households shows just how impoverished homeless clients really are.

Paid Employment

Almost half (44 percent) of homeless clients did some paid work during the 30 days before being interviewed, and 21 percent received money from family or friends. Of those who report working in the last 30 days, 20 percent did so in a job lasting or expected to last at least three months, 25 percent worked at a temporary or duty labor job, and 2 percent earned money by peddling or selling personal belongings. Three percent name more than one source of earned income. Of those receiving money from family members or friends, 9 percent receive it from parents, 2 percent from a spouse, 5 percent from other relatives, 12 percent from friends, including boyfriends and girlfriends, and 1 percent from child support. Eight percent receive income from more than one type of friend or family member. Eight percent report obtaining money through panhandling. Considerably fewer (29 percent) of homeless clients in families did any paid work. On the other hand, homeless clients in families were more likely than other homeless clients to receive money from family members or friends (32 versus 19 percent), including spouses, other relatives, friends including boyfriends and girlfriends, and child support. This help was clearly not enough to supply an adequate income, however.

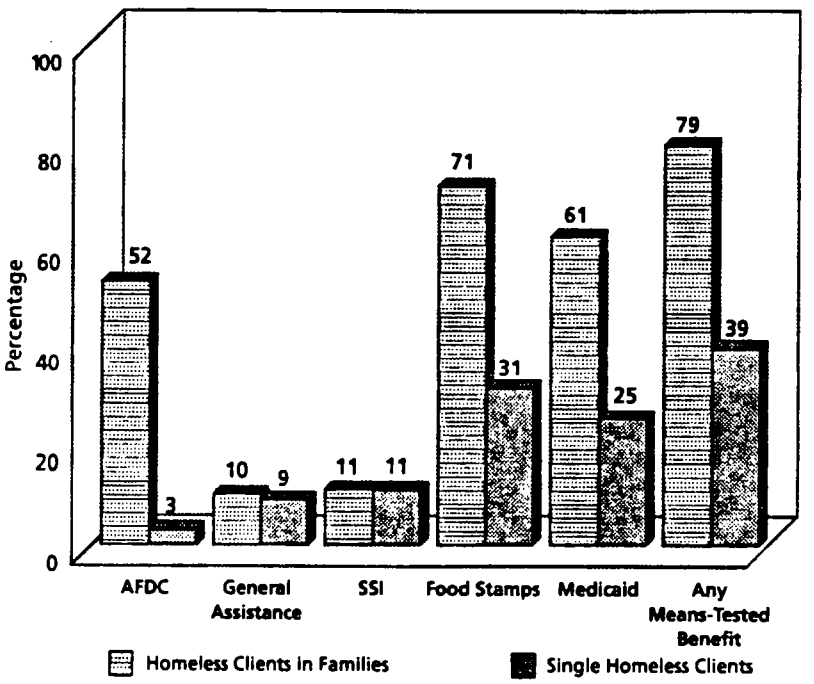
Receipt of Government Benefits

Homeless clients receive income from a variety of sources in addition to earning income through a job. Means-tested government sources of income include AFDC (52 percent of homeless families), GA (9 percent), and SSI (11 percent). Food stamps was the government benefit helping the largest proportion of homeless clients (37 percent), followed by Medicaid (30 percent).

Receipt of means-tested benefits differs considerably by family status (figure 2.14). As would be expected, 52 percent of homeless families receive AFDC. In addition,

FIGURE 2.14

Receipt of Means-Tested Benefits during Past Month, by Family Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

homeless clients living in families are much more likely than single homeless clients to receive food stamps (61 versus 25 percent), and Medicaid (71 versus 31 percent). Although the two groups do not differ in their receipt of General Assistance or SSI, the difference attributable to the three programs linked through AFDC (AFDC, food stamps, and Medicaid) is enough to raise the level of homeless families receiving any means-tested benefit to 79 percent, compared with half of that (39 percent) among single homeless clients.

History of Homelessness

For almost half (49 percent) of homeless clients, their current spell of homelessness is their first (table 2.7). Of the remaining homeless clients, 17 percent are in their second spell and 34 percent have had at least three homeless spells including the current one. Twenty-eight percent of current episodes have lasted three months or less, another 11 percent have lasted between four and six months, 15 percent between seven and 12 months, 16 percent between 13 and 24 months, and 30 percent have lasted two years or more.

Patterns of homelessness differ between homeless clients in families and single clients, primarily among those who are in their first homeless episode (figure 2.15). Both groups are equally likely to be in a first episode (50 and 49 percent). However, homeless families are more likely than single homeless clients to be in a short first episode (34 versus 15 percent), and less likely to be in a long first episode (16 versus 34 percent).

Homeless clients name many different reasons why they had to leave their last residence, but only a few reasons are identified by at least 5 percent of clients. These include not being able to pay the rent (15 percent), losing a job or having a job end (14 percent), doing drugs (7 percent), the landlord making one leave (6 percent), and not getting along with the people there (5 percent). Reasons for leaving one's last residence differ greatly by family status. More homeless clients in families than single homeless clients left because they could not pay the rent (22 versus 14 percent), because there was violence in the household (13 versus 2 percent), or because the landlord made them leave (12 versus 5 percent). Conversely, fewer homeless clients in families than single homeless clients say they left because they lost their job (2 versus 16 percent).

TABLE 2.7

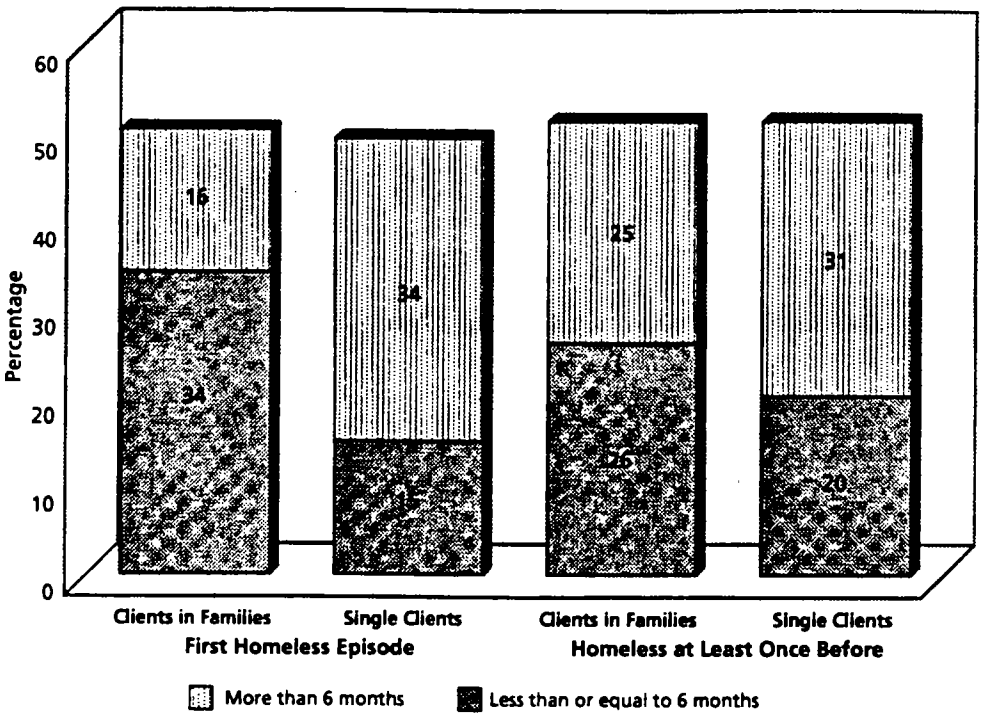
History of Homelessness and Transiency, by Family Status

	All Homeless Clients (N = 2938)	*Clients in Homeless Families (N = 465)*	*Single Homeless Clients (N = 2473)*
Number of Times Homeless			
One	49(%)	50(%)	49(%)
Two	17	27	15
Three or more	34	23	37
Length of Current Homeless Period			
≤ 3 months	28	49	23
4–6 months	11	11	11
7–12 months	15	16	15
13–24 months	16	11	17
25+ months	30	13	34
Pattern of Homelessness			
First time homeless			
6 months or less	18	34	15
More than 6 months	31	16	34
Not first time homeless			
Current spell 6 months or less	21	26	20
Current spell more than 6 months	30	25	31
Things Mentioned Most Frequently as Primary Reasons for Leaving Last Residence			
Couldn't pay the rent	15	22	14
Lost job or job ended	14	2	16
Was doing drugs	7	4	7
Landlord made me leave	6	12	5
Didn't get along with the people there	5	3	5
Client or child abused/violence in household	4	13	2
When Homeless, Number of Towns/Cities Where Stayed Two or More Days			
1 (the location where they were interviewed)	56	71	54
2	22	16	23
3	8	10	8
4	3	2	3
5 to 10	6	1	6
11 or more	5	*	6
Clients Reporting a Move from One Community to Another While Homeless	44	29	46
Among movers, where living now versus when first became homeless			
In same state	61	74	59
In different state	37	26	39
In different country	1	0	2
Among movers, reasons left city/town where became homeless			
No jobs available	18	10	19
Evicted/asked to leave housing	14	20	13
No affordable housing available	13	18	12
No services available	5	13	4
Among movers, reasons came to this city/town			
Had friends/relatives here	25	29	24
Availability shelters/missions	21	41	18
Availability good services/programs	19	27	17
To look for work, heard jobs were available	16	16	16

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers may not sum to 100 percent due to rounding.
*Denotes percentage less than 0.5 but greater than 0 percent.

FIGURE 2.15

Pattern of Homelessness, by Family Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

People Who Change Locations after Becoming Homeless

Fifty-six percent of homeless clients were interviewed in the same city, town, or rural community where they became homeless this time; that is, they have not changed communities since becoming homeless (table 2.7). An additional 22 percent say they have stayed for at least two days in two different communities since becoming homeless (including the one where they were interviewed), 8 percent have stayed in three different communities, and 14 percent have stayed in four or more different communities since becoming homeless. Among movers, 61 percent moved from one community to another within the same state, with 74 percent of homeless families and 59 percent of single homeless clients who moved staying within the same state.

Family status makes a big difference in the likelihood of moving from one community to another while homeless. Homeless clients in families were much more likely to have remained in the same community than were single homeless clients (71 versus 54 percent). In addition, they were much less likely to have stayed in five or more communities while homeless (1 versus 12 percent).

Why They Move. Respondents who report having left the community where this episode of homelessness began explained why they left that place, and why they came to the city or town where they were interviewed for NSHAPC. Many reasons were given for leaving their original town. The four most common were that there were no jobs in that place (18 percent), there was no affordable housing in that place (13 percent), they were evicted or asked to leave their housing (14 percent), and there were no services in that place (5 percent). Clients in families were less likely than single homeless clients to give lack of jobs as a reason for leaving (10 versus 19 percent), and more likely to give as reasons the lack of affordable housing (18 versus 12 percent), eviction/being asked to leave (20 versus 13 percent), and perceived lack of services (13 versus 4 percent).

Homeless clients who moved also gave many reasons for coming to the city or town where they participated in NSHAPC. Only four reasons were given by 10 percent or more of movers: they had friends and/or relatives here (25 percent), shelters/missions were here (21 percent), they were looking for work or heard there were jobs here (16 percent), and there were good services and programs here (19 percent). Only

the two service-related reasons differentiate families from single homeless clients. Forty-one percent of families who moved mentioned the availability of shelters or missions in their new location, compared with 18 percent of single homeless who moved, while 27 percent of families who moved mentioned good services or programs as a reason to come to their current location, compared with 17 percent of single homeless clients who moved.

Where They Move from and Where They Move to. The basic pattern of moves between community types is for people to move to a place that is larger than the one they came from.[21] Large and medium-sized central cities have the most drawing power. Among people who changed the type of community in which they were living after becoming homeless for their current episode, 28 percent started in a large central city, 14 percent in a medium-sized central city, 31 and 10 percent, respectively, in the urban fringes of large and medium-sized central cities, 10 percent in large or small towns, 5 percent in rural areas, and 1 percent in another country (table 2.8).

[21]The exception to this generalization is people who became homeless in a large central city. There is no category to represent any moves of these people to larger places, although the 66 percent of this group who moved to another large central city may well have been moving to a larger place.

Comparisons of Clients from Central Cities, Suburbs, and Rural Areas

Among all homeless clients, 71 percent were interviewed in central cities, 21 percent in suburban areas, and 9 percent in rural areas (table 2.9). This distribution does not vary by whether or not the client is in a family household, nor would it change if one included the children as well as their parents in the analysis. Homeless clients are thus much more urban than the U.S. poor population, 41 percent of whom live in central cities, 35 percent in the suburbs and urban fringe areas, and 23 percent in rural areas outside of metropolitan statistical areas (figure 2.16).

Central city and rural clients do not differ in their sex distribution (71 and 77 percent male), but suburban clients are significantly less likely to be male (55 percent). Suburban clients are also more likely to be white non-Hispanics (54 percent) than clients from either central cities (37 percent) or rural areas (42 percent).

In general, rural homeless clients have experienced fewer and shorter episodes of homelessness during their lifetimes. Fifty-five percent of rural clients have been homeless for three months or less, compared with 22 to 27 percent of central city and suburban homeless clients. In addition, only 27 percent have been homeless for more than a year, compared with 48 percent of central city and 49 percent of suburban clients.

TABLE 2.8

Movers: Origins and Destinations

	Locations Where Clients Became Homeless, This Episode							
	Large Central City	*Medium Central City*	*Urban Fringe of Large Central City*	*Urban Fringe of Medium Central City*	*Large Town*	*Small Town*	*Rural*	*Another Country*
Of Those Who Moved, Where They Came From	28(%)	14(%)	31(%)	10(%)	3(%)	7(%)	5(%)	1(%)
Moved within Same Type of Place	66	49	50	27	0	0	1	0
Moved to Different Type of Place	34	51	50	73	100	100	99	100
What type of place did they move to?								
Large central city	NA	40	34	25	44	22	27	Insufficient *N*
Medium-sized central city	20	NA	14	47	55	38	60	
Urban fringe of large central city	14	8	NA	1	*	41	3	
Urban fringe of medium-sized central city	*	4	1	NA	1	0	10	
Large town, small town, or rural location	0	0	1	0	0	0	0	

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Percentages may not sum to 100 percent due to rounding.
*Denotes values that are less than 0.5 but greater than 0 percent. Unweighted *N* of movers with usable answers = 1,337.
NA = Not applicable.

TABLE 2.9

Characteristics of Homeless Clients in Central Cities, Suburbs, and Rural Areas

	Homeless Clients		
	Clients in Central Cities (N = 2295)	*Clients in Suburban/Urban Fringe Areas (N = 410)*	*Clients in Rural Areas (N = 269)*
Proportion of Currently Homeless	71(%)	21(%)	9(%)
Sex			
Male	71	55	77
Female	29	45	23
Race/Ethnicity			
White non-Hispanic	37	54	42
Black non-Hispanic	46	33	9
Hispanic	11	11	7
Native American	5	1	41
Other	1	1	*
Age			
Under 25 years	13	12	7
25–54 years	79	77	88
55 years and older	8	11	5
Family Status—with Own Child	14	16	17
Economic Characteristics			
Mean monthly income ($)	$341	$422	$449
Median monthly income ($)	$250	$395	$475
Length of Current Homeless Episode			
3 months or less	27(%)	22(%)	55(%)
More than 12 months	48	49	27
Alcohol/Drug/Mental Health Problems			
Any ADM problem past 30 days	67	64	67
Alcohol use problem	39	30	48
Drug use problem	28	24	15
Mental health problem	41	37	26

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers may not sum to 100 percent due to rounding.
*Denotes percentage less than 0.5 but greater than 0 percent.

A larger proportion of central city clients (21 percent) report staying in places not meant for habitation than is true for suburban (12 percent) or rural clients (4 percent). Clients from central cities are more likely than those from suburban/urban fringe and rural areas to have used a soup kitchen (68 percent, 50 percent, and 45 percent, respectively) and a drop-in center in their lifetime (30 percent, 18 percent, and 14 percent, respectively). The lack of availability of these programs outside of central cities most likely affects these results.

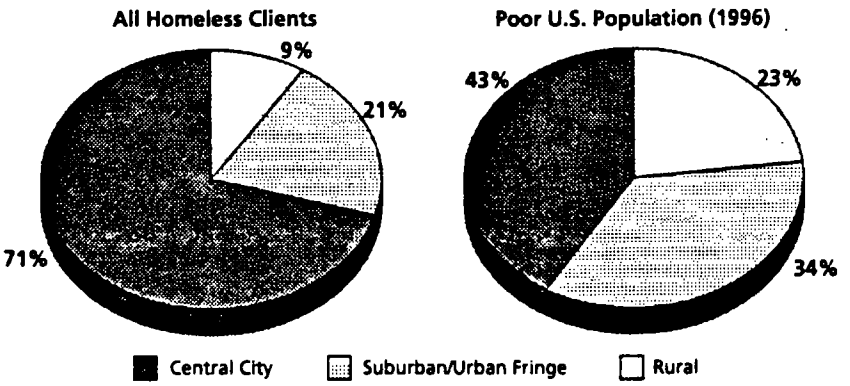
Central city homeless clients are considerably poorer than other homeless clients. Clients' median income is $250 in central cities, $395 in suburban areas, and $475 in rural areas. Fifteen percent of central city clients report no income over the last 30 days compared with only 6 to 7 percent of other clients.

Rural homeless clients also report less access to medical care. Forty-seven percent of rural clients say they needed to see a doctor or nurse in the last year but were not able to do so, compared with 22 percent homeless clients in both central cities and suburban/urban fringe areas.

Similar proportions (64 to 68 percent) of central city, suburban, and rural clients have a current mental health and/or alcohol and/or drug problem. However, clients from central cities are more likely (25 percent) than those in suburban areas (17 percent) to have current problems with

FIGURE 2.16

Urban/Rural Location of Homeless Clients Compared with the Poor U.S. Population



Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Geographic distribution of the poor U.S. population taken from Lamison-White (1997), P60-198, table A.
Note: Numbers do not sum to 100 percent due to rounding.

both mental health and alcohol and/or drug use. And clients in both central cities and suburban areas are more likely than rural clients (11 percent) to have such problems.

Thirty-three percent of suburban homeless clients, 24 percent of those from central cities, and 12 percent of those from rural areas report being physically or sexually abused before the age of 18. Incarceration follows the opposite pattern, with the suburbs lowest and rural areas highest. Sixty-four percent of clients from rural areas have spent time in juvenile detention, jail, or state or federal prison, compared with 55 percent of those from central cities and 44 percent from suburban areas.

Comparisons with 1987 Urban Institute Findings

In 1987 the Urban Institute conducted a national survey of homeless clients using shelters and soup kitchens in large U.S. cities (those with 100,000 or more population in 1994). As there is considerable interest in examining whether, and in what ways, clients who are homeless may have changed during the nine years between the Urban Institute and NSHAPC surveys, relevant comparisons are presented here. For this analysis NSHAPC data have been restricted to be comparable to the 1987 data. This means that the 1996 statistics in this comparison are based only on homeless NSHAPC clients found in central cities who were sampled from emergency shelters, voucher distribution programs, and soup kitchens. Table 2.10 presents comparable figures for 1987 and 1996 using these parameters to analyze the 1996 NSHAPC data.

As can be seen from the data in table 2.10, in 1996 homeless shelter and soup kitchen users located in central cities are less likely to be white (39 versus 46 percent) and more likely to be black (46 versus 41 percent) than those from 1987. They are more likely to have completed high school—39 versus 32 percent, and to have some education beyond high school—27 versus 20 percent. They are more likely to have married at some time in their lives (51 versus 45 percent), but have the same likelihood of living with their own minor children (10 percent in each year).

Although the mean length of clients' current homeless episode is shorter in 1996 than it was in 1987 (39 versus 32 months), there is no significant difference in the median length (10 versus 12 months).[22] There is some increase in the proportion with short spells (from 21 to 30 percent with spells of three months or less). However, there is no change in the proportion with long spells (31 percent of both 1987 Urban Institute and comparable 1996 NSHAPC clients reported spells of two or more years' duration).

In 1996, a larger proportion of homeless households received means-tested benefits (AFDC, SSI, and food stamps) than was true in 1987. In 1987, 33 percent of homeless clients in families reported receiving AFDC, which increased to 58 percent of comparable NSHAPC clients in 1996. Twice as large a proportion of all homeless central city users of shelters and soup kitchens received

[22]The mean spell length in both studies is so much higher than the median spell length because about one-fifth of each sample have spell lengths in excess of 60 months, and very long spells affect the mean much more than they do the median.

TABLE 2.10

What Has Changed? Comparing Homeless Clients Found in Central City Shelters and Soup Kitchens in 1987 and 1996

	1987 (N = 1704)	*1996 (N = 1472)*
Sex—Percent Male	81(%)	79(%)
Race/Ethnicity		
White non-Hispanic	46[a]	39
Black non-Hispanic	41	46
Hispanic	10	11
Other	3	4
Education		
Less than 12th grade	48	34
Completed 12th grade	32	39
More than 12th grade	20	27
Relationship/Household Status		
Never married	55	49
Living with own child under age 18	10	10
Length of Current Homeless Spell		
Mean (in months)	39 months	32 months
Median (in months)	10 months	12 months
3 months or less	21(%)	30(%)
2 years or more	31	31
Receipt of Public Benefits		
AFDC (households with children only)	33	58
SSI	4	13
Food Stamps	18	37
Mean Monthly Income per Person	$189[b]	$267
Sometimes or Often Don't Get Enough to Eat	38(%)	28(%)
Gets Enough of Desired Foods	19	31
ADM Inpatient Treatment[c]		
Inpatient alcohol and/or drug treatment only	24	22
Mental hospitalization only	10	10
Both	9	12
Neither	57	56

Source: 1987 statistics from Burt and Cohen, 1989; 1996 statistics based on special runs, with modified weights, of NSHAPC clients who match the criteria used in 1987 (central city, currently homeless, found in shelters and soup kitchens).

[a] Within rows, statistics in bold are significantly different from each other at $p = .10$.

[b] This 1987 figure has been adjusted for inflation to 1996 dollars using CPI-U; figures for both years assume three people per family household and one person for all other households.

[c] Based on all clients, because no variables exist in the 1987 database from which to determine the existence of a qualifying condition/problem.

food stamps in 1996 compared with 1987 (37 percent versus 18 percent). For SSI the figures tripled; only 4 percent of all 1987 clients but 13 percent of comparable 1996 NSHAPC clients reported receiving SSI. These differences are probably attributable to significantly greater efforts by homeless service providers to help clients obtain benefits, and to greater outreach efforts on the part of the government benefit programs themselves. Major SSI rule changes that effectively reduced the eligibility of many clients at high risk for homelessness (by eliminating eligibility for clients with a primary diagnosis of alcohol and/or drug abuse) did not take effect until after NSHAPC data were collected.

Probably as a consequence of increased access to public benefits, mean monthly per person income is higher in 1996 ($267) than it was in 1987 ($189)[23] among comparable clients. These estimates assume that the 10 percent of clients who have children with them have on average two children each, and that the remaining 90 percent of clients are by themselves.

The food situation has improved somewhat for homeless clients. In 1987, 38 percent of clients in the Urban Institute study (homeless users of central city shelters and soup

[23] Adjusted for inflation to 1996 dollars using CPI-U.

kitchens) said they sometimes or often did not get enough to eat. Among comparable NSHAPC clients, 28 percent say the same in 1996. The greater likelihood of receiving food stamps may be related to this improved food situation. In addition, 31 percent say they get enough of the kinds of food they want to eat, compared with 19 percent in 1987.

The proportion of central city homeless clients who have experienced inpatient treatment for alcohol or drug abuse or for mental health problems has not changed at all between 1987 and 1996. The statistics in this analysis are based on all central city homeless clients, rather than being restricted to those who have any alcohol, drug, or mental health problem, because the 1987 Urban Institute data do not include the information needed to assess service use only among those with a problem.

PRELIMINARY DRAFT
NOT TO BE QUOTED

Comparing Currently with Formerly Homeless Clients and Other Service Users

3

HIGHLIGHTS

Comparing Currently with Formerly Homeless Clients and Other Service Users[1]

- Fifty-four percent of NSHAPC clients are homeless, 22 percent are formerly homeless, and 24 percent are other service users who have never been homeless.
- Men and women figure very differently in the three subpopulations of clients. Men comprise 68 percent of currently homeless clients compared with 54 percent of formerly homeless clients. Among other service users, 39 percent are men.
- There are no significant racial differences between currently and formerly homeless clients. Equivalent proportions are white non-Hispanic (41 and 46 percent), black non-Hispanic (40 and 41 percent), Hispanic (11 and 9 percent), Native American (8 and 2 percent) and other races (1 and 2 percent). Among other service users, 54 percent are white non-Hispanic, 41 percent are black non-Hispanic, 11 percent are Hispanic, and 1 percent each are Native American and other races.
- Young clients (ages 17 to 24) make up a greater share of currently than formerly homeless clients (12 versus 6 percent). The age group of 25- to 34-year-olds is also more common among currently than formerly homeless clients (25 versus 16 percent). The opposite is true as age increases; 45- to 54-year-olds as well as those ages 55 and older are more numerous among formerly than currently homeless clients.
- Currently homeless clients are more likely than formerly homeless clients to report needing help finding a job (42 versus 30 percent), help finding affordable housing (38 versus 21 percent), and assistance with rent, mortgage, or utilities for securing permanent housing. Formerly homeless clients are more likely than currently homeless clients to report needing help to obtain food (32 versus

[1]Unless noted specifically in the text, all comparisons are significant at $p = .10$ or better, and all percentages presented by themselves have a 90 percent confidence interval no larger than ±4 percentage points. Confidence intervals greater than ±4 percentage points will be noted in the text as: 90% C.I. = X percentage points.

HIGHLIGHTS *(Continued)*

17 percent). Among other service users, help obtaining food and help with other issues are their most important needs.

- Currently and formerly homeless clients are more than twice as likely as poor U.S. households who are not homeless to say they sometimes or often do not get enough to eat (28 and 25 percent versus 12 percent). Other service users do not differ on this dimension from nonhomeless poor clients (16 versus 12 percent).
- Currently and formerly homeless clients are alike in their reported level of acute infectious conditions (26 and 28 percent) and acute noninfectious conditions (8 and 6 percent). However, formerly homeless clients have more chronic health conditions than do currently homeless clients (62 versus 46 percent). Other service users are quite likely to report chronic health conditions (67 percent).
- Over half (55 percent) of currently homeless clients have no health insurance, compared with 32 percent of formerly homeless clients. More formerly homeless clients than currently homeless clients receive Medicaid (53 versus 30 percent). Forty-three percent of other service users receive Medicaid, 28 percent have "other" insurance, and 31 percent have no insurance.
- In general, currently homeless clients have higher rates than formerly homeless clients of alcohol and drug problems in the past month, past year, and lifetime. Currently and formerly homeless clients report similar rates of mental health problems regardless of time period. As the time period increases, the proportion of clients reporting problems in these areas increases. Other service users have the lowest rates of any group, for every time period.
- More currently than formerly homeless clients report having spent time in a state or federal prison (18 versus 9 percent) or in juvenile detention before they reached the age of 18 (16 versus 9 percent). Four percent of other service users had spent time in either venue.
- Twenty-five percent of currently homeless clients began drinking before age 15, and 18 percent first started using drugs at this young age. Both of these rates are higher than those for formerly homeless clients (19 percent for drinking and 13 percent for using drugs). Six percent of other service users started drinking before age 15, and 4 percent started using drugs before that age.
- Twenty-five percent of currently homeless clients report being physically and/or sexually abused by a household member before reaching their 18th birthday. Their rate of childhood abuse is similar to that of formerly homeless clients (at 22 percent). Other service users report an abuse rate of 6 percent before reaching the age of 18.
- More currently than formerly homeless clients (27 and 19 percent, respectively) were placed in foster care, a group home, or other out-of-home placement. Similar proportions of both groups had been forced to leave home for more than 24 hours (22 and 19 percent, respectively). The two groups differ in the proportion who had run away from home for more than 24 hours (33 versus 27 percent) and had a homeless experience before the age of 18 (21 versus 12 percent).
- Currently homeless clients are the poorest. Their mean income during the last 30 days is $367, compared with a mean income of $469 among formerly homeless clients during the past 30 days. These figures are significantly lower than the 1996 federal poverty level of $680 a month for a single person. Other service users also have a mean income, at $575 during the last 30 days, indicating that even other service users are very poor.
- Food stamps are the most common type of government benefit for currently and formerly homeless clients, but formerly homeless clients are more likely than currently homeless clients to receive them (49 versus 37 percent). Currently homeless clients are less likely than formerly homeless clients to receive SSI (11 versus 29 percent) and General Assistance (9 versus 16 percent). Food stamps (at 37 percent), Social Security (at 33 percent) and General Assistance (at 26 percent) are the most common income sources for other service users.
- Currently homeless clients are more likely than formerly homeless clients to have had only one homeless episode (49 versus 40 percent). No difference exists in the proportion of currently and formerly homeless clients who have been homeless four or more times (21 to 22 percent).
- Currently homeless clients are more likely than formerly homeless clients to have been interviewed in central cities (71 versus 64 percent), and less likely to have been interviewed in rural areas (9 versus 19 percent). Other service users are equally likely to have been interviewed in rural areas (40 percent) and central cities (39 percent).

Introduction

NSHAPC was designed to include interviews with all users of homeless assistance programs, including those who are not homeless. Information about nonhomeless clients helps in understanding who else is using these programs, and what experiences they may have with homelessness. In looking at results presented in this chapter that compare these groups, readers should be aware of some important limitations of NSHAPC data that limit simple inferences of causality. Formerly homeless clients and other service users in the NSHAPC sample are a random and representative sample of formerly and never homeless *users of NSHAPC homeless assistance programs*, but are *not* a representative sample of all formerly and never homeless clients in the United States.[2]

As will be seen, many similarities exist between currently and formerly homeless clients of NSHAPC homeless assistance programs (see chapter 1 for how these groups are defined). These similarities suggest two things, at least. First, some proportion of clients classified as formerly homeless by NSHAPC are essentially the same as currently homeless clients with a history of episodic homelessness, and the survey caught some in a homeless phase and others in a housed phase. Second, however, it is clear that some proportion of formerly homeless clients have been helped to leave homelessness through the auspices of public benefits and/or permanent housing programs. Because eligibility for these programs usually requires some level of disability (especially for programs that are federally funded), the inclusion of permanent housing program residents raises the level of reported health and other problems of NSHAPC's formerly homeless group.

Other users of homeless assistance programs are also of interest to service providers and policymakers. Although housed, their poverty is sufficient to bring them to homeless assistance programs for help, usually with food (75 percent were found in food programs, including soup kitchens, food pantries, and mobile food programs).

Basic Demographic Characteristics

Basic demographic characteristics for currently and formerly homeless clients and other service users are presented in table 3.1.

Sex

Men and women figure very differently in the three subpopulations of clients (figure 3.1). Men comprise 68 percent of currently homeless clients compared with 54 percent of formerly homeless clients. Among other service users 39 percent are men and 61 percent are women. Only the sex distribution of formerly homeless clients resembles that of the U.S. adult population, which was 48 percent male and 52 percent female in 1996 (Bureau of the Census, 1997, table 14).

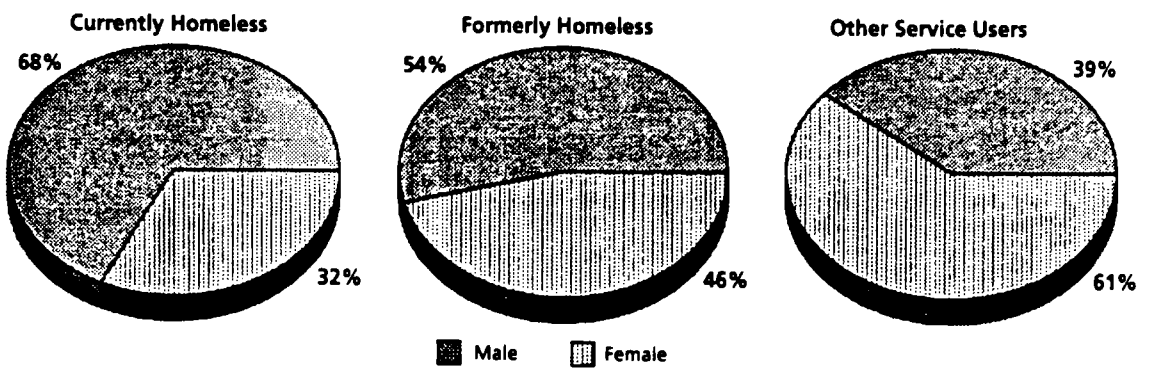
Race/Ethnicity

There are no significant racial differences between currently and formerly homeless clients. Equivalent propor-

[2]Obtaining a representative sample of all formerly and never homeless individuals in the United States would require a completely different data collection strategy. Specifically, one would need to take a random sample of the *housed* population of the United States such as those conducted by Link and his colleagues (Link et al. 1994, 1995).

FIGURE 3.1

Sex, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

TABLE 3.1

Basic Demographic Characteristics, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*	*U. S. Adult Population (1996)*
Sex				
Male	68(%)	54(%)	39(%)	48(%)[a]
Female	32	46	61	52
Race/Ethnicity				
White non-Hispanic	41	46	54	76[b]
Black non-Hispanic	40	41	32	11
Hispanic	11	9	11	9
Native American	8	2	1	1
Other	1	2	1	3
Age				
17	1	0	1	NA
18–21	6	2	4	7[c]
22–24	5	2	5	5
25–34	25	17	12	21
35–44	38	36	18	22
45–54	17	26	16	17
55–64	6	11	16	11
65 and older	2	6	29	17
Education/Highest Level of Completed Schooling				
Less than high school	38	42	49	18[d]
High school graduate/G.E.D.	34	34	32	34
More than high school	28	24	19	48
Marital Status				
Never married	48	45	28	23[e]
Married	9	9	22	60
Separated	15	14	10	[f]
Divorced	24	25	15	10
Widowed	3	6	25	7
Living Situation				
Client ages 17 to 24				
Clients in families				
Men	*	*	*	NA
Women	3	1	4	
Single clients				
Men	5	2	2	
Women	4	1	2	
Client ages 25 and older				
Clients in families				
Men	2	3	2	
Women	9	13	14	
Single clients				
Men	62	50	34	
Women	16	30	42	
Veteran Status	23	22	14	13[g]

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers may not sum to 100 percent due to rounding.
*Denotes values that are less than 0.5 but greater than 0 percent.
Sources for adult population data:
[a]Bureau of the Census (1997a), data for 1996; table 14, *N* = 196.2 million.
[b]Ibid., table 23, *N* = 196.2 million.
[c]Ibid., table 16, *N* = 196.2 million.
[d]Ibid., table 245, *N* = 168.3 million persons ages 25 and older.
[e]Ibid., table 58, *N* = 193.2 million.
[f]Included in "married."
[g]Department of Veterans Affairs, data for 1995.

tions are white non-Hispanic (41 and 46 percent), black non-Hispanic (40 and 41 percent), Hispanic (11 and 9 percent), Native American (8 and 2 percent) and other races (1 and 2 percent). Among other service users, 54 percent are white non-Hispanic, 32 percent are black non-Hispanic, 11 percent are Hispanic, and 1 percent each are Native American and other races. However, all groups are significantly less likely to be white non-Hispanics than the U.S. population as a whole (76 percent), and more likely to be black non-Hispanics (40, 41, and 32 percent versus 11 percent) (Bureau of the Census 1997a, table 23).

Age

Young clients (ages 17 to 24) make up a greater share of currently than formerly homeless clients (12 versus 4 percent) (figure 3.2). The age group of 25- to 34-year-olds is also more common among currently than formerly homeless clients (25 versus 17 percent). The opposite is true as age increases; 45- to 54-year-olds as well as those ages 55 and older are more numerous among formerly than currently homeless clients. Sixty-one percent of other service users are ages 45 and older, with 29 percent being ages 65 and older.

Education

No differences exist in the educational attainment of currently and formerly homeless clients. Thirty-four percent of each group are high school graduates or have a G.E.D., with 28 and 24 percent, respectively, having some education beyond high school. About half of other service users (49 percent) have not completed high school, 32 percent have high school diplomas, and 19 percent have some education beyond high school. All three groups are similar in their proportion of high school graduates compared with the U.S. adult population as a whole (at 34 percent). But all U.S. adults are significantly more likely than any group of NSHAPC clients to have some education beyond high school (48 percent) (Bureau of the Census 1997a, table 245).

Marital and Household Status

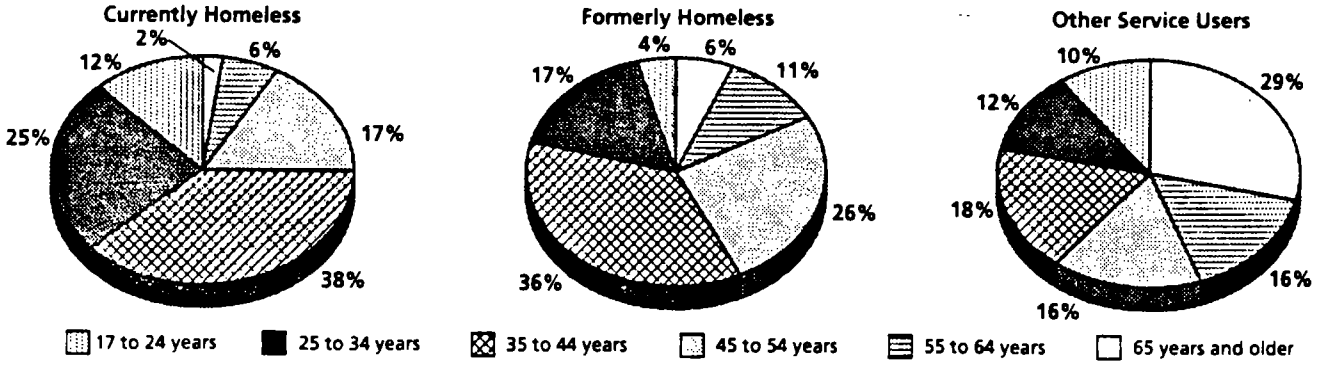
Similar proportions of currently and formerly homeless clients have never married (48 and 45 percent), divorced (24 and 25 percent), and separated (15 and 14 percent). In addition, equal proportions are married (9 percent in each group) and widowed (3 and 6 percent). Among other service users, 28 percent have never married, 22 percent are currently married, 25 percent are widowed (reflecting their high proportion of older women), 10 percent are separated, and 15 percent are divorced.

Information about whether or not a client lives in a family was combined with information about the client's age and sex to describe as best as possible the client's household status. The results are reported in table 3.1.

Among clients ages 17 to 24, about one-fourth of currently homeless clients (3 of 12 percent) and one-sixth of formerly homeless clients (1 of 6 percent) are women living in families. Currently homeless clients are more likely than formerly homeless clients to be single men ages 25 and older (61 versus 49 percent). Ten percent of other service users are ages 17 to 24, among whom 4 in 10 are women living in families. Sixteen percent of other service users are clients ages 25 and older living in families. Single clients ages 25 and older comprise 74 percent of

FIGURE 3.2

Age, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

other service users; 33 percent are men and 41 percent are women.

Veteran Status

The proportion of currently and formerly homeless clients who are veterans is similar (23 and 22 percent, respectively). Among other service users the proportion is 14 percent. The Department of Veterans Affairs estimates that in 1995, 13 percent of all American adults were veterans.

Service Needs, Stresses, and Vulnerabilities

Service Needs as Seen by Clients

Each client was asked to select from an extensive list of various needs "the three things you need the most help with now." Responses are reported in table 3.2.

Currently compared with formerly homeless clients are more likely to report needing help finding a job (42 versus 30 percent), help finding affordable housing (38 versus 21 percent), and assistance with rent, mortgage, or utility payments for securing permanent housing (30 versus 15 percent). Formerly homeless clients are more likely to say they need help obtaining food (32 percent, compared with 17 percent for currently homeless clients). Among other service users, the highest service needs are for help obtaining food (33 percent), and other needs (31 percent).

"Other" needs were mentioned by almost one-third of other service users, and by one-fourth of currently and formerly homeless clients. Small proportions mentioned needing help with getting clothing, transportation, legal aid, medical or dental care for themselves or their children, and drug/alcohol/mental health treatment, enrolling children in school, domestic violence, in addition to assistance with job training, and managing money. Also many clients mentioned an "other" need that was personal, such as "a good man/woman," "spiritual growth," and "peace of mind." All of these responses are included in the "other" response category.

Food Consumption and Hunger

Clients reported whether they (1) get enough of the kinds of foods they want; (2) get enough but not always the kinds of foods they want; (3) sometimes do not get enough food to eat; and (4) often do not get enough food to eat. Currently and formerly homeless clients report a similar likelihood (28 and 25 percent) of sometimes or often not getting enough to eat (table 3.3). This likelihood is much higher than the likelihood of having similar difficulties among all U.S. households (4 percent) and even among all poor households in the country (12 percent).[3]

Currently and formerly homeless clients are equally likely to report two or more problems getting enough

[3] *Current Population Survey Food Security Supplement*, April 1995, table 1 (Food and Consumer Service 1999).

TABLE 3.2

Service Needs, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*
Five Top Responses Clients Provided to "What Are the (Three) Things You Need the Most Now?"			
Finding a job	42(%)	30(%)	22(%)
Finding affordable housing	38	21	14
Assistance with rent, mortgage, or utilities for securing permanent housing	30	15	5
Other*	24	25	31
Obtaining food	17	32	33

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Note: Numbers may not sum to 100 percent due to rounding.

*"Other" includes assistance getting clothing, transportation, legal aid, medical/dental care (for self or children), and drug/alcohol/mental health treatment, in addition to assistance with parenting, child care services and costs, enrolling children in school, domestic violence, educational issues, money management, job training, conflict resolution, and others.

food (38 and 31 percent). Thirteen percent of other service users report this level of problems getting enough food. Individual problems over the past 30 days included in this index are eating once a day or less, being hungry but not having money for food, and going a whole day without eating because of not having money for food. Similar proportions of currently and formerly homeless clients report eating once a day or less (20 and 17 percent). Currently homeless clients are more likely than formerly homeless clients to report the other two measures (39 versus 26 percent for "hungry but not enough money for food," and 40 versus 33 percent for "whole day without eating"). Both are much higher than parallel figures for all U.S. households (2 and 1 percent, respectively) and poor U.S. households (5 and 3 percent, respectively).

Other service users report some level of difficulty getting enough food. Sixteen percent report sometimes or often not getting enough to eat, and 13 percent report two or more food-related problems. Specific problems reported for the past 30 days include 10 percent who report eating once a day or less, 11 percent who were hungry but did not have enough money for food (compared to 5 percent of poor U.S. households), and 17 percent who went a whole day without eating because they could not afford food (compared to 3 percent of all U.S. households). Thus other service users also have more problems getting adequate food than do poor U.S. households.

Physical Health Status and Insurance

Survey clients were asked about 17 medical conditions, classified subsequently as acute infectious conditions (chest infection/cold/cough/bronchitis, pneumonia, tuberculosis, STDs other than AIDS); acute noninfectious conditions (skin diseases, lice/scabies); chronic health conditions (diabetes, anemia, high blood pressure, heart disease/stroke, liver problems, arthritis/ rheumatism, cancer, problems walking/other handicap, HIV/ AIDS); whether they used drugs intravenously; and other medical problems.

Currently and formerly homeless clients report the same levels of acute infectious or acute noninfectious conditions. However, formerly homeless clients report higher rates of chronic health conditions than do currently homeless clients (62 versus 46 percent). Two-thirds

TABLE 3.3

Food Consumption and Hunger, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*	*All U.S. Households below the Poverty Level (1995)*[a]	*All U.S. Households (1995)*[a]
Best Description of Food Situation					
Get enough of kinds of food wanted	39(%)	37(%)	50(%)	60(%)[d]	80(%)[b]
Get enough, but not always what is wanted	68	38	34	29	16
Sometimes not enough to eat	18	15	14	9	3
Often not enough to eat	10	10	2	3	1
Current Food Problems					
None	42	48	66	NA	NA
One	20	22	21		
Two	17	18	8		
Three	13	8	4		
Four	8	5	1		
Eats Once a Day or Less	20	17	10	NA	NA
In Last 30 Days, Hungry but Not Enough Money for Food	39	26	11	5[e]	2[c]
In Last 30 Days, Went at Least One Whole Day without Eating	40	33	17	3[e]	1[b]

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Note: Numbers may not sum to 100 percent due to rounding.

[a]Data for U.S. households and U.S. households below the poverty level taken from the *Current Population Survey Food Security Supplement*, April 1995, table 1 (Food and Consumer Service 1999).

[b]*N* associated with these data is 5,480.

[c]*N* associated with these data is 44,651.

[d]*N* associated with these data is 877.

[e]*N* associated with these data is 6,653.

of other service users report chronic conditions, 29 percent report acute infectious conditions, and 3 percent report the acute noninfectious conditions about which the survey asked (table 3.4).

The most common conditions among all groups are arthritis, rheumatism, and joint problems, although at quite different levels. Currently homeless clients are less likely to report these chronic conditions than are formerly homeless clients (24 versus 37 percent). Currently homeless clients are also less likely than formerly homeless clients to report high blood pressure (15 versus 22 percent), and problems walking or other physical handicap (14 versus 22 percent). Among other service users the rate for arthritis and similar problems is 42 percent; high blood presssure is 33 percent, problems walking/other handicap is 30 percent, and upper respiratory problems is 27 percent.

Similar proportions of currently and formerly homeless clients (24 and 26 percent) needed but were unable to see a doctor in the year prior to the survey (figure 3.3). This figure is much lower among other service users (12 percent). Far fewer of the children living with clients were affected by this lack of access to care, with similar proportions (8 and 9 percent) of parents in each subgroup reporting any problems with access for their children.

Coverage by health insurance varies considerably by homeless status (figure 3.4). Clients could report more than one type of insurance, so figures do not sum to 100 percent. Over half (55 percent) of currently homeless

TABLE 3.4

Physical Health Status, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*
Reported Health Problems[a]			
Acute infectious conditions (one or more)	26(%)	28(%)	29(%)
Acute noninfectious conditions (one or more)	8	6	3
Chronic conditions (one or more)	46	62	67
Four Most Common Medical Conditions			
Arthritis, rheumatism, joint problems	24	37	42
Chest infection, cold, cough, bronchitis	22	24	27
Problem walking, lost limb, other handicap	14	22	30
High blood pressure	15	22	33
Needed but Not Able to See Doctor or Nurse in Last Year	24	26	12
Type of Current Medical Insurance[b]			
Medicaid	30	53	43
VA medical care	7	6	3
Private insurance	4	5	13
No insurance	55	32	31
Other	10	11	28
Among Clients in Families	(*N* = 465)	(*N* = 117)	(*N* = 126)
Children Needed but Not Able to See Doctor or Nurse in Last Year	8	9	9
Children's Medical Insurance[b]			
Medicaid	73	74	61
Private insurance	6	7	11
No insurance	20	14	20
Other	6	5	10

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

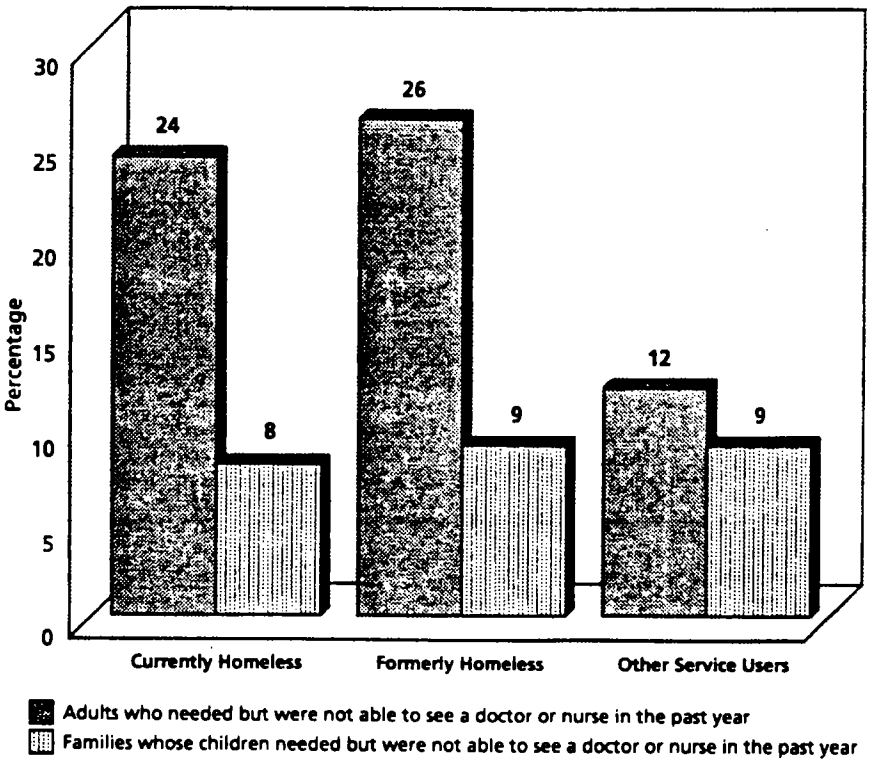
Note: Numbers may not sum to 100 percent due to rounding.

[a]Survey clients were asked about 17 medical conditions, classified subsequently as acute infectious conditions (chest infection/cold/cough/bronchitis, pneumonia, tuberculosis, STDs other than AIDS); acute noninfectious conditions (skin diseases, lice/scabies); chronic health conditions (diabetes, anemia, high blood pressure, heart disease/stroke, liver problems, arthritis/rheumatism, cancer, problems walking/other problem, HIV/AIDS); other; and whether they used drugs intravenously.

[b]Clients could name more than one type of insurance.

FIGURE 3.3

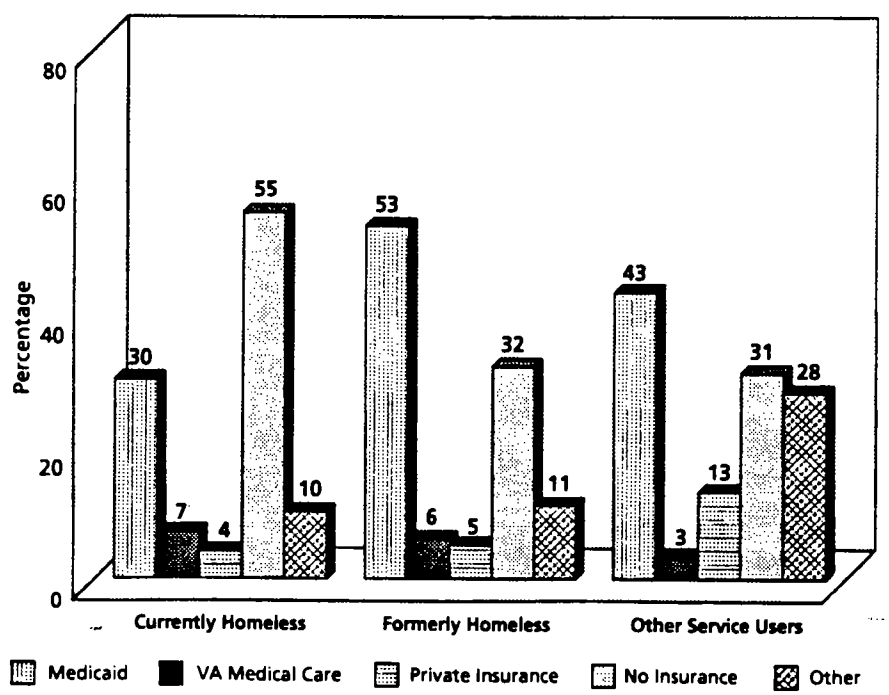
Ability to See a Doctor or Nurse, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

FIGURE 3.4

Medical Insurance Coverage, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

clients have no health insurance, compared with 32 percent of formerly homeless clients. More formerly homeless clients than currently homeless clients receive Medicaid (53 versus 30 percent). Other service users report health insurance coverage by Medicaid (43 percent), private insurance (13 percent), other insurance (28 percent), and no insurance (31 percent). The "other" insurance reported by other service users is probably Medicare, given the age of many in this group (28 percent are ages 65 and older).

Similar proportions (73 and 74 percent) of currently and formerly homeless clients living in families report that their children are covered by Medicaid. (Clients could report more than one type of insurance coverage.) Only 6 to 7 percent of the children living with currently and formerly homeless clients are covered by private insurance. Twenty percent of currently homeless households with children have no health insurance for their children, compared with 14 percent of formerly homeless households with children. These high levels of health

TABLE 3.5

Mental Health and Substance Use Problems, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*
Past Month			
Alcohol problems	38(%)	29(%)	16(%)
Drug problems	26	17	4
Mental health problems	39	41	16
Specific combinations			
Alcohol problem only	13	10	12
Drug problem only	7	4	1
Mental health problem only	17	22	13
Alcohol and drug problems	7	4	1
Alcohol and mental health problems	10	10	2
Drug and mental health problems	5	4	2
Alcohol, drug, and mental health problems	8	5	*
No ADM problems	34	41	69
Past Year			
Alcohol problems	46	33	17
Drug problems	38	25	7
Mental health problems	45	46	21
Specific combinations			
Alcohol problem only	12	10	12
Drug problem only	7	5	2
Mental health problem only	15	21	16
Alcohol and drug problems	10	4	2
Alcohol and mental health problems	10	10	1
Drug and mental health problems	7	7	2
Alcohol, drug, and mental health problems	14	9	2
No ADM problems	26	34	64
Lifetime			
Alcohol problems	62	56	36
Drug problems	58	49	18
Mental health problems	57	60	28
Specific combinations			
Alcohol problem only	9	8	19
Drug problem only	6	7	3
Mental health problem only	10	17	15
Alcohol and drug problems	15	11	6
Alcohol and mental health problems	9	13	4
Drug and mental health problems	8	7	3
Alcohol, drug, and mental health problems	30	24	6
No ADM problems	14	14	44

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Percentages may not sum to 100 percent due to rounding.
*Denotes values that are less than 0.5 but greater than 0 percent.

insurance coverage for children living with NSHAPC parents help to explain why parents report that relatively few of their children experienced any problems getting needed health care.

Alcohol, Drug, and Mental Health Problems

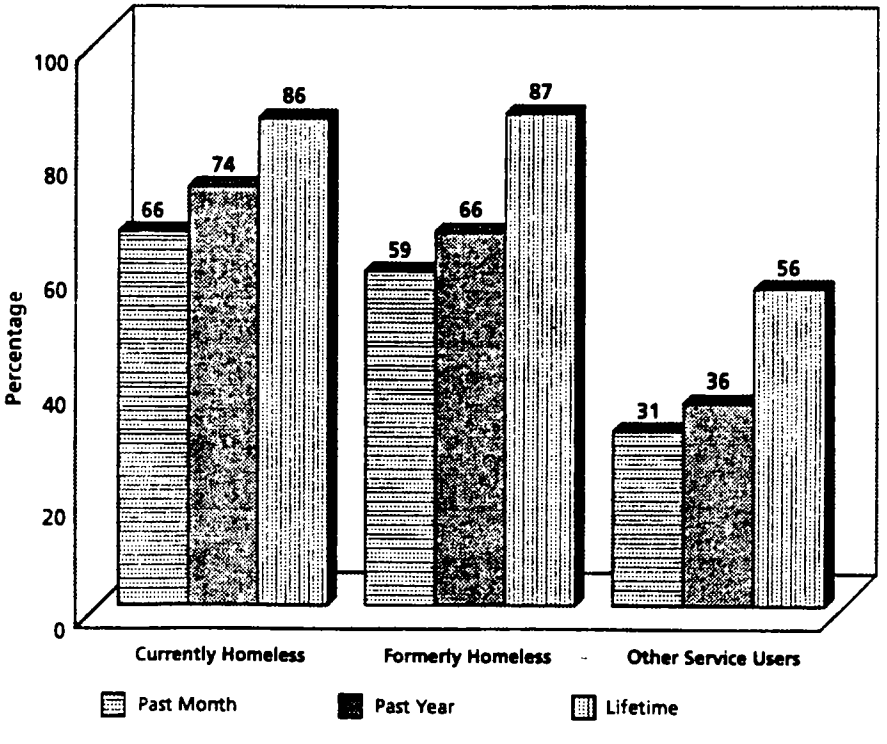
Measures of alcohol, drug, and mental health (ADM) problems are reported for past month, past year (including past month), and lifetime (including past year). These measures are composites of client reports of behaviors, experiences, and treatment, as defined in chapter 1.

In general, for alcohol and drug problems in all three time frames, currently homeless clients report higher rates than formerly homeless clients. Currently and formerly homeless clients report similar rates of mental health problems in all time periods (table 3.5). Looking at combinations of alcohol, drug, and mental health problems indicates that for relatively recent time periods, currently homeless clients have higher rates of one or more problems during the past month (66 percent) and past year (74 percent) than formerly homeless clients (59 and 66 percent for past month and past year, respectively). However, when the probability of having at least one of these problems over clients' lifetimes is examined, currently and formerly homeless clients are equally likely (86 and 87 percent) to have had at least one of the problems (figure 3.5).

Looking at combinations of different problems experienced by the same person, as the time period lengthens from past month to lifetime, more currently and formerly homeless clients report at least one ADM problem (table 3.5). Also, for the longer time periods (past year and lifetime), formerly homeless clients are more likely than currently homeless clients to report *only* mental health problems (21 versus 15 percent for past year; 17 versus 10 percent for lifetime). Alcohol use problems are more prevalent than drug use problems in each time period for both currently and formerly homeless clients. Alcohol use and mental health problems show the same levels in all time periods for currently homeless clients, but formerly homeless clients report more problems with mental health than with alcohol use for past month (41 versus 29 percent) and past year (46 versus 33 percent). Currently compared with formerly homeless clients report higher rates of alcohol use problems during the past month (38 versus 29 percent)

FIGURE 3.5

Any Mental Health, Alcohol, and/or Drug Use Problems, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

and past year (46 versus 33 percent), but are similar over their lifetimes (62 versus 56 percent).

Thirty-one percent of other service users report at least one ADM problem during the past month, 36 percent do so for the past year, and 56 percent do so for lifetime problems. Mental health and alcohol use problems appear in this group at the same levels for past month (16 percent each) and past year (17 and 21 percent), but lifetime alcohol use problems are higher (36 versus 28 percent). Drug use problems are less commonly reported (4 percent for past month, 7 percent for past year, and 18 percent for lifetime).

Incarceration

Currently and formerly homeless clients are equally likely (49 and 43 percent) to have spent five or more days in a city or county jail, which may be related to their condition of homelessness as well as to other behavior (table 3.6). More currently than formerly homeless clients report having spent time in a state or federal prison (18 versus 9 percent) or in juvenile detention before they reached the age of 18 (16 versus 9 percent). Taking all of their incarceration experiences together, 54 percent of currently homeless clients have spent some time incarcerated, compared with 45 percent of formerly homeless clients. Only 14 percent of other service users have ever been incarcerated.

Adverse Childhood Experiences

NSHAPC results indicate that mental health and alcohol and/or drug problems may have roots in the childhood of many clients, as does homelessness itself. Between one-fifth and one-fourth of both currently and formerly homeless clients report that before the age of 18 they (1) started drinking and using drugs; (2) experienced physical abuse, sexual abuse, or both from someone in their household; (3) spent time in juvenile detention; (4) lived in foster care or other out-of-home placement; (5) ran away from or were forced to leave home; or (6) became homeless for the first time (table 3.7).

In general, currently homeless clients are more likely than formerly homeless clients to report initiation of drinking and using drugs at younger ages. Analysis of data from the National Household Survey on Drug Abuse indicates that people who start drinking and using drugs before the age of 15 are at significantly higher risk for problems with substance use as adults (Dennis and McGeary 1998). NSHAPC data indicate that 25 percent of currently homeless clients began drinking before age 15, and that 19 percent first started using drugs at this young age. Both of these rates are higher than those for formerly homeless clients (19 percent for drinking and 13 percent for using drugs) (figure 3.6).

Twenty-five percent of currently homeless clients and a similar proportion of formerly homeless clients (22 percent) report being physically and/or sexually abused by a household member before reaching their 18th birthday (figure 3.6). Rates that combine neglect with abuse experiences show roughly the same pattern, but for this combination currently homeless clients do report significantly higher rates than formerly homeless clients (29 versus 23 percent). Only 8 percent of other service users report any abuse or neglect experience before age 18 (table 3.7).

Finally, 16 percent of currently homeless clients had spent some time in juvenile detention before they reached the age of 18. This proportion is higher than that for formerly homeless clients (at 9 percent). Other service users report a rate of 4 percent for time spent in juvenile corrections institutions.

TABLE 3.6

History of Incarceration, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*
History of Time Served			
Five or more days in a city or county jail	49(%)	43(%)	13(%)
Five or more days in a military jail/lock-up	4	3	2
State or federal prison	18	9	4
Juvenile detention before age 18	16	9	4
One or more types of incarceration	54	45	14
Never incarcerated	46	55	86

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers may not sum to 100 percent due to rounding.

TABLE 3.7

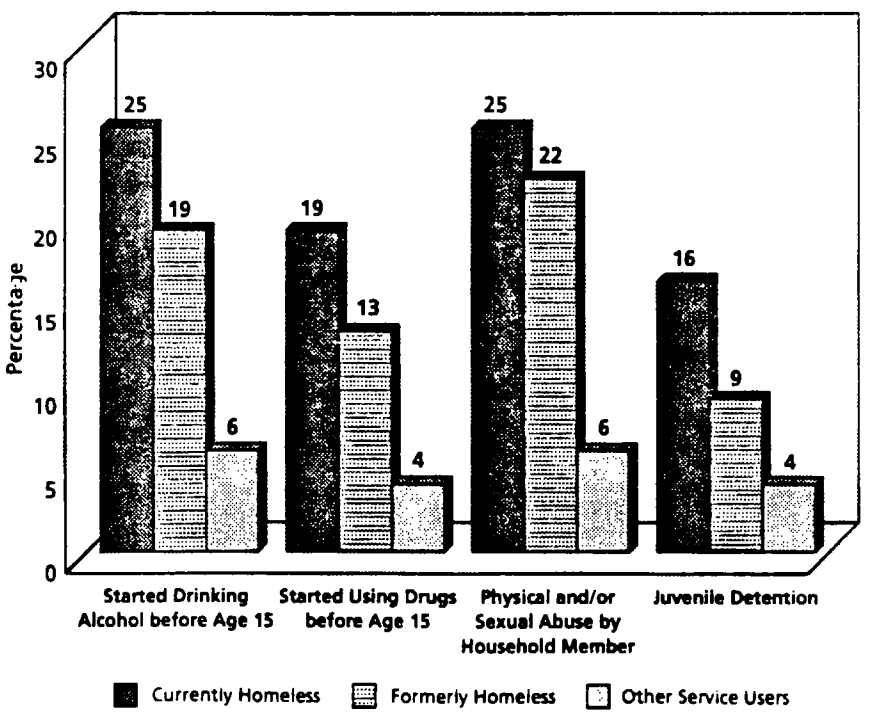
Adverse Childhood Experiences, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*
Substance Use/Justice System Experiences			
When first started drinking			
Before age 15	25(%)	19(%)	6(%)
Between ages 15 and 17	21	19	15
When first started using drugs			
Before age 15	19	13	4
Between ages 15 and 17	19	10	3
Juvenile detention before age 18	16	9	4
Abuse/Neglect Experiences Before Age 18:			
Someone you lived with:			
Left you without adequate food or shelter	12	10	4
Physically abused you, to cause physical harm	22	18	5
Forced you or pressured you to do sexual acts that you did not want to do	13	13	2
Abuse/Neglect Combinations			
Physical and/or sexual abuse but not neglect	25	22	6
One or more abuse/neglect experiences	29	23	8
Out-of-Home Experiences Before Age 18:			
Placed in foster care, group home, or institution	27	19	Not Asked
Ran away from home for more than 24 hours	33	27	Not Asked
Forced to leave home for more than 24 hours	22	19	Not Asked
Homeless for the first time	21	12	Not Asked

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers may not sum to 100 percent due to rounding.

FIGURE 3.6

Adverse Experiences before Age 18, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Rates of experiences away from one's childhood family reported by currently and formerly homeless clients are high enough and often similar enough to suggest, as other research has done, that these may be significant risk factors for adult homelessness (e.g., Piliavin, Sosin, and Westerfelt). These questions were not asked of other service users.

More currently than formerly homeless clients (27 and 19 percent, respectively) were placed in foster care, a group home, or other out-of-home placement (figure 3.7). Similar proportions of both groups had been forced to leave home for more than 24 hours (22 and 19 percent, respectively). The two groups differ, however, in the proportion who had run away from home for more than 24 hours (33 percent of currently and 27 percent of formerly homeless clients) and had a homeless experience before the age of 18 (21 and 12 percent). Their answers indicate that many do not consider their runaway experience to be homelessness, since many more in both groups report the former than the latter experience.

Income Levels, Sources, and Employment

Currently homeless clients report a lower level of income during the past 30 days, on average, than formerly homeless clients ($470 versus $367, table 3.8).[4] Further, 13 percent of currently homeless clients report no cash income at all during the past month, compared with 5 percent of formerly homeless clients. Both are significantly below the federal poverty level of $680 a month for a single person. Median incomes are equally low, at $300 for currently homeless and $462 for formerly homeless clients. Other service users report a mean income over the past 30 days of $575, and a median of $514.

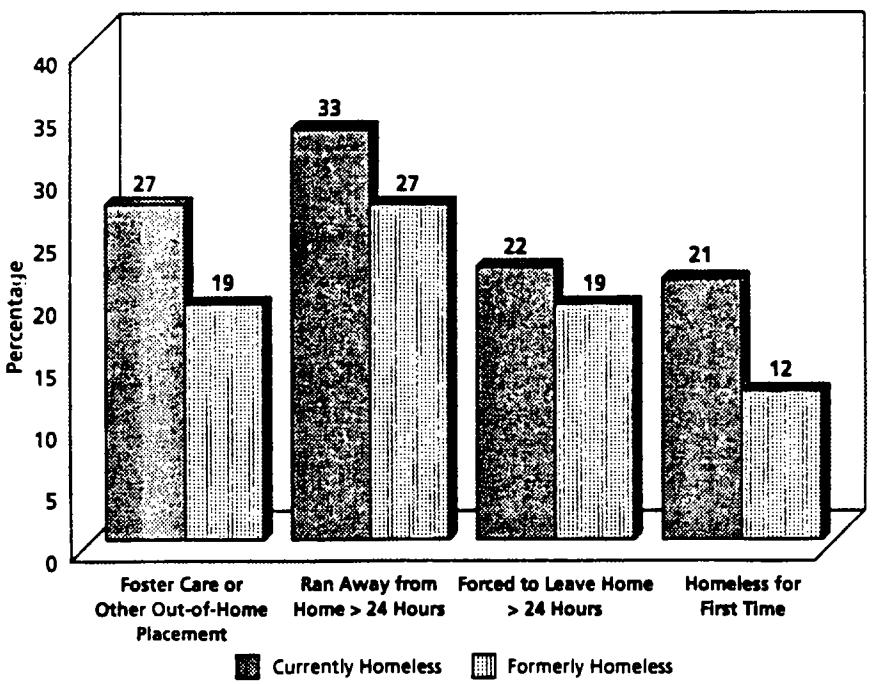
Currently homeless clients are more than twice as likely as formerly homeless clients to have incomes below $100 during the past 30 days (30 versus 14 percent). The proportion of clients with incomes below $300 is 49 percent for currently homeless clients, 30 percent for formerly homeless clients, and 21 percent for other service users (figure 3.8).

Currently compared with formerly homeless clients are more likely to have worked for pay during the last 30 days (44 versus 34 percent) (table 3.8). However,

[4]The standard deviation for the $367 average past month income for currently homeless clients was $354; for formerly homeless clients the standard deviation on their average income of $470 was $317; for other service users the standard deviation on their average income of $575 was $380.

FIGURE 3.7

Out-of-Home Experiences before Age 18, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Questions were not asked of other service users.

TABLE 3.8

Income Levels, Income Sources, and Employment, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*
Mean Income from All Sources (Last 30 Days)[a]	$367	$470	$575
Median Income from All Sources (Last 30 Days)[a]	300	462	514
Income from All Sources over Last 30 Days			
None	13(%)	5(%)	5(%)
Less than $100	17	9	6
$100 to $299	19	16	10
$300 to $499	18	30	25
$500 to $699	14	20	21
$700 to $799	4	6	7
$800 to $999	5	6	7
$1,000 to $1,199	3	2	3
$1,200 or more	4	5	12
Did Any Paid Work at All in Last 30 Days	44	34	28
Sources of Earned Income in Last 30 Days			
Job lasting 3 or more months	13	14	16
Job expected to last 3 or more months	7	7	4
Temporary job, nonfarm work	8	6	3
Temporary job, farm work	3	*	1
Day job or pick-up job	14	5	5
Peddling or selling personal belongings	2	2	*
Received Money/Benefits from Government Sources in Last 30 Days			
Aid to Families with Dependent Children (AFDC)	10	8	10
Aid to Families with Dependent Children (AFDC) only families with children	52	45	45
General Assistance	9	16	7
Supplemental Security Income	11	29	26
Social Security Disability Insurance (SSDI)	8	16	10
Social Security	3	6	33
Veteran's disability payments (veterans only)	6	14	23
Veteran's pension (not disability related—veterans only)	2	1	16
Food stamps	37	48	37
Received Means-Tested Government Benefits[b]			
Any including food stamps	45	70	56
Any other than food stamps	28	57	47
Other Sources of Income over the Last 30 Days			
Parents	9	4	6
Friends (includes boyfriends or girlfriends)	12	9	5
Asking for money on the streets	8	3	*

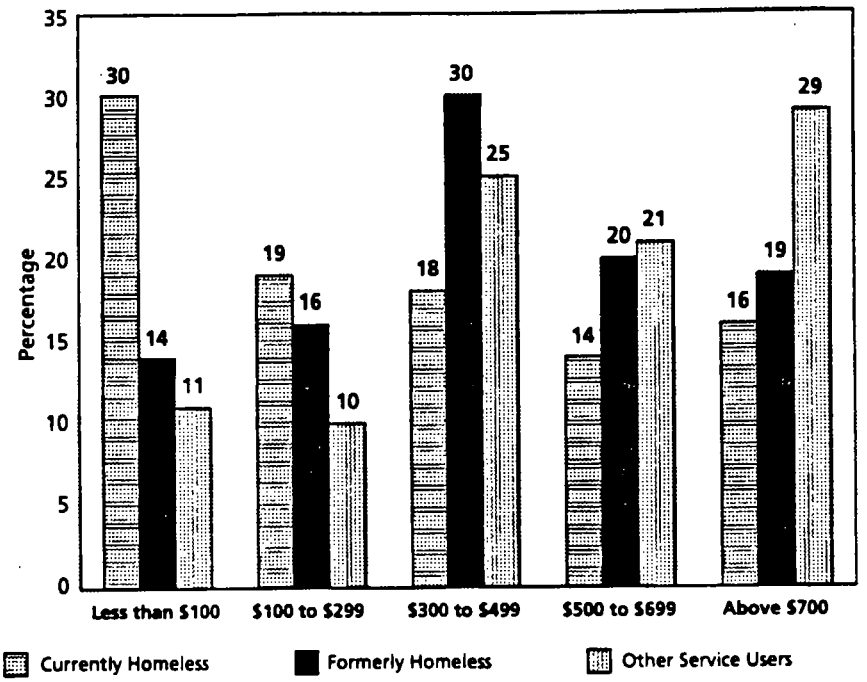
Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers may not sum to 100 percent due to rounding.
*Denotes values that are less than 0.5 but greater than 0 percent.
[a]If an income range was reported by client, mid-point of range was used in calculating mean.
[b]AFDC, GA, SSI, food stamps, housing assistance.

although they are less likely to work at all, a higher proportion of the work activity of formerly homeless clients is in jobs lasting or expected to last three months or more, whereas more than half of the work done by currently homeless clients is in temporary or day labor jobs. Forty-five percent (20/44 = 45%) of currently homeless clients who work report jobs lasting or expected to last three months or more, compared with 62 percent (21/34 = 62%) of formerly homeless clients with earned income.

Food stamps are the most common source of means-tested government benefits for currently and formerly homeless clients (37 and 48 percent, respectively) (figure 3.9). Currently homeless clients are less likely than formerly homeless clients to receive SSI (11 versus 29

FIGURE 3.8

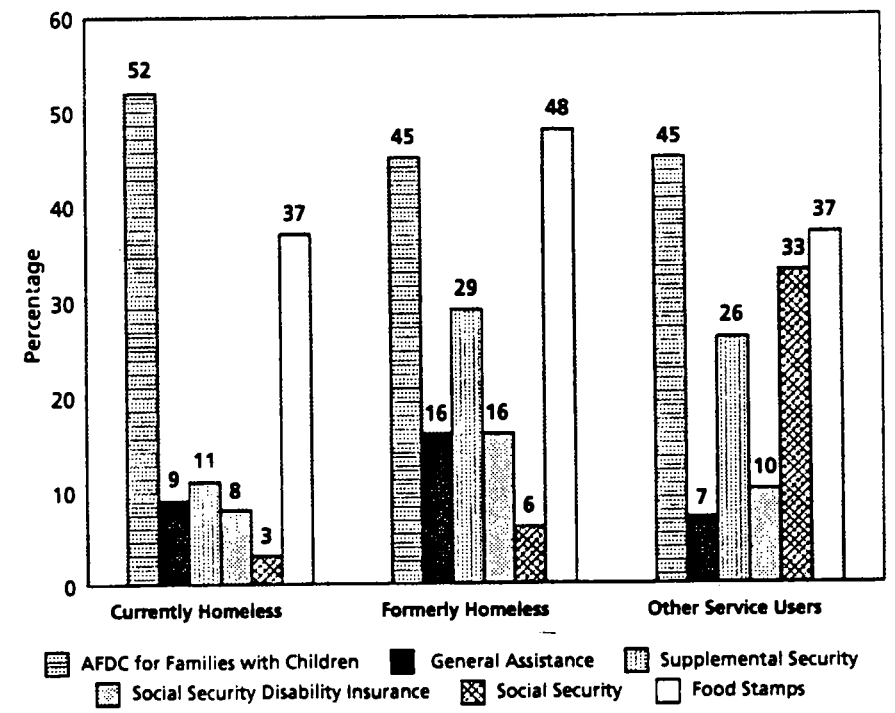
Income Received in the Last 30 Days, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

FIGURE 3.9

Money/Benefits Received from Government Sources in the Last 30 Days, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

TABLE 3.9

Number and Length of Homeless Periods, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*
Number of Times Homeless for 30 Days or More		
1	49(%)	40(%)
2	17	26
3	12	12
4–10	18	15
11 or more	4	6
Length of Current Period of Homelessness		
< 1 week	5	Not
≥ 1 week and < 1 month	8	Applicable
1–3 months	15	
4–6 months	11	
7–12 months	15	
13–24 months	16	
25–60 months	10	
5 or more years	20	
Spell History and Current Spell Length		
First time homeless		
6 months or less	18	Not
More than 6 months	31	Applicable
Not first time homeless		
Current spell 6 months or less	21	
Current spell more than 6 months	30	
Among Currently or Formerly Homeless with at Least One Completed Homeless Spell		
Length of Most Recent Completed Period of Homelessness		
< 1 week	5	2
≥ 1 week and < 1 month	9	9
1–3 months	30	33
4–6 months	15	13
7–12 months	20	21
13–24 months	9	7
25–60 months	5	7
5 or more years	7	8

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.
Note: Numbers may not sum to 100 percent due to rounding.

percent). Formerly homeless clients are more likely than currently homeless clients to receive General Assistance (16 versus 9 percent). Formerly homeless clients are also more likely than currently homeless clients to receive SSDI (16 versus 8 percent). Other service users are most likely to get food stamps (37 percent), Social Security (33 percent), and SSI (26 percent).

History of Homelessness

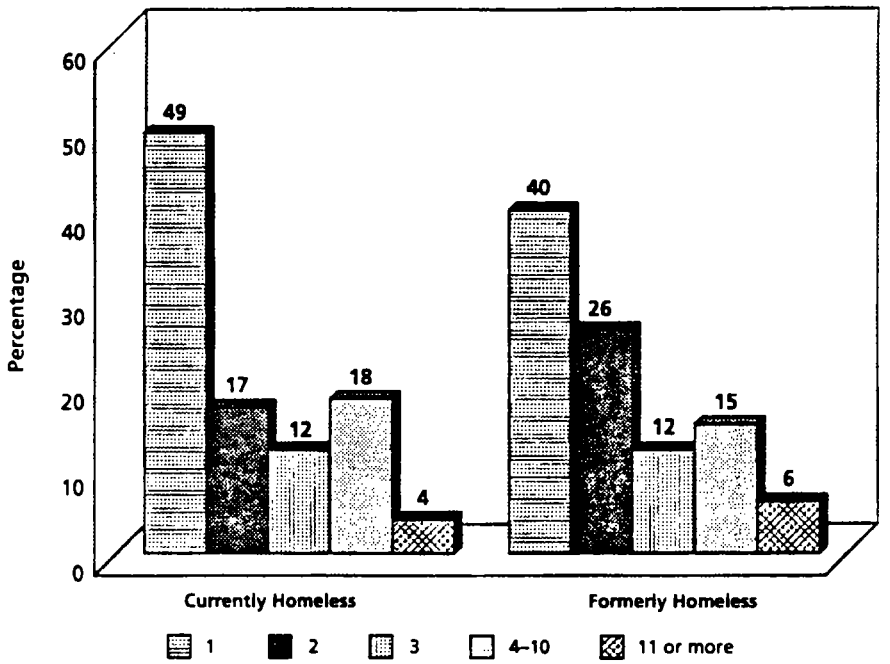
Currently and formerly homeless clients were asked about their experiences with homelessness, including how many times they had been homeless, the length of their current homeless episode (if homeless now), and the length of the most recent *completed* episode of homelessness (for formerly homeless clients and currently homeless clients who have been homeless more than once). Results are shown in table 3.9.

Currently homeless clients are more likely than those who are formerly homeless to have had only one homeless episode (49 versus 40 percent). Similar proportions of currently and formerly homeless clients (22 and 21 percent) have been homeless four or more times (figure 3.10).

Twenty-eight percent of currently homeless clients have been homeless during their present spell for three months or less, while 30 percent have been homeless

FIGURE 3.10

Number of Times Homeless, by Homeless Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

for two years or more. There are no differences between formerly homeless clients and those among the currently homeless who have had more than one spell regarding the length of their most recent *completed* spell. The most frequently mentioned spell length was between one and three months (33 and 30 percent, respectively). The next most frequently mentioned category was episodes of 7 to 12 months, indicated by 21 and 20 percent. Relatively few clients reported completing episodes of two years or more (15 and 12 percent).

Use of Homeless Assistance Programs

Clients' use of various homeless assistance programs, including food and other programs in addition to shelters, is reported in table 3.10. Program use within the week before being interviewed for NSHAPC shows significant variation by homeless status. Soup kitchens are the most commonly used program among currently and formerly homeless clients (31 and 35 percent, respectively, report using them at least once during the week before the interview), although the difference between soup kitchen, emergency shelter, and transitional housing program use is not significant for currently homeless clients. Emergency and transitional shelters were each used by about a quarter of currently homeless clients (26 and 28 percent) but, by definition, were not used by formerly homeless clients and other service users. Other service users also report the most use of soup kitchens (19 percent).

Lifetime Service Use

The proportion of clients reporting having *ever* used various programs or services at some time in their lives is obviously much higher than usage in the week before being interviewed (table 3.10). Equal proportions (65 percent) of currently and formerly homeless clients have used an emergency shelter at some time in their lives. More formerly than currently homeless clients (19 versus 10 percent) have used permanent housing programs (this statistic probably owes a lot to the fact that using the program is part of what gets a person classified as formerly homeless), while the situation is reversed for transitional housing programs (40 versus 23 percent). The two groups report similar access to programs offering vouchers for emergency accommodation (15 and 18 percent).

Formerly compared with currently homeless clients are more likely to have used a soup kitchen in their lifetime (74 versus 62 percent). Formerly homeless clients are more likely than currently homeless clients to have

used food pantries (59 versus 40 percent). Mobile food programs have served equal proportions (21 and 18 percent) of currently and formerly homeless clients. Similar proportions of currently and formerly homeless clients have used drop-in centers (26 and 27 percent) and outreach programs (17 and 14 percent). Other service users frequent food pantries (50 percent) and soup kitchens (32 percent), with lower percentages using mobile food programs (17 percent), drop-in centers (11 percent), and outreach programs (9 percent). Use of food programs of all varieties clearly reflects great need related to food among every subgroup of clients included in NSHAPC.

Urban/Rural Location

The urban/rural location of currently and formerly homeless clients and other service users is dramatically different (table 3.11). Currently homeless clients are more likely than formerly homeless clients to be found in central cities (71 versus 64 percent), but the proportion for both is higher than the proportion of the U.S. population in poverty found in these locations. Currently compared with formerly homeless clients are less likely to be found in rural areas (9 versus 19 percent). Other service users are equally likely to be found in central cities and in rural areas (39 and 40 percent).

TABLE 3.10

Use of Homelessness Assistance Programs, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*
Clients Reporting Program Use in Week before Interview			
Emergency shelter	28(%)	0(%)	0(%)
Transitional housing	26	0	0
Shelter*	3	0	0
Permanent housing	3	11	0
Shelter vouchers	1	0	0
Soup kitchen	31	35	19
Food pantry	5	10	6
Mobile food program	5	6	8
Outreach	7	3	1
Drop-in center	9	10	5
Clients Reporting Having Ever Used Program			
Emergency shelter	65	65	0
Transitional housing	40	23	0
Permanent housing	10	19	0
Shelter vouchers	15	18	0
Soup kitchen	62	74	32
Food pantry	40	59	50
Mobile food program	21	18	17
Outreach	17	14	9
Drop-in center	26	27	11

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Note: Numbers may not sum to 100 percent due to rounding.

*This includes clients who did not report staying in an emergency shelter, transitional shelter, permanent housing, or voucher program over the the last seven days but said that they received food over the last seven days in the shelter where they live.

TABLE 3.11

Urban/Rural Location, by Homeless Status

	Currently Homeless Clients (N = 2938)	*Formerly Homeless Clients (N = 677)*	*Other Service Users (N = 518)*	*Poor U.S. Population (1996)*
Urban/Rural Location				
Central cities	71(%)	64(%)	39(%)	43(%)
Suburban/urban fringe	21	17	21	34
Rural	9	19	40	23

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Geographic distribution of the poor U.S. population taken from Lamison-White (1997), P60–198, table A.

Note: Numbers may not sum to 100 percent due to rounding.

PRELIMINARY DRAFT
NOT TO BE QUOTED

Homeless Assistance Programs

4

HIGHLIGHTS

Homeless Assistance Programs[1]

- This study estimates that about 40,000 homeless assistance programs operate in the United States, offered at an estimated 21,000 service locations.
- Food pantries are the most numerous type of program, numbering about 9,000 programs. Emergency shelters are next with about 5,700 programs, followed closely by 4,400 transitional housing programs, 3,500 soup kitchens and other distributors of prepared meals, 3,300 outreach programs, and 3,100 voucher distribution programs.
- Food pantries expected to have over 1 million program contacts on an average day in February 1996, followed by about 522,000 program contacts expected at soup kitchens. Programs offering financial and/or housing assistance, outreach programs, and emergency shelters all expected to have between 240,000 and 253,000 contacts a day. Expected contacts at health programs were much lower. These estimates of program contacts are probably high for average daily service use, since February is a peak month for many homeless assistance services.
- Food programs are most likely to be large (37 percent expected more than 100 program contacts daily). Shelter and housing programs are most likely to be small (59 percent expected to serve 25 or fewer clients a day).
- The biggest programs, though few in number, account for very large proportions of program contacts on an average day. Among food programs, 11 percent report more than 300 program contacts daily, but they account for 55 percent of all contacts with food programs. The pattern is similar for shelter/housing programs. The 8 percent of shelter/housing programs reporting more than 100 program contacts daily provide 51 percent of all contacts in shelter/housing programs.

[1]Unless noted specifically in the text, all comparisons are significant at $p = .10$ or better, and all percentages presented by themselves have a 90 percent confidence interval no larger than ±4.0 percentage points. Confidence intervals greater than ±4 percentage points will be noted in the text as: 90% C.I. = X percentage points.

HIGHLIGHTS (*Continued*)

- Nonprofit agencies operate 85 percent of all homeless assistance programs. Government agencies operate only 14 percent.
- Among nonprofits, secular agencies operate 51 percent of homeless assistance programs and religious nonprofits operate 34 percent.
- Secular nonprofits operate more than half of the housing and other programs, religious nonprofits operate more than half of the food programs, and government operates more than half of the health programs.
- Food programs are the least dependent on government funding (more than half do not receive any), while health programs are the most dependent on government funding (more than half are funded completely by government). Shelter and housing programs vary more in their reliance on government for funds.
- Some programs have a special focus on one or more population groups. Victims of domestic violence and veterans are commonly named groups (18 and 14 percent, respectively). Clients who have alcohol, drug, or mental health problems, alone or in combination, are a special focus for 17 to 19 percent of programs, with health programs being particularly likely to name one of these groups.
- Central cities account for 49 percent of all homeless assistance *programs*, rural areas for the next largest share at 32 percent, and suburban areas for the fewest at 19 percent. Because central city programs serve more clients, however, a larger share of *program contacts* happen in central cities (57 percent) than in suburban and rural areas (20 and 23 percent of all *program contacts*, respectively), which do not differ from each other.
- Among the 76 primary sampling areas included in NSHAPC, the areas with the most population provide the most homeless assistance services, as expected. However, a different picture emerges when service levels are examined on a per capita basis as a *rate per 10,000 population*, and also in relation to need as a *rate per 10,000 poor people*. Using rates makes clear that many medium-sized and even smaller sampling areas actually offer more homeless assistance services in relation to their poor population than larger sampling areas.

Introduction

Over the past decade the number and variety of programs serving homeless clients have grown tremendously, but no national description of this service network has been available. NSHAPC provides the first national description of this service network, covering central cities, suburbs and urban fringe communities, and rural areas. This chapter offers an overview of programs and services available in the United States that have a significant focus on serving homeless clients, spanning a wide variety of program types (Exhibit 4.1). Readers interested in a more detailed examination of programs and services are referred to chapters 14 through 17 of *Homelessness 1996: Programs and the People They Serve—Technical Report.*

Service Locations and Program Types

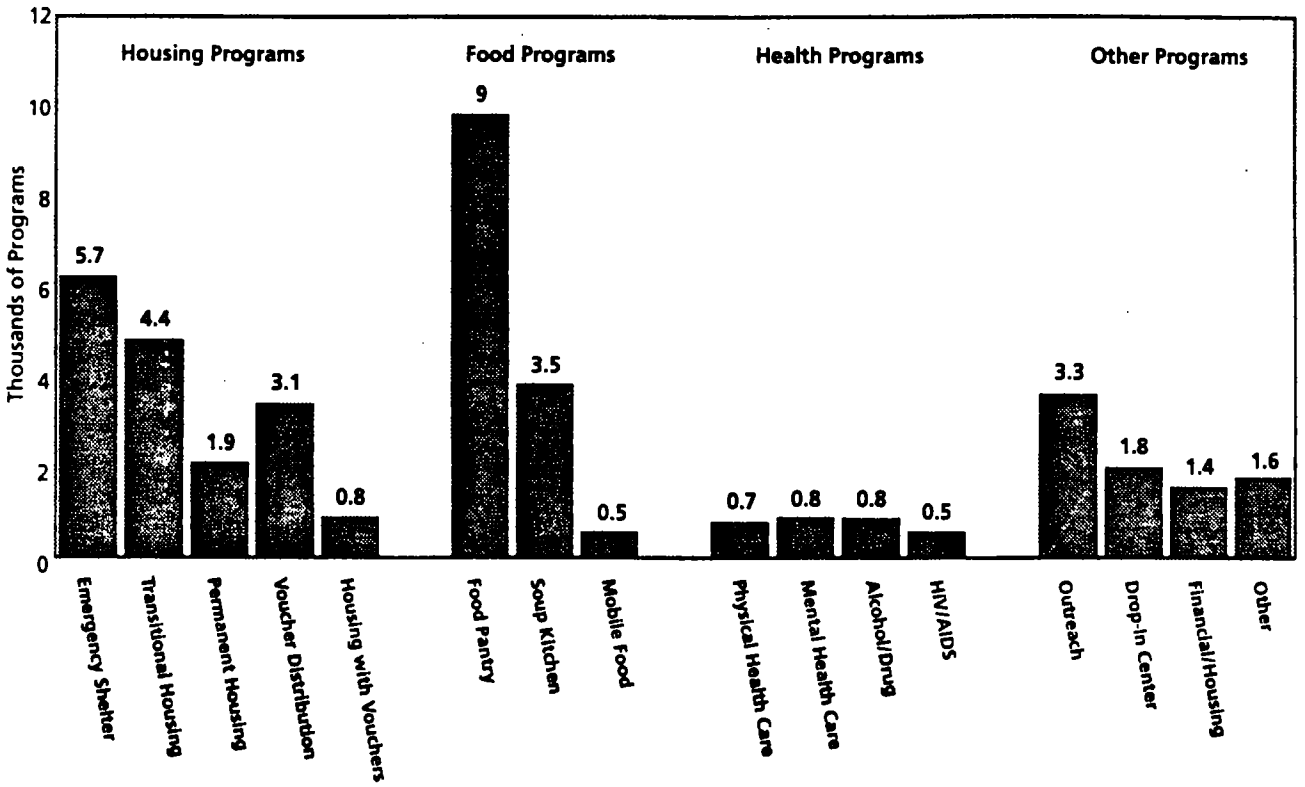
Estimates from NSHAPC data indicate there are approximately 21,000 service locations in the United States, that operate about 40,000 homeless assistance programs. A little over half of the service locations (about 11,000) offer only one homeless assistance program, and a little less than half offer two or more programs. For purposes of this study, a service location is *the building or physical space at which one or more programs are offered*, and a homeless assistance program is *a set of services offered to the same group of clients at a single location* (see chapter 1 for a detailed discussion of definitions).

EXHIBIT 4.1 NSHAPC Program Types

Emergency shelters
Transitional housing
Permanent housing for formerly homeless clients
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 care programs
Alcohol and/or drug programs
HIV/AIDS programs
Outreach programs
Drop-in centers
Migrant housing used for homeless clients
Other

FIGURE 4.1

Number of Homeless Assistance Programs in the United States, 1996



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."
Note: Financial (usually welfare) and housing assistance services were mentioned often enough under "Other" to warrant a category of their own, and migrant housing was combined with "Other" because there were so few programs.

Three features of NSHAPC's definition of a *program* are important to keep in mind throughout this chapter: (1) nonhomeless clients often use some of these programs; (2) NSHAPC programs are not the only sources of assistance to homeless clients; and (3) many programs similar to NSHAPC programs may exist in a community but have not been included because they do not target their services toward homeless clients (food pantries and health programs are examples).[2]

Figure 4.1 shows the estimated number of NSHAPC programs by four general program types of housing, food, health, and other programs. Note that financial/ housing programs (e.g., Emergency Food and Shelter Program, welfare, public housing programs) were not an original NSHAPC category, but were mentioned frequently enough under "other programs" to warrant presentation as a separate category.

Food pantries are the most numerous type of program serving homeless clients, with an estimated 9,000 programs nationwide. Emergency shelters are next, with almost 5,700 programs, followed closely by transitional housing programs (4,400), soup kitchens and other distributors of prepared meals (3,500), outreach programs (3,300), and voucher distribution programs (3,100). As a group, homeless assistance programs with a health focus are least numerous.

Service Level and Program Size

Of considerable interest to many people are estimates of the number of clients being served by homeless assistance programs. NSHAPC results offer an important overview of service utilization in the United States, but must be interpreted correctly. Since people may use more than

[2]For example, the 9,000+ food pantries estimated from the NSHAPC sample (which include food pantries in metropolitan as well as rural areas) are only 27 percent of the 34,000+ food pantries, and NSHAPC's estimate of approximately 3,500 soup kitchens are only 45 percent of the 7,700+ soup kitchens identified by Second Harvest in its 1997 survey (Second Harvest 1997).

one type of service during an average day, the estimates of service levels made by NSHAPC programs necessarily contain an unknown and unknowable amount of duplication. Their answers cannot be added up to determine the total number of clients who use services on an average day. For that reason they are referred to as "program contacts," not as "clients served." Further, many of the clients using the programs included in NSHAPC are not homeless, so care must be taken to interpret the following figures appropriately, as simple estimates of program use by clients who may need a wide variety of different services and may get them at a variety of programs.

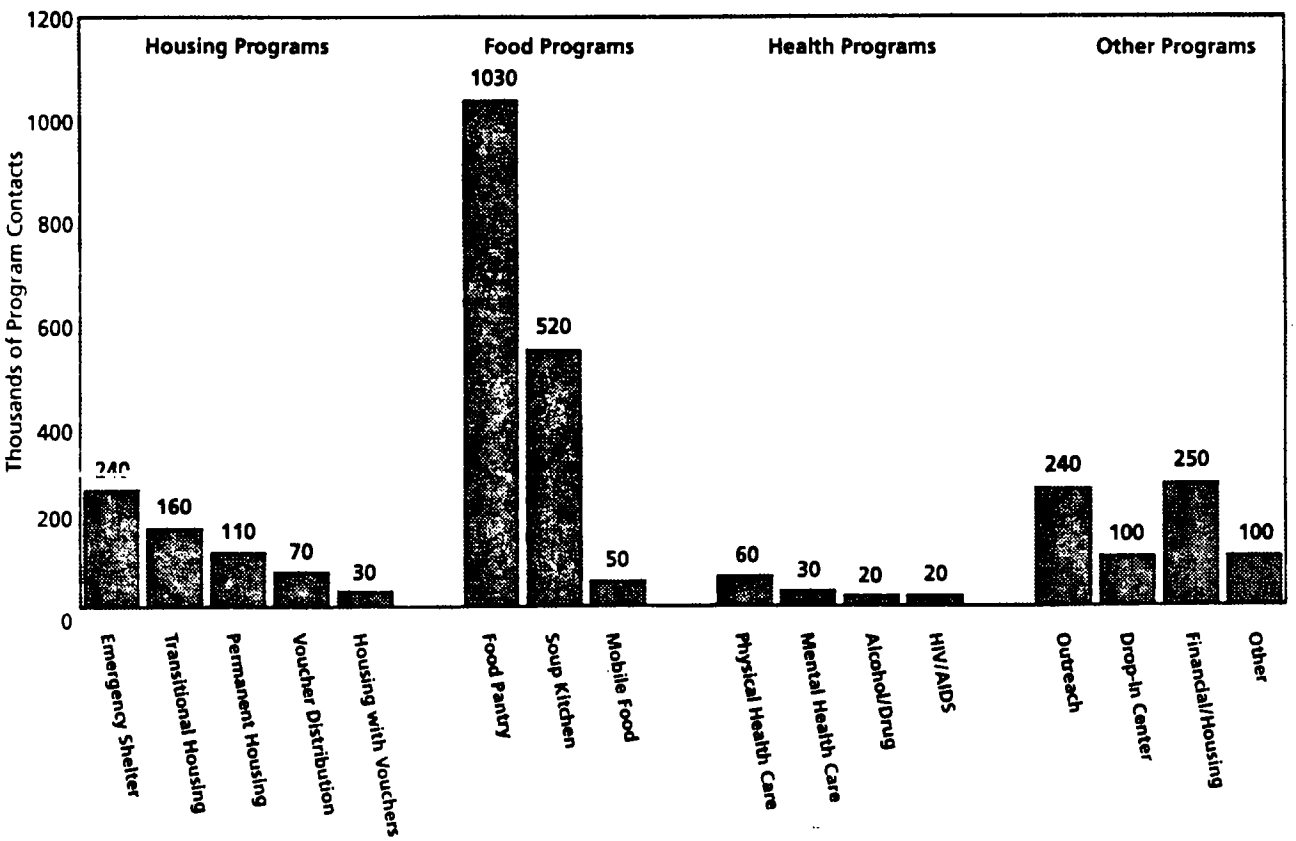
A final caveat is that these figures do not represent all of each type of service available to homeless clients, for two reasons. First, shelters serve meals to their residents, and may also offer some types of health and other services. Therefore, NSHAPC food and health programs do not represent all of the food and/or health services available to homeless clients within a community. Second, some homeless clients get services from mainstream housing, health, and social service programs that were not included in NSHAPC program universe because they do not meet the study's definition of a homeless assistance program.

Total Number of Expected Service Contacts

For each type of NSHAPC program, figure 4.2 shows how many contacts the programs expected to have on an average day in February 1996. Food pantries as a group clearly expected to have the most program contacts (over 1 million) on an average day, followed by about 520,000 contacts at soup kitchens. Programs offering financial and/or housing assistance, outreach programs, and emergency shelters each expected to have between 240,000 and 250,000 program contacts a day. In contrast, the estimate of program contacts for all four types of health programs with a focus on serving homeless

FIGURE 4.2

Number of Program Contacts Expected at Programs of Different Types on an Average Day in February 1996



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."
Note: These are estimates from NSHAPC program representatives of how many contacts their program expected 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.

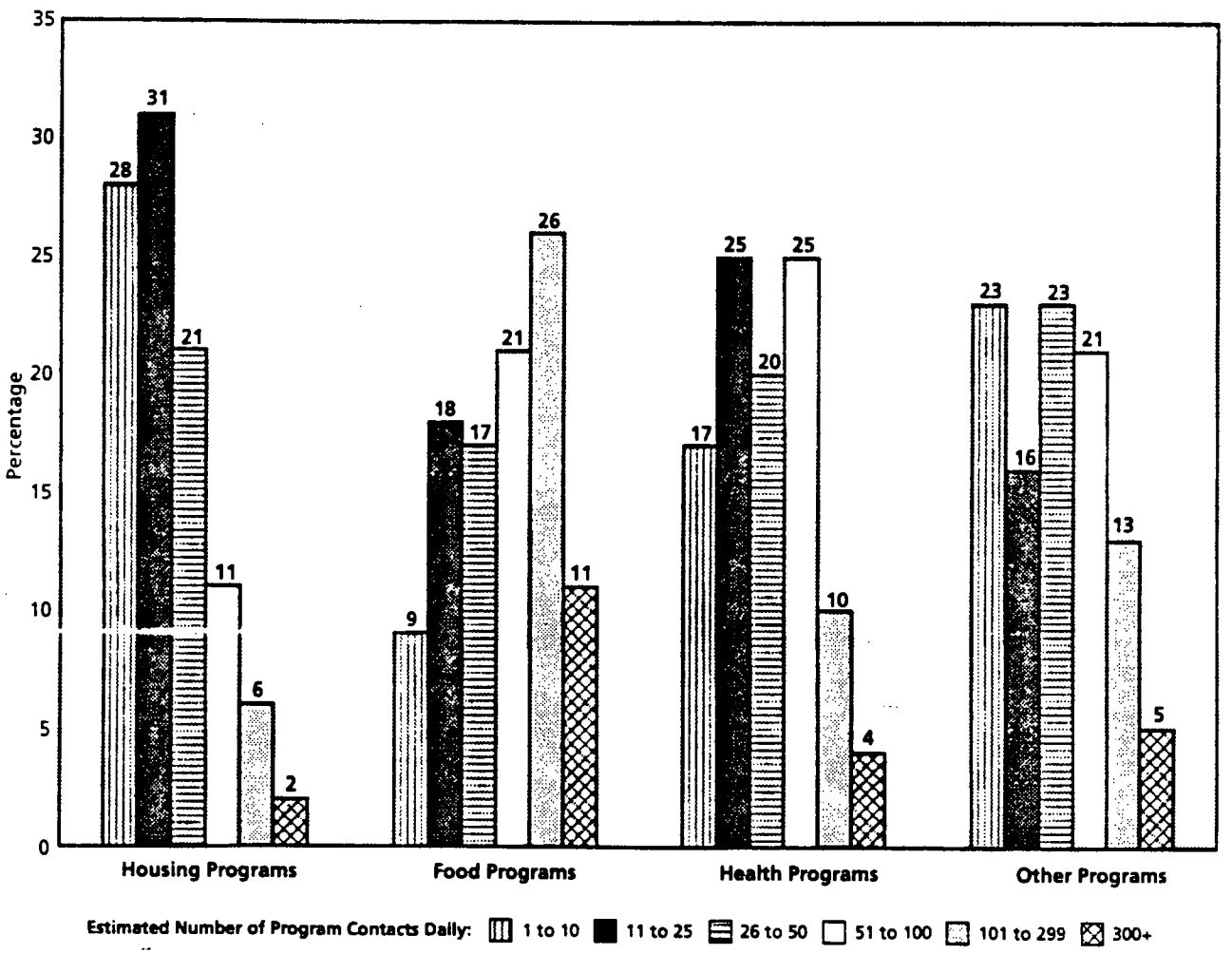
clients, taken together, is only about 140,000, and this estimate is accurate only if each person uses one and only one type of health service on an average day. These figures probably are high estimates for average daily service use, since February is a peak month for many homeless assistance services, and program representatives tend to recall their peak periods rather than their average days.

Variability in Program Size

Homeless assistance programs vary greatly in size, where size is defined as the number of people estimated to be served on an average day in February 1996. Figure 4.3 shows how programs of different types are distributed by size. The figure makes clear that food programs are most likely to be quite large (26 percent expected to serve 101 to 299 clients daily and 11 percent expected to serve more than 300 clients daily), and only about 1 in 11 expected to serve as few as 1 to 10 clients in a day. Shelter and housing programs are likely to be small (28 percent expected to serve 1 to 10 clients a day and another 31 percent expected to serve 11 to 25 clients a day), with only 2 percent expecting to serve more than 300 clients daily. Health and other homeless assistance programs are the most evenly distributed across a range of sizes, with about 40 percent of each expecting 25 or fewer clients daily and between 44 and 45 percent of each expecting between 26 and 100 clients daily.

FIGURE 4.3

Size of Homeless Assistance Programs



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

Note: These are program staff estimates of how many program contacts their own program expected 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. Housing programs include emergency, transitional, permanent housing, and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, alcohol/drug, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other.

The biggest programs, though few in number, account for very large proportions of the clients being served on an average day (figure 4.4). 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 clients daily serve only 32 percent of all the clients who use these programs on an average day (in February 1996). On the other hand, the 8 percent of shelter/housing programs serving more than 100 clients daily serve 51 percent of the clients using shelter/housing programs. Indeed, the 2 percent of these programs serving more than 300 clients daily serve 28 percent of all shelter/housing users on an average day.

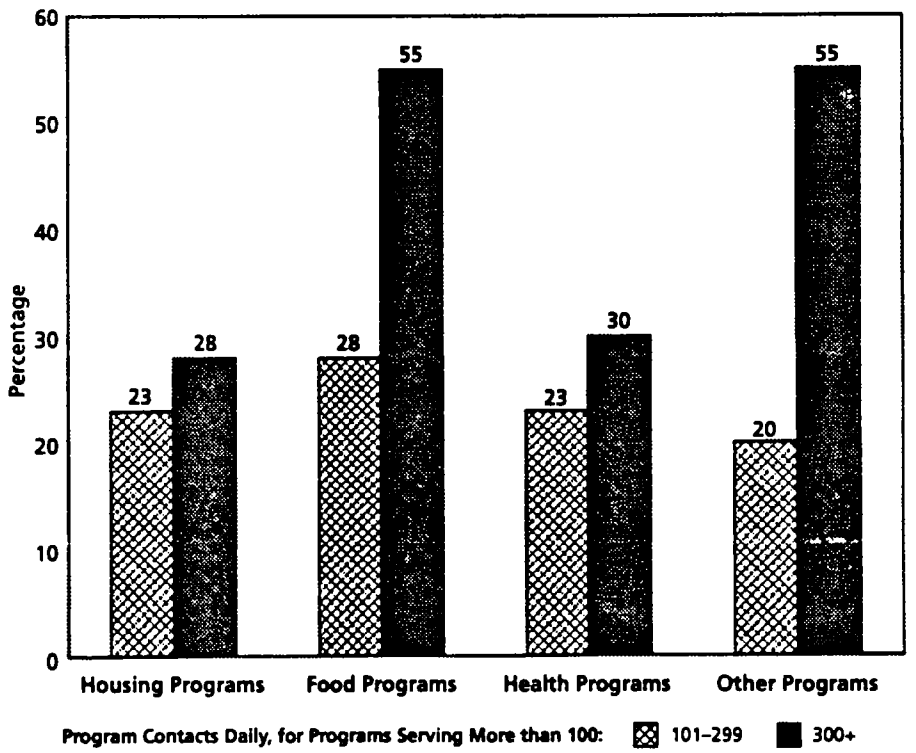
The story is the same with food and other homeless assistance programs. Only 11 percent of food programs and 5 percent of other programs serve more than 300 clients daily, but these programs accommodate, respectively, 55 percent of everyone getting food from food programs and 55 percent of everyone getting help from other programs on an average day. Service delivery in health programs for homeless clients 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 42 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 health program users.

Operating Agencies

Nonprofit agencies offer the vast majority (85 percent) of homeless assistance programs (figure 4.5). Secular nonprofits offer 51 percent of all programs, while religious nonprofits offer 34 percent. Government agencies operate only 14 percent of all programs, and for-profit firms account for a mere 1 percent.

FIGURE 4.4

Proportion of Program Contacts Provided by Larger Programs

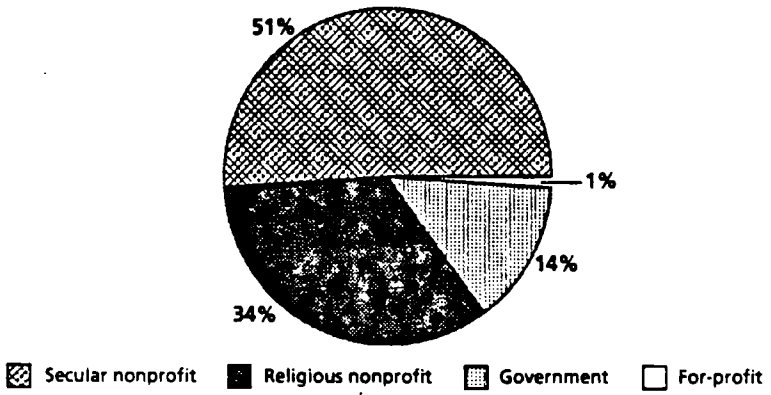


Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

Note: These are program staff estimates of how many program contacts their own program expected 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. Housing programs include emergency, transitional, permanent housing, and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, alcohol/drug, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other.

FIGURE 4.5

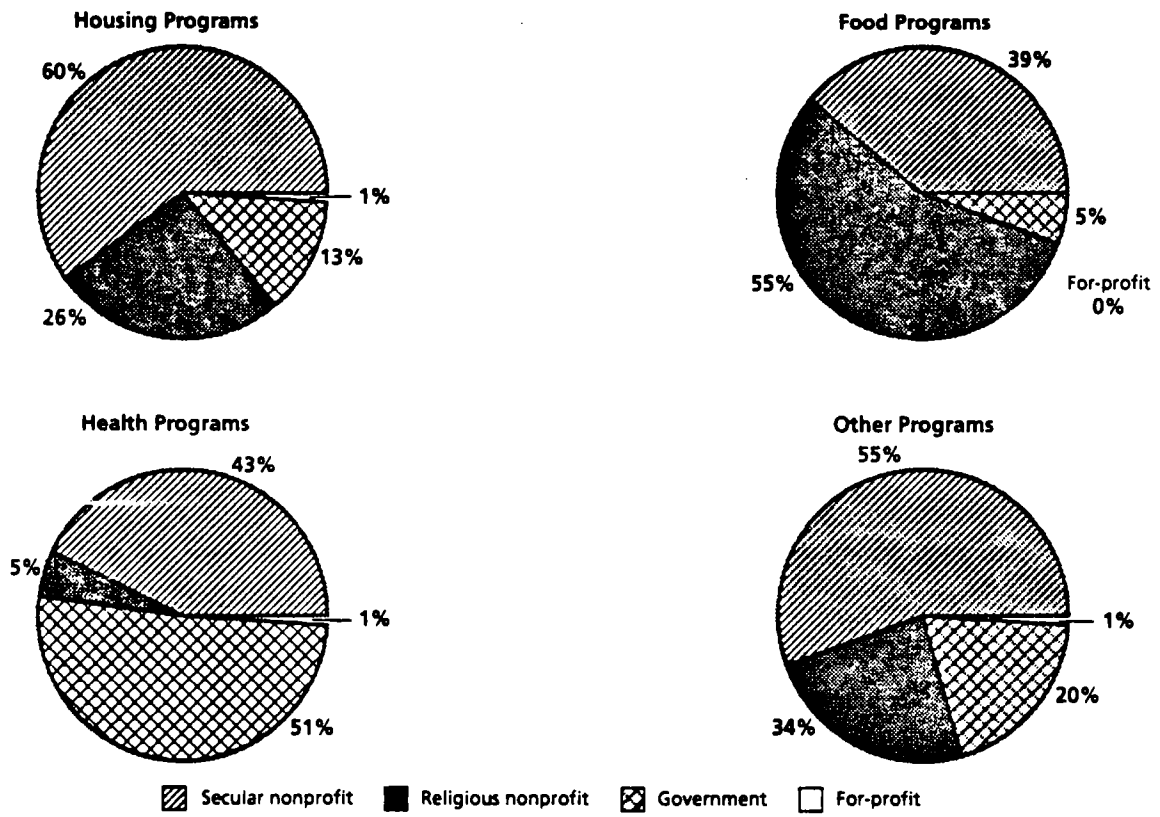
Types of Agencies That Operate Homeless Assistance Programs



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

FIGURE 4.6

Types of Agencies Operating Housing, Food, Health, and Other Programs



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996." Housing programs include emergency, transitional, permanent housing, and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, alcohol/drug, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other.

Note: Numbers do not sum to 100 percent due to rounding.

Different types of programs are operated by quite different types of agencies (figure 4.6). Secular nonprofit agencies dominate in the housing 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 nongovernment agencies, with secular nonprofits dominating among the nongovernment agencies that offer health programs for homeless clients.

Government agencies are least likely to operate food programs (5 percent of those programs) and most likely to offer health programs (51 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 operating homeless assistance programs (1 percent in housing, health, and other programs, and nothing in food programs).

Funding Sources

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 private funding or funding from government sources (federal, state, or local) to support their operations. Figure 4.7 shows these differences as the proportion of program budgets that come from government funding; private funding makes up the balance of each program's budget.

Food programs are the most likely to rely solely on private funding, and to report that they use no government funds (true for 51 percent of food programs). They are also the least likely to be fully supported by government funds (6 percent). Conversely, health programs are the least likely to rely solely on private funding sources (only 12 percent operate entirely without government funding) and the most likely to be fully supported from government sources (55 percent).

In between are housing and other types of homeless assistance programs. One-fourth of all housing programs for homeless clients are fully supported by government funds, and about equal proportions rely entirely on private funds (23 percent) or receive 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 rely entirely on private funding, the 34 percent that are completely supported by government, and the one-third whose level of government support falls somewhere in between.

The value of in-kind contributions from private sources are not included in these figures. For many programs, these contributions can be of considerable value and include food, rent-free buildings, equipment, and volunteer time to perform critical program functions.

Population Focus

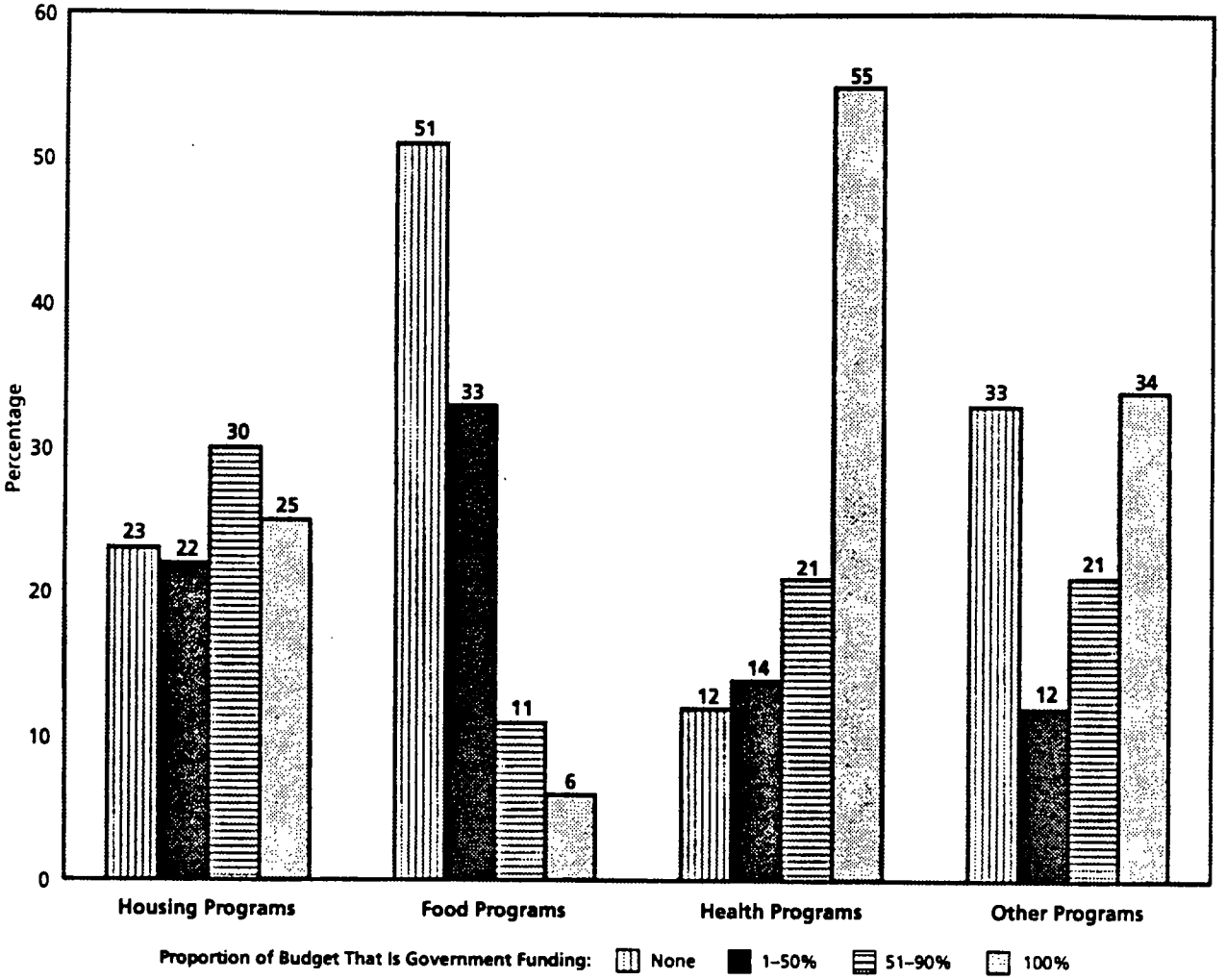
Some homeless assistance programs are open to anyone who wants to use them, while other programs are designed specifically to serve only certain types of people. Population focus may be defined in several different ways. One common way is by household type, including men by themselves, women by themselves, households with children, and youth by themselves. Other common ways are by the special population groups, such as veterans, youth, victims of domestic violence; or condition or service need such as alcohol, drug, or mental health problems, or HIV/AIDS that a program is specifically designed to help. NSHAPC program staff were asked to report each household type that their program serves. In another series of questions, program representatives described any specializations or particular focuses that their program might have. This section reports how programs describe the types of clients they serve on these different dimensions. Since many programs report serving more than one household type, and also report having a focus on more than one special population, condition, or service need, the statistics for each type of program usually sum to more than 100 percent.

Household Type

Figure 4.8 reports the types of households that programs serve. A very noticeable pattern is that food programs are the most inclusive of all household types, with 84 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 specialized. For instance, only 43 serve two-parent families with children, 61 percent serve men by themselves, and 68 to 69 percent serve women by themselves and female-headed households with children. Of course, many serve more than one of these household types. 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 clients of a particular type come to the program for service.

FIGURE 4.7

Program Reliance on Government Funding



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996." Housing programs include emergency, transitional, permanent housing, and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, alcohol/drug, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other.

Note: Numbers do not sum to 100 percent due to rounding.

Nine out of 10 health programs serve men and women by themselves, but only six in 10 serve any families with children. Shelter and other housing programs are the least likely to expect unaccompanied youth to use their programs, but all of the other program types also do not expect to serve many of this group.

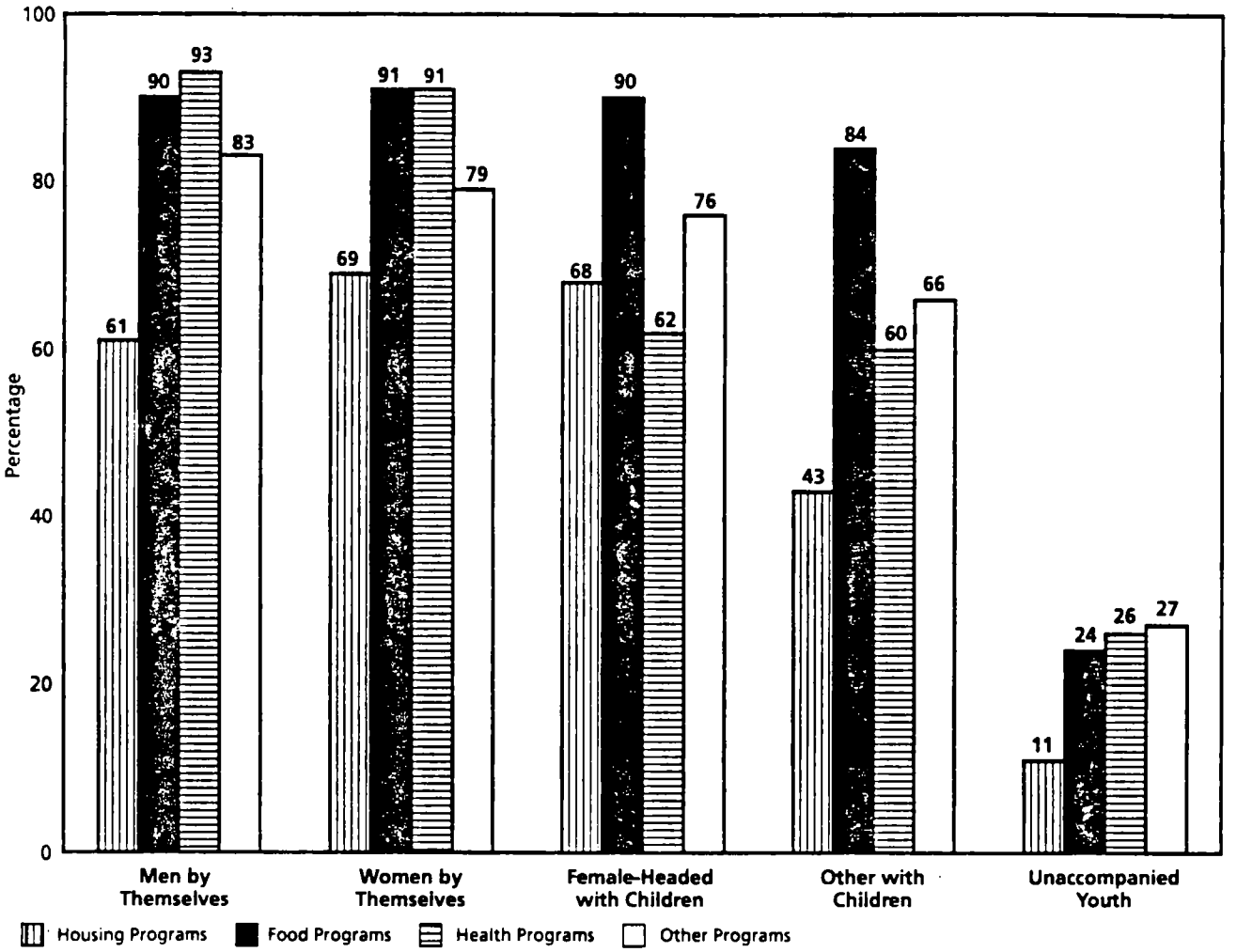
Special Population or Special Need

Respondents were asked whether their program had a particular *focus* on one or more special populations. These might include a population group, such as victims of domestic violence, runaway youth, and veterans; or special conditions or special needs, such as mental health problems (without alcohol and/or drug use), alcohol and/or drug use (without mental health problems), both alcohol/drug and mental health problems, and HIV/AIDS.

Half of those naming any special focus named only one focus, 17 percent named two focuses, and 33 percent named three or more focuses. The most commonly named special focus was "other" (25 percent). About half (48 percent) of program representatives did not report any special focus; food programs were the most likely and health programs were the least likely to say they had no special focus.

FIGURE 4.8

Types of Households Served by Homeless Assistance Programs



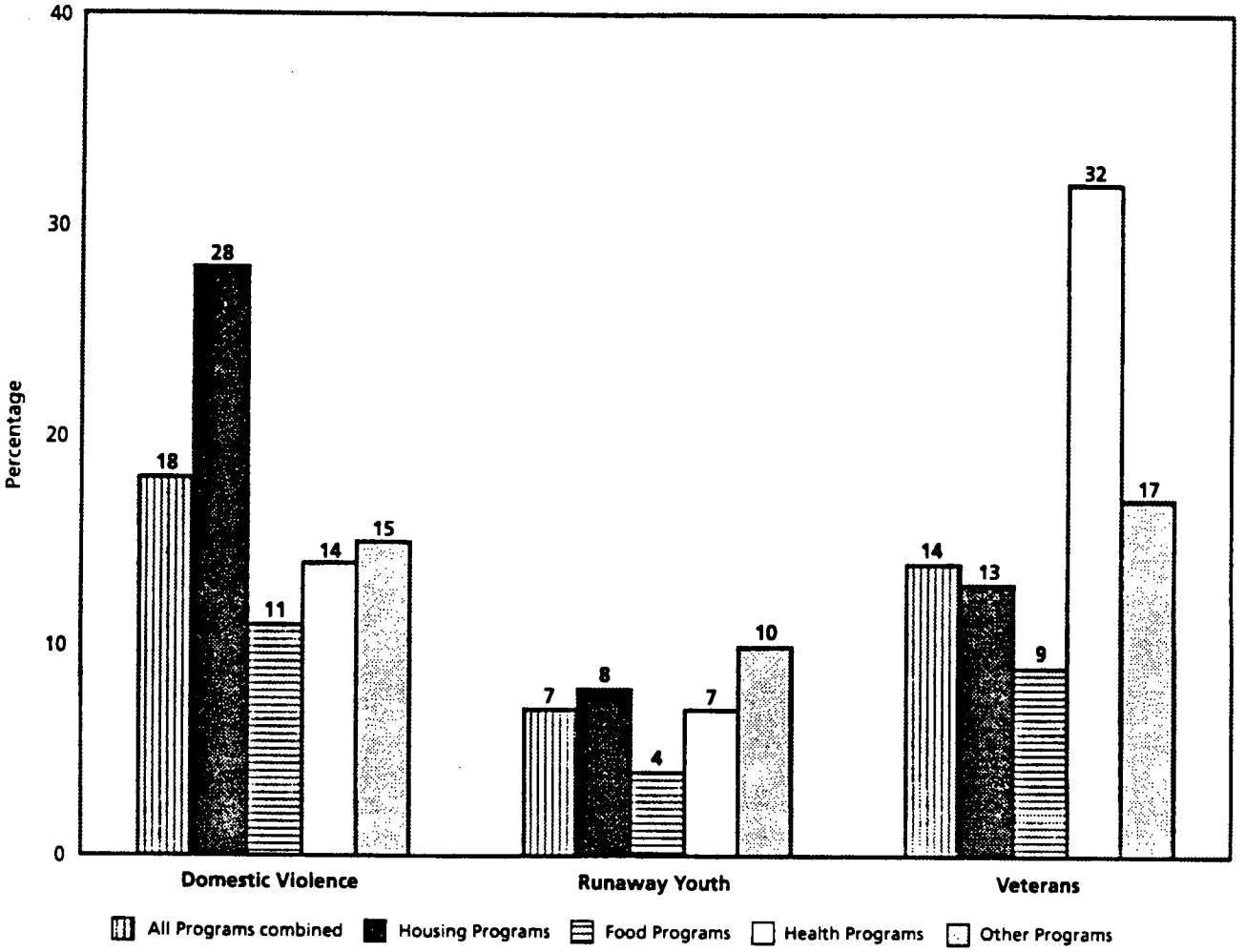
Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996." Housing programs include emergency, transitional, permanent housing, and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, alcohol/drug, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other.

Figure 4.9 identifies special population groups reported as a program's focus, and figure 4.10 does the same for program focus with respect to condition or service need. Overall, figure 4.9 shows that one third or fewer programs named a special population group as a focus. The group most frequently named by all types of programs is victims of domestic violence, followed by veterans (18 and 14 percent, respectively, of all programs, shown in the first bar in each cluster). There are some important variations by program type, with housing programs being the most likely to name victims of domestic violence as a special population focus (28 percent do so), and health programs being most likely to identify veterans as a special population focus (32 percent do so). No more than 10 percent of programs identify a special focus on youth, regardless of program type.

Figure 4.10 shows the proportion of programs responding that they have a focus on serving clients with particular special needs. Overall, people with alcohol, drug, or mental health problems, alone or in combination, are a special focus for 17 to 19 percent of programs. Health programs are by far the most likely to report these focuses. Almost half of health programs say they have a special focus on clients with mental health problems only, and almost half report a special focus on clients with mental health problems plus accompanying alcohol and/or drug use. More than one-third of health programs have a special focus on persons who use alcohol or drugs,

FIGURE 4.9

Special Population Focus of Homeless Assistance Programs



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996." Housing programs include emergency, transitional, permanent housing, and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, alcohol/drug, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other.

and slightly less than one-third of health programs have a special focus on clients with HIV/AIDS.

Occupancy Levels of Shelter/Housing Programs

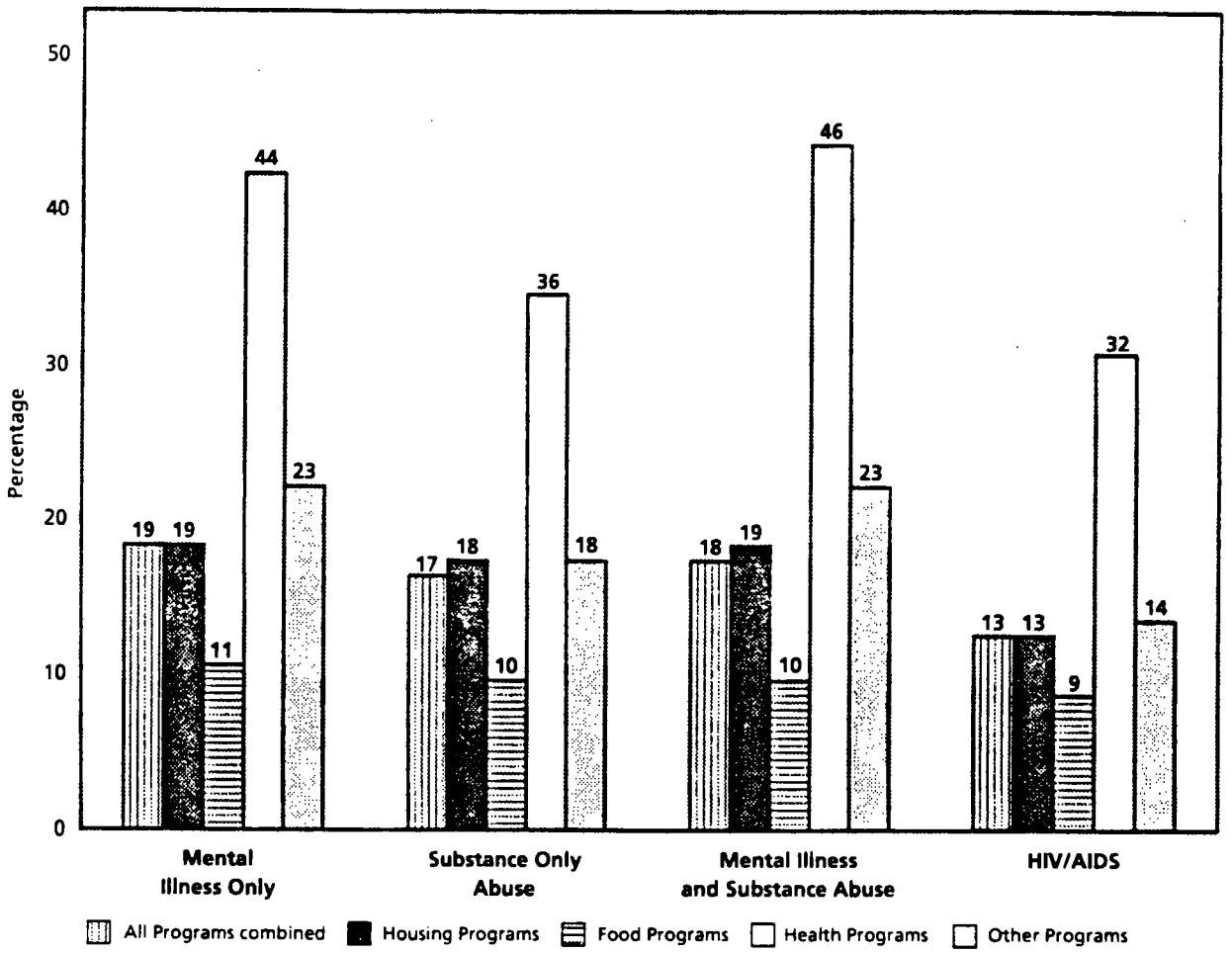
Shelter/housing programs generally report occupancy levels in the 70 percent range (table 4.1). Programs serving homeless families report 73 percent occupancy for most of the year. The slightly higher winter rate of 77 percent for these programs is statistically but probably not substantively significant. Programs serving single homeless men and/or women report occupancy levels of 67 to 69 percent in the spring, summer, and fall, and significantly higher occupancy in the winter (76 percent). The three reasons given most frequently for being less than full are decline in need, seasonal changes, and that the people seeking shelter do not meet program criteria/restrictions. Given that many programs appear in both columns of table 4.1 since they serve both families and single men and/or women, it is not surprising that their reasons for less-than-full occupancy levels are similar.

Location of Homeless Assistance Programs

About half (49 percent) of all homeless assistance programs are found in central cities. Rural communities

FIGURE 4.10

Special Needs Focus of Homeless Assistance Programs



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996." Housing programs include emergency, transitional, permanent housing, and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, alcohol/drug, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other.

offer the next largest share of programs (32 percent), and suburban/urban fringe communities offer the smallest share of programs (19 percent) (figure 4.11). However, because central city programs serve more clients, on average, a larger share of *program contacts* happen in central cities (57 percent) than in suburban and rural areas (20 and 23 percent of all *program contacts*, respectively).[3]

Central city, suburban, and rural locations also vary considerably in terms of which programs report the most contacts. Food programs report the most contacts in both central cities and suburban areas (57 and 65 percent of program contacts in those areas, respectively), while in rural areas food program contacts comprise only 31 percent of program contacts (figure 4.12). The share of program contacts that occur in shelter/housing programs are similar for central city and suburban areas (23 and 21 percent, respectively), but are only 11 percent of contacts in rural areas. In contrast, contacts with "other" programs predominate in rural areas (50 percent of contacts), but make up only 16 percent of contacts in central cities and 11 percent of contacts in suburban areas.

[3] "Program contacts" are the sum of all program estimates of people they expected to serve on an average day in February 1996. The phrase "program contacts" is used to remind the reader that these estimates contain an unknown and unknowable amount of duplication, as people could and many do use more than one program in a day. Note also that these figures differ from the geographic distribution of *homeless clients* because they reflect *all* clients, homeless or not.

TABLE 4.1

Shelter/Housing Utilization and Information on Turnaways

	Programs Serving Families with Children (69 percent of all shelter/housing programs)	*Programs Serving Single Adults (78 percent of all shelter/housing programs)*
Occupancy		
Percent occupied in winter	77(%)	76(%)
Percent occupied in spring	73	69
Percent occupied in summer	73	67
Percent occupied in autumn	73	69
Reasons for Operating at Less Than Full Capacity		
Never less than full	26	20
Of remainder, percent citing:*		
Decline in need	35	40
Seasonal changes	32	35
Change in program participation criteria	5	3
New facilities added elsewhere	3	4
Economic/job market changes	11	11
Change in program funding or capacity	10	9
People did not meet program criteria/restrictions	32	34
Other	23	19

Source: Urban Institute analysis of 1996 NSHAPC mail survey data.
*Programs could give more than one reason.

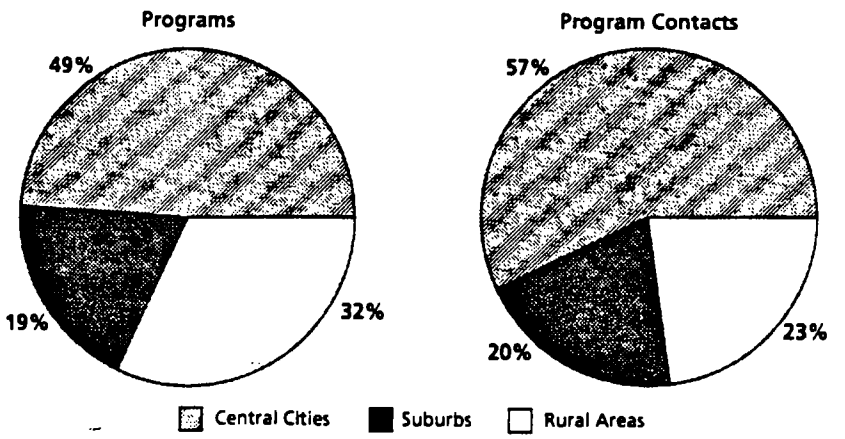
Availability of Services within NSHAPC's 76 Sampling Areas

So far, this chapter has explored homeless assistance programs and services at the national level and through the broad geographical designations of central cities, suburban areas, and rural areas. NSHAPC also has the capacity to examine variations in programs and program contacts within the survey's 76 primary sampling areas (called "sampling areas" hereafter).[4] Program contact information can

[4]Appendix A provides two lists of these areas: list A.1, ordered alphabetically within type (28 largest MSAs, 24 small- and medium-sized MSAs, 24 groups of rural counties), and list A.2, ordered by the size of the sam-

FIGURE 4.11

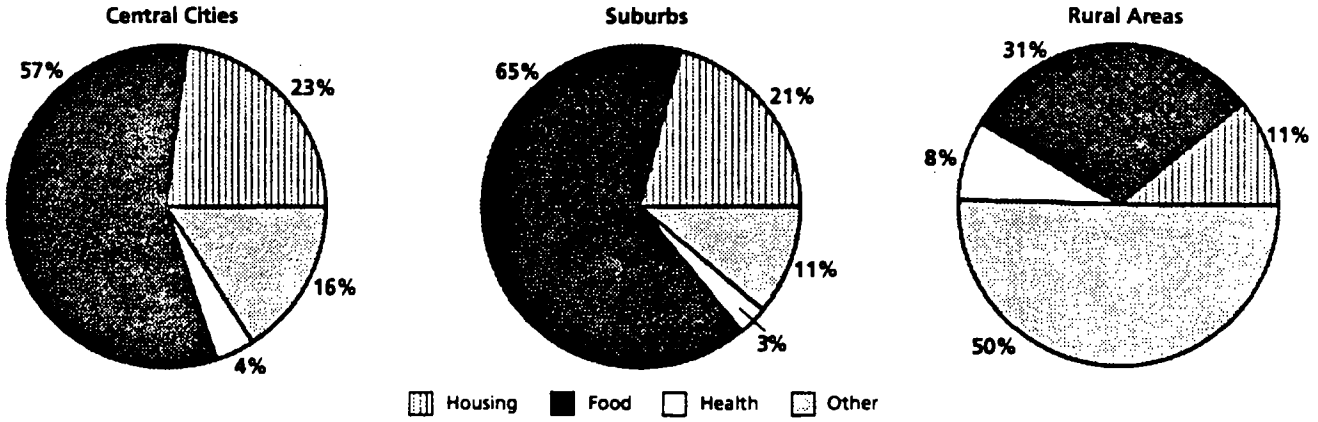
Distribution of Programs Compared with Program Contacts among Communities of Different Types



Source: Weighted NSHAPC data representing programs operating during "an average week in Feburary 1996." Includes all programs, of every type.

FIGURE 4.12

Distribution of Program Contacts across Different Types of Communities



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996." Housing programs include emergency, transitional, permanent housing, and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, alcohol/drug, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other.

be segmented to reveal the proportion of services within a sampling area that are shelter/housing program contacts, food program contacts, health program contacts, and other program contacts. Further, program contact information can be used to calculate a *rate of program contacts per 10,000 clients in poverty*, which is a good measure for comparing the level of service availability across sampling areas of very different sizes (e.g., a city with more than a million people and a rural area of a few thousand people).[5]

Distribution of Program Contacts within Sampling Areas

All other things being equal, one might expect the sampling areas with the largest population to provide the most homeless assistance program contacts. To examine this expectation, figure 4.13a arrays each of this study's 76 primary sampling areas from left to right according to the size of its population (largest on the left, smallest on the right).[6] Each bar shows the total estimated *number of program contacts* on an average day in February 1996,[7] combining program contacts of all types.

From this figure one can see that the expected relationship of more program contacts in the larger sampling areas is generally true but there are exceptions. The average estimated *number of program contacts per sampling area* is about 17,600 on an average day in February 1996. But the estimated numbers of program contacts range from a high of about 186,000 to a low of nothing (for two sampling areas that had no programs of any kind) (table 4.2). And variation exists even at the highest end. For example, providers in the largest sampling area estimate only about two-thirds the number of program contacts (about 123,000) as do providers in the next largest sampling area (about 186,000).

To examine how much population size accounts for the differences observed in figure 4.13a, *the estimated number of program contacts per 10,000 people* is employed. Figure 4.13b shows this rate for each of the 76 sampling areas, arrayed in the same order as figure 4.13a. The average estimated *rate of program contacts per 10,000 population* in a sampling area is 122. The use of a common denominator (10,000 people) reduces the differences among sampling areas quite a bit. Now one can see that some of the smaller sampling areas in the middle and toward the right of the figure appear to provide more

pling areas' total population in 1996. The order of sampling areas in figures 4.13, 4.14, and 4.15 follows the A-2 order.

[5]In two rural sampling areas, CATI interviews could not discover any homeless assistance programs at all. Results for these two areas are shown in the following figures as zeros.

[6]The 28 largest MSAs are the 28 leftmost bars. However, five rural areas have more population than five of the medium- and small-sized MSAs, so the remaining bars do not divide cleanly into the 24 medium- and small-sized MSAs and the rural sampling areas.

[7]The reader is not expected to follow each sampling area through each of the panels in figures 4.13, 4.14, and 4.15. Rather, these figures provide an overall visual impression of the large variation across sampling areas in the level of program contacts of all types (figure 4.13), the share of all programs falling within a given program type (figure 4.14), and the share of housing/shelter programs falling within emergency, transitional, permanent, and voucher programs. For detailed information on each sampling area, see *Homelessness 1996: Programs and the People They Serve— Technical Report*, chapter 17 and its appendix tables.

TABLE 4.2

Statistics for Program Contacts in Primary Sampling Areas

	Average	*High*	*Low*	*Standard Deviation*
For Figure 4.13				
Aggregate program contacts (4.13a)	17,600	186,000	0	29,600
Program contacts/10,000 population (4.13b)	122	660	0	103
Program contacts/10,000 poor people (4.13c)	1,437	9,000	0	1,858
For Figure 4.14				
Percentage of all contacts that are shelter/housing contacts (4.14a)	24%	100%	0%	17%
Percentage of all contacts that are food program contacts (4.14b)	49%	90%	0%	23%
Percentage of all contaacts that are health program contacts (4.14c)	5%	59%	0%	18%
Percentage of all contacts that are other program contacts (4.14d)	19%	92%	0%	18%
For Figure 4.15				
Shelter/housing program contacts/10,000 poor people (4.15a)	195	860	0	153
Emergency shelter program contacts/10,000 poor people (4.15b)	81	405	0	66
Transitional housing program contacts/10,000 poor people (4.15c)	49	238	0	52
Permanent housing program contacts/10,000 poor people (4.15d)	40	453	0	72
Voucher distribution program contacts/10,000 poor people (4.15e)	26	445	0	39

Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996." Housing programs include emergency, transitional, permanent housing, and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, alcohol/drug, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other.

units of homeless assistance services per capita than do some of the largest sampling areas.

Yet another way to look at these data is to ask whether the variability in service levels can be accounted for by the size of a sampling area's *population in poverty*, and not just by the total number of people in the sampling area. There is some reason to expect that services should be related to poverty, and the number of poor people in a sampling area is the best measure of need that is available for all 76 sampling areas. Some sampling areas could have a lot of people but not very many poor people, while some smaller sampling areas might actually have more poor people than some larger areas. Therefore a second rate was constructed for each sampling area—its *rate of program contacts per 10,000 poor people.* Figure 4.13c shows the results.

The average estimated *rate of program contacts per 10,000 poor people* in a sampling area is 1,437. The rate of contacts per 10,000 poor people reduces even further the level of variability in service provision among the largest sampling areas at the left of the graph. The variability in the middle of the graph (medium- and small-sized metropolitan areas) appears to have increased in relation to that in figure 4.13b. The mostly rural areas to the right of figures 4.13b and 4.13c appear to have the greatest variability whichever rate is used.

From the three graphs in figure 4.13 one can draw the conclusion that the biggest sampling areas, which comprise the nation's biggest cities, do not always provide the most services *on a per capita basis*, even though they obviously provide very large numbers of services. One can also conclude that a great deal of intercommunity variability remains in the provision of homeless services, even after controlling for levels of population and poverty. This level of variability probably stems from important differences in philosophies, policies, resources, and experience among communities.

Distribution of Services within Sampling Areas by Program Type

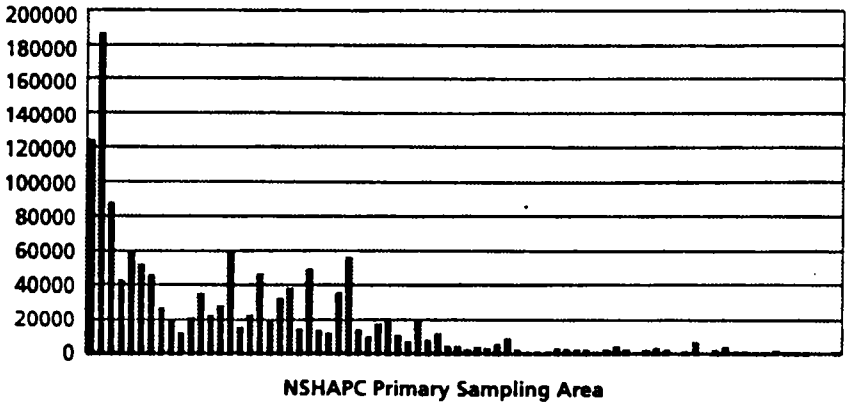
The next issue to be examined is how the total estimated number of program contacts within each sampling area are distributed among the four major program types of shelter/housing, food, health, and other. The results, shown in figure 4.14, reveal great variation in the proportion of service contacts in sampling areas within shelter/housing, food, health, and other program types.

Figure 4.14a–d shows four panels, one each for shelter/housing, food, health, and other program contacts. The average proportion of program contacts reported by shelter/housing programs is 24 percent, by food programs is 49 percent, by health programs is 5 percent, and by other programs is 19 percent (table 4.2 gives highs, lows, and standard deviations). In comparing parts (a) through (d) of figure 4.14, one can see the predominance of food program contacts and the relative paucity of health program contacts. Food program contacts com-

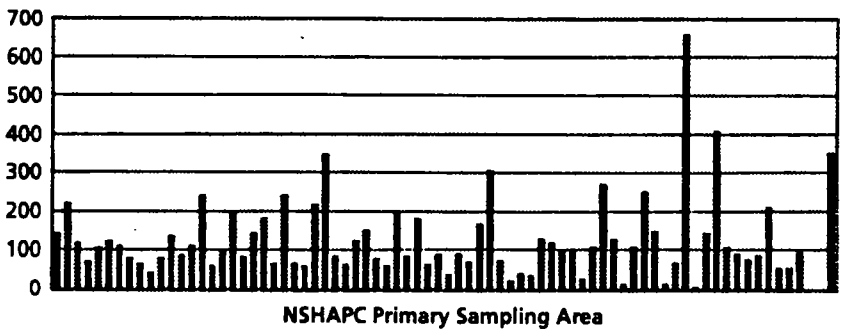
FIGURE 4.13

Program Contacts in a Primary Sampling Area by Overall Population, per 10,000 Population and per 10,000 Living in Poverty[a]

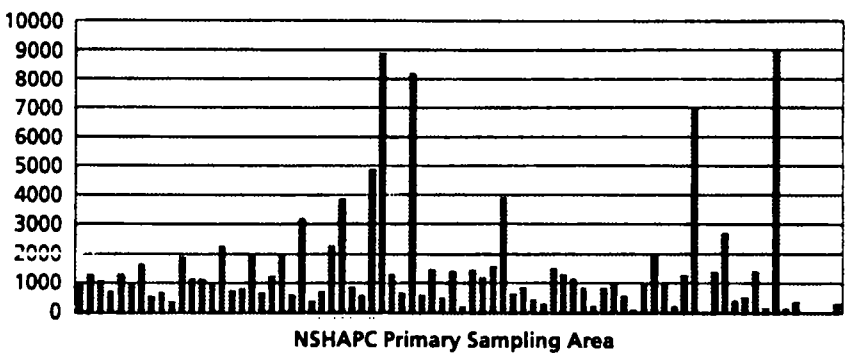
(a) Aggregate Program Contacts



(b) Program Contacts per 10,000 Population



(c) Program Contacts per 10,000 People Living in Poverty



[a]Primary sampling areas are listed in order of population size from largest on the left to smallest on the right. Sampling areas appear by name in the same order in appendix A.2.

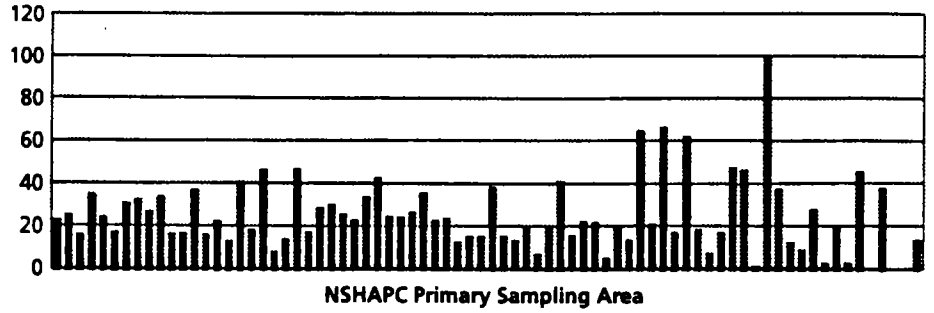
prise at least 40 percent of all program contacts in most sampling areas (only 17 of the 74 areas with any services have less than 40 percent of their program contacts at food programs, and one-third have more than 60 percent of program contacts at food programs). In contrast, only five sampling areas have as much as 20 percent of program contacts occurring at health programs, and most have less than 10 percent in the health area.

The greatest variability occurs in smaller metropolitan areas and rural areas, which are the most likely to have either *much more* of a concentration in a particular type of service than is true nationally, or *much less* of a concentration. Some

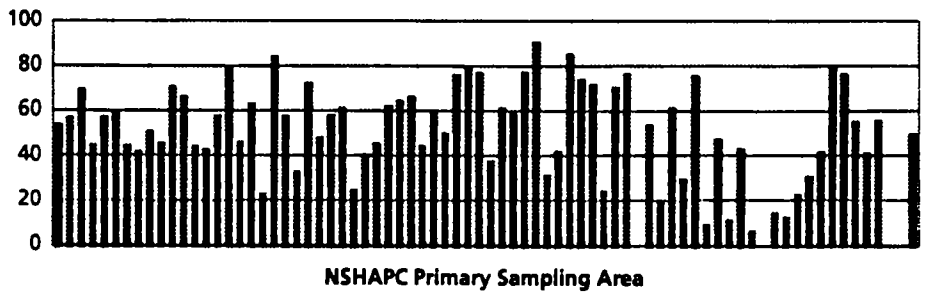
FIGURE 4.14

Program Contacts in a Primary Sampling Area, by Program Type*

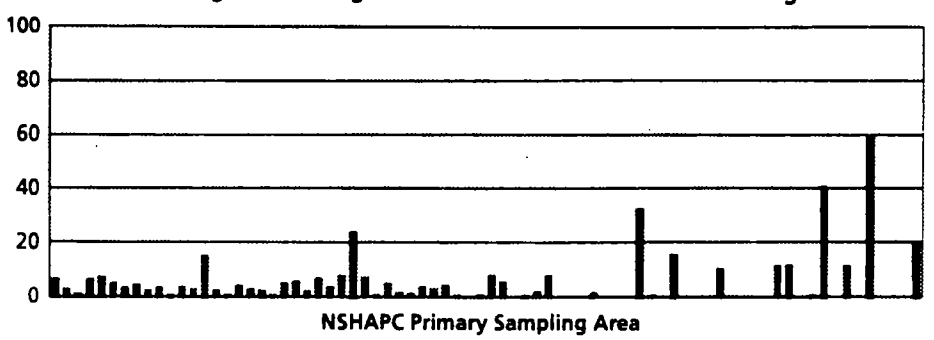
(a) Percentage of All Program Contacts that Occur at Housing/Shelter Programs



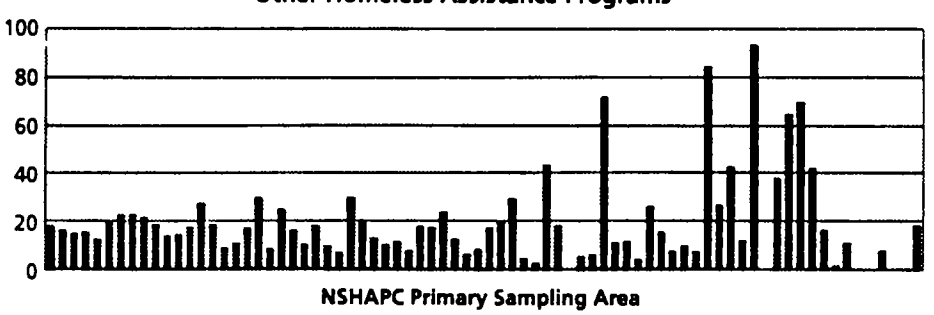
(b) Percentage of All Program Contacts that Occur at Food Programs



(c) Percentage of All Progam Contacts that Occur at Health Programs



(d) Percentage of All Program Contacts that Occur at Other Homeless Assistance Programs



*Primary sampling areas are listed in order of population size from largest on the left to smallest on the right. Sampling areas appear by name in the same order in appendix A.2.

of these sampling areas have all or virtually all of their program contacts in housing programs, others have all or almost all their contacts in "other" programs (such as outreach, drop-in, or housing/financial assistance programs), and a few have a significant share in health programs.

Distribution within Sampling Areas of Contacts with Different Types of Shelter/Housing Programs

Shelter/housing program distributions in sampling areas reflect very different decisions about where to invest homeless housing resources. This analysis uses a rate of shelter/housing program contacts per 10,000 poor people. Figure 4.15 provides this information, first for all shelter/housing program types (figure 4.15a), and then separately for each type of shelter and housing program (emergency shelter—figure 4.15b; transitional housing—figure 4.15c; permanent housing for the formerly homeless—figure 4.15d; and vouchers for temporary shelter—figure 4.15e).

The estimated national rate of program contacts with all types of shelter and housing programs for homeless people is 195/10,000 poor people. In addition to the two sampling areas with no programs of any kind, one additional sampling area has no shelter/housing program contacts at all.

Emergency shelter contacts per 10,000 poor people in the study's primary sampling areas average 81/10,000. Six sampling areas offer 150 or more shelter/housing contacts per 10,000 poor people, while nine sampling areas offer 20 or fewer emergency shelter contacts per 10,000 poor people including four that do not offer any.

Variability is even greater among primary sampling areas for rates of transitional housing, permanent housing, and voucher distribution. Transitional housing contacts within sampling areas have a national average of 49/10,000 poor people, with eight sampling areas offering more than 100 transitional housing contacts per 10,000 poor people and 23 offering 20 or fewer, including 13 that offer none.

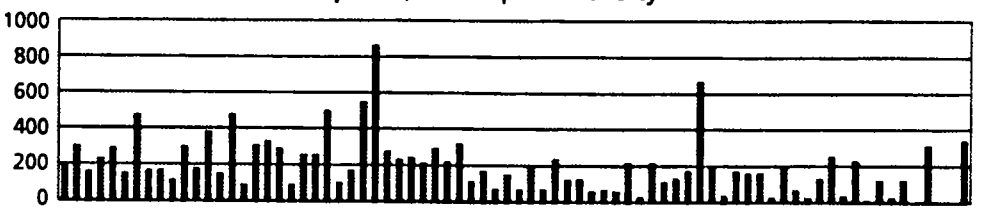
Permanent housing contacts within sampling areas have a national average of 40/10,000 poor people, with seven sampling areas offering more than 100 permanent housing contacts per 10,000 poor people and 42 offering 20 or fewer, including 20 that offer none.

Voucher distribution contacts within sampling areas have a national average of 26/10,000 poor people, with four sampling areas offering more than 100 voucher program contacts per 10,000 poor people and 50 offering 20 or fewer, including nine that offer none.

FIGURE 4.15

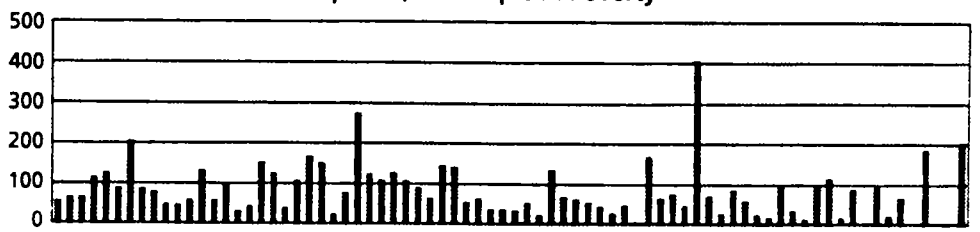
Rate of Housing/Shelter Program Contacts per 10,000 Poor People, by Type of Housing Program*

(a) Total Shelter/Housing Program Contacts (All Types Combined) per 10,000 People in Poverty



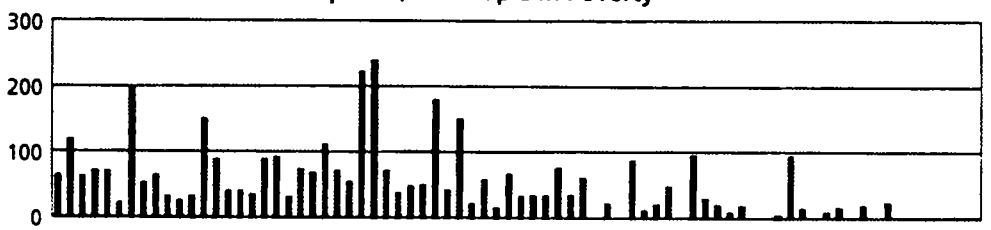
NSHAPC Primary Sampling Area

(b) Emergency Shelter Program Contacts per 10,000 People in Poverty



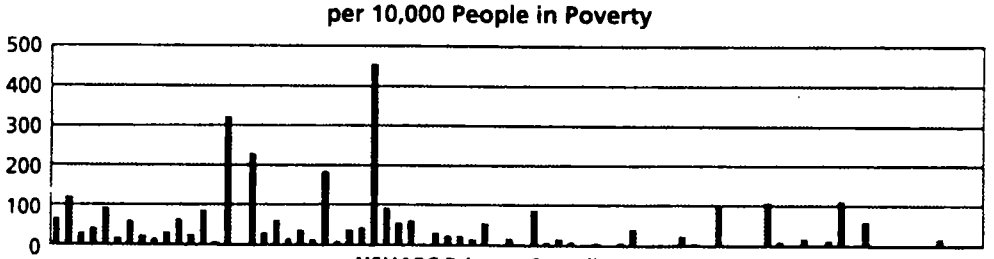
NSHAPC Primary Sampling Area

(c) Transitional Housing Program Contacts per 10,000 People in Poverty



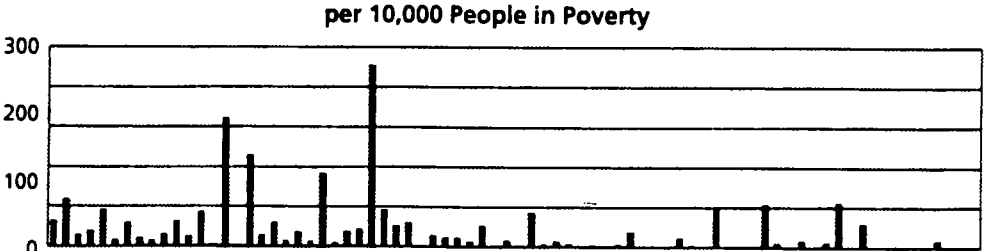
NSHAPC Primary Sampling Area

(d) Permanent Housing Program Contacts per 10,000 People in Poverty



NSHAPC Primary Sampling Area

(e) Voucher Distribtuion Program Contacts per 10,000 People in Poverty



NSHAPC Primary Sampling Area

*Primary sampling areas are listed in order of population size from largest on the left to smallest on the right.

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Postscript 5

NSHAPC offers the first opportunity since 1987 to examine homeless assistance programs and their clients across the nation. This landmark survey provides nationally representative data about the providers of homeless assistance and the characteristics of currently homeless and other persons who use services, information that is vital to national discussions about homelessness.

The study reveals that the level and type of homeless assistance programs across America are as diverse as homeless people themselves. The homeless people these programs serve have very limited income and other resources, and a complex array of needs. And homeless people are present in rural areas as well as urban and suburban locations.

The study also allows valuable comparisons between 1987 and 1996 of the characteristics of homeless people using shelters and soup kitchens in central cities. It shows that the already high percentages of racial and ethnic minorities using these services in 1987 became even higher by 1996. Although educational levels, income, and receipt of a variety of means-tested government benefits were higher in 1996 than in 1987, extreme poverty remained a central fact of life for homeless clients, whose income was generally half or less of the federal poverty level.

Future national surveys will document similarities or differences between the homeless population in 1996, when multiple changes in the social welfare system were initiated, with some future point in time. To provide information meaningful for local policy, communities around the nation will need to conduct their own similar studies. The methodology used in this study provides procedures and questionnaires that are readily adaptable for local surveys. Such surveys would offer local policymakers the twin advantages of having their own data and being able to see how local programs and service users compare to the nation as a whole.

Finally, while making an important contribution to understanding the characteristics of homelessness, the survey was not designed to provide a count or estimate of the number of homeless people or to describe the characteristics of runaway and homeless youth. Neither was it designed to assess the effectiveness of homeless assistance programs. Future studies might consider the utility of these specific objectives.

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APPENDIX

A

NSHAPC's Primary Sampling Areas

Appendix A.1: NSHAPC's Primary Sampling Areas Arrayed Alphabetically within Types

28 Largest Metropolitan Areas

- Atlanta, GA
- Baltimore, MD
- Boston, MA–NH
- Chicago, IL
- Cleveland–Lorain–Elyria, OH
- Dallas, TX
- Denver, CO
- Detroit, MI
- Houston, TX
- Kansas City, MO–KS
- Los Angeles–Long Beach, CA
- Miami, FL
- Minneapolis–St. Paul, MN–WI
- Nassau–Suffolk, NY
- New York, NY
- Newark, NJ
- Oakland, CA
- Orange County, CA
- Philadelphia, PA–NJ
- Phoenix–Mesa, AZ
- Pittsburgh, PA
- Riverside–San Bernardino, CA
- St. Louis, MO–IL
- San Diego, CA
- San Francisco, CA
- Seattle–Bellevue–Everett, WA
- Tampa–St. Petersburg–Clearwater, FL
- Washington, DC–MD–VA–WV

24 Smaller Metropolitan Areas

- Bangor, ME
- Bergen–Passaic, NJ
- Birmingham, AL
- Boise City, ID
- Bremerton, WA
- Dover, DE
- Enid, OK
- Indianapolis, IN
- Jackson, MI
- Kenosha, WI
- Las Cruces, NM
- Lincoln, NE
- Melbourne–Titusville–Palm Bay, FL
- Norfolk–Virginia Beach–Newport News, VA–NC
- Oklahoma City, OK
- Redding, CA
- Sacramento, CA
- Salt Lake City–Ogden, UT
- Savannah, GA
- Shreveport–Bossier City, LA
- Springfield, MA
- Utica–Rome, NY
- York, PA
- Youngstown–Warren, OH

24 Rural Areas (Nonmetropolitan Areas)

- Lassen County, Modoc County, CA
- Chester town, Deep River town, Essex town, Lyme town, Westbrook town, CT
- Bradford County, Columbia County, Dixie County, Hamilton County, Lafayette County, Madison County, Suwannee County, Taylor County, Union County, FL

- Crisp County, Dooly County, Macon County, Marion County, Schley County, Sumter County, Taylor County, Webster County, GA
- Christian County, Clay County, Effingham County, Fayette County, Montgomery County, Moultrie County, Shelby County, IL
- Buena Vista County, Clay County, Dickinson County, Emmet County, O'Brien County, Osceola County, Palo Alto County, Pocahontas County, IA
- Bath County, Menifee County, Montgomery County, Morgan County, Rowan County, KY
- Union Parish, LA
- Caldwell County, Daviess County, Grundy County, Harrison County, Linn County, Livingston County, Mercer County, Putnam County, Sullivan County, MO
- Hall County, Hamilton County, Merrick County, NE
- Esmeralda County, Mineral County, NV
- Chaves County, Lea County, NM
- Cibola County, McKinley County, NM
- Iredell County, NC
- Hancock County, Hardin County, Putnam County, Wyandot County, OH
- Haskell County, Latimer County, Le Flore County, Pittsburg County, OK
- Douglas County, OR
- Bedford County, Fulton County, Huntingdon County, Juniata County, Mifflin County, PA
- Abbeville County, Greenwood County, Laurens County, McCormick County, Newberry County, Saluda County, SC
- Houston County, Humphreys County, Stewart County, TN
- Aransas County, Bee County, Live Oak County, Refugio County, TX
- Accomack County, Northampton County, VA
- Burnett County, Clark County, Rusk County, Sawyer County, Taylor County, Washburn County, WI
- Johnson County, Sheridan County, WY

Appendix A.2: NSHAPC's Primary Sampling Areas Sorted by Population Size, in Descending Order

Los Angeles–Long Beach, CA

- New York, NY
- Chicago, IL
- Philadelphia, PA–NJ
- Boston, MA–NH
- Detroit, MI
- Washington, DC–MD–VA–WV
- Houston, TX
- Atlanta, GA
- Dallas, TX
- Nassau–Suffolk, NY
- Riverside–San Bernardino, CA
- Minneapolis–St. Paul, MN–WI
- San Diego, CA
- St. Louis, MO–IL
- Orange County, CA
- Pittsburgh, PA
- Baltimore, MD
- Phoenix–Mesa, AZ
- Cleveland–Lorain–Elyria, OH
- Oakland, CA
- Tampa–St. Petersburg–Clearwater, FL
- Seattle–Bellevue–Everett, WA
- Miami, FL
- Newark, NJ
- Denver, CO
- San Francisco, CA
- Kansas City, MO–KS
- Norfolk–Virginia Beach–Newport News, VA–NC
- Indianapolis, IN
- Sacramento, CA
- Bergen–Passaic, NJ
- Salt Lake City–Ogden, UT
- Oklahoma City, OK
- Birmingham, AL
- Springfield, MA
- Youngstown–Warren, OH
- Melbourne–Titusville–Palm Bay, FL
- Shreveport–Bossier City, LA
- York, PA
- Utica–Rome, NY
- Boise City, ID
- Savannah, GA
- Lincoln, NE
- Abbeville County, Greenwood County, Laurens County, McCormick County, Newberry County, Saluda County, SC
- Bremerton, WA
- Bedford County, Fulton County, Huntingdon County, Juniata County, Mifflin County, PA
- Christian County, Clay County, Effingham County, Fayette County, Montgomery County, Moultrie County, Shelby County, IL

- Bradford County, Columbia County, Dixie County, Hamilton County, Lafayette County, Madison County, Suwannee County, Taylor County, Union County, FL
- Hancock County, Hardin County, Putnam County, Wyandot County, OH
- Jackson, MI
- Redding, CA
- Bangor, ME
- Las Cruces, NM
- Kenosha, WI
- Chaves County, Lea County, NM
- Dover, DE
- Buena Vista County, Clay County, Dickinson County, Emmet County, O'Brien County, Osceola County, Palo Alto County, Pocahontas County, IA
- Burnett County, Clark County, Rusk County, Sawyer County, Taylor County, Washburn County, WI
- Haskell County, Latimer County, Le Flore County, Pittsburg County, OK
- Douglas County, OR
- Iredell County, NC
- Crisp County, Dooly County, Macon County, Marion County, Schley County, Sumter County, Taylor County, Webster County, GA
- Cibola County, McKinley County, NM
- Caldwell County, Daviess County, Grundy County, Harrison County, Linn County, Livingston County, Mercer County, Putnam County, Sullivan County, MO
- Bath County, Menifee County, Montgomery County, Morgan County, Rowan County, KY
- Hall County, Hamilton County, Merick County, NE
- Aransas County, Bee County, Live Oak County, Refugio County, TX
- Enid, OK
- Accomack County, Northampton County, VA
- Lassen County, Modoc County, CA
- Houston County, Humphreys County, Stewart County, TN
- Johnson County, Sheridan County, WY
- Chester town, Deep River town, Essex town, Lyme town, Westbrook town, CT
- Union Parish, LA
- Esmeralda County, Mineral County, NV

PRELIMINARY DRAFT
NOT TO BE QUOTED

APPENDIX B

NSHAPC Program Definitions

A *program* was defined for NSHAPC as a set of services offered to the same group of clients at a single location. To be considered a program, a provider had to offer services or assistance that were (1) managed or administered by the agency (i.e., the agency provides the staff and funding); (2) designed to accomplish a particular mission or goal; (3) offered on an ongoing basis; (4) focused on homeless clients as an intended population (although not always the only population); and (5) not limited to referrals or administrative functions.

This definition of "program" was used in metropolitan areas. However, because rural areas often lack homeless-specific services, the definition was expanded in rural areas to include agencies serving some homeless clients even if this was not a focus of the agency. About one-fourth of the rural programs in NSHAPC were included as a result of this expanded definition.

NSHAPC covered 16 types of homeless assistance programs, defined as follows:

Emergency shelter programs provide short-term housing on a first-come, first-served basis where clients must leave in the morning and have no guaranteed bed for the next night OR provide beds for a specified period of time, regardless of whether or not clients leave the building. Facilities that provide temporary shelter during extremely cold weather (such as churches) and emergency shelters or host homes for victims of domestic violence and runaway or neglected children and youth were also included.

Transitional housing programs have a maximum stay for clients of two years and offer support services to promote self-sufficiency and to help them obtain permanent housing. They may target any homeless subpopulation, such as persons with mental illnesses, persons with AIDS, runaway youths, victims of domestic violence, homeless veterans, etc.

Permanent housing programs for formerly homeless clients provide long-term housing assistance with support services for which homelessness is a primary requirement for program eligibility. Examples include the Shelter Plus Care Program, the Section 8 Moderate Rehabilitation Program for Single-Room Occupancy (SRO) Dwellings, and the Permanent Housing for the Handicapped Homeless Program administered by the Department of Housing and Urban Development (HUD). These programs also include specific set-asides of assisted housing units or housing vouchers for homeless clients by public housing agencies or others as a matter of policy, or in connection with a specific program (e.g., the HUD-VA Supported Housing Program, "HUD-VASH"). A permanent housing program for formerly homeless clients does NOT include public housing, Section 8, or federal, state, or local housing assistance programs for low-income persons that do not include a specific set-aside for homeless clients, or for which homelessness is not a basic eligibility requirement.

Voucher distribution programs provide homeless persons with a voucher, certificate, or coupon that can be redeemed to pay for a specific amount of time in a hotel, motel, or other similar facility.

Food pantry programs are programs that distribute uncooked food in boxes or bags directly to low-income clients, including homeless clients.

Soup kitchen programs include soup kitchens, food lines, and programs distributing prepared breakfasts, lunches, or dinners. These programs may be organized as food service lines, bag or box lunches, or tables where clients are seated, then served by program per-

sonnel. These programs may or may not have a place for individuals to sit and eat meals.

Mobile food programs are programs that visit designated street locations for the primary purpose of providing food to homeless clients.

Physical health care programs provide health care to homeless clients, including health screenings, immunizations, treatment for acute health problems, and other services that address physical health issues. Services are often provided in shelters, soup kitchens, or other locations frequented by homeless clients.

Mental health care programs provide services for homeless clients to improve their mental or psychological health or their ability to function well on a day-to-day basis. Specific services may include case management, assertive community treatment, intervention or hospitalization during a moment of crisis, counseling, psychotherapy, psychiatric services, and psychiatric medication monitoring.

Alcohol/drug programs provide services to assist homeless clients to reduce their levels of alcohol or other drug addiction, or to prevent substance abuse among homeless clients. Programs may include detoxification services, sobering facilities, rehabilitation programs, counseling, treatment, and prevention and education services.

HIV/AIDS programs provide services for homeless clients specifically respond to the fact that clients have HIV/AIDS, or are at risk of getting HIV/AIDS. Services may include health assessment, client day care, nutritional services, medications, intensive medical care when required, health, mental health, and substance abuse services, referral to other benefits and services, and HIV/AIDS prevention and education services.

Drop-in center programs provide daytime services primarily for homeless clients, such as television, laundry facilities, showers, support groups, and service referrals, but do not provide overnight accommodations.

Outreach programs contact homeless clients to offer food, blankets, or other necessities in such settings as on the streets, in subways, under bridges, and in parks to assess needs and attempt to engage them in services; to offer medical, mental health, and/or substance abuse services; and/or to offer other assistance on a regular basis (at least once a week) for the purpose of improving their health, mental health, or social functioning, or increasing their use of human services and resources. Services may be provided during the day or at night.

Migrant housing is housing that is seasonally occupied by migrating farm workers. During off-season periods it may be vacant and available for use by homeless persons.

Other programs are programs described and offered by providers that met the basic NSHAPC definition of a homeless assistance program. Types of programs actually identified through the survey include housing/financial assistance (e.g., from Community Action, county welfare, or housing agencies); Emergency Food and Shelter Program agencies; job training for the homeless; clothing distribution; and other programs.

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THE WHITE HOUSE

WASHINGTON

N/A

MEMORANDUM

Homeless

TO: Karin Kullman **DATE:** 7/1/99

FROM: Tim Emrich
Presidential Scheduling
184 OEOB/456-5306

 # ATTACHED:

☒ Please advise on how to respond	☐ For your information	☐ For your action
☐ As you requested	☐ Please call me regarding the attached	☐ Please prepare response per instructions below
☐ For your approval	☐ For Surrogate Consideration	☐ Please prepare Scheduling Proposal

---

COMMENTS:

Tom Freedman and I will meet with them on Monday, August 9. Thanks, Mary Smith

CC:

#309548

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

June 25, 1999

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington DC 20500

Dear President Clinton:

We are writing as leaders of the national organizations that share as their goal an end to homelessness to urge you to renew and expand the federal government's commitment to ending and preventing homelessness.

We applaud you, Mrs. Clinton, and Vice President and Mrs. Gore for public statements that have drawn attention to the reality that homelessness remains a tragic life circumstance for many persons in our nation. Your FY 2000 budget announcements regarding housing and mental health services for homeless persons and transitional living opportunities for homeless youth are positive signs that the issue remains among your domestic policy priorities.

Preventing and ending homelessness require public policies that assure affordable housing, appropriate health care and supportive services, and adequate incomes available to all persons. The inability of individuals and the marketplace to meet the needs of so many vulnerable children, youth, and adults necessitates a public response. The progress we are making, however, remains insufficient.

As you know, our organizations and members were deeply involved in your Administration's first effort to address homelessness—the development of a single coordinated federal plan for breaking the cycle of existing homelessness and for preventing future homelessness. Regrettably, major components of the plan—*Priority: Home!* —have not been implemented. Additionally, new challenges and opportunities have emerged since the plan was unveiled that must be addressed.

President Clinton, revision and implementation of the federal homelessness plan requires attention at the highest levels of the federal government. Therefore, we request that you direct federal departments and agencies, as well as your Executive Office staff, to take the necessary steps to execute the plan. Furthermore, we urge you to reinvigorate the Interagency Council on the Homeless (ICH) so that it becomes the venue for assessing, revising, and monitoring the plan. The attached statement, *Recommendations for Implementing the Federal Homelessness Plan*, offers several interagency strategies that we believe are appropriate for ICH action.

National Alliance to End Homelessness 1518 K St NW Suite 206 Washington DC 20005-1203 202/638-1526
National Coalition for the Homeless 1012 14th St NW Suite 600 Washington DC 20005-3406 202/737-6444
National Coalition for Homeless Veterans 333 1/2 Pennsylvania Ave SE Washington DC 20003-1148 202/546-1969
National Health Care for the Homeless Council P.O. Box 60427 Nashville TN 37206-0427 615/226-2292
National Law Center on Homelessness and Poverty 918 F St NW Suite 412 Washington DC 20004-1406 202/638-2535
National Network for Youth 1319 F St NW Suite 401 Washington DC 20004-1113 202/783-7949

JUN 28 1999

We are eager to meet with you to commence a dialogue about the necessary steps for ending and preventing homelessness that you identified early in your Administration. Our organizations look forward to your leadership in eradicating the economic and social inequities that engender poverty and homelessness in this nation.

Sincerely,

Nan Roman
President
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 for
the Homeless Council

Maria Foscarinis
Executive Director
National Law Center on Homelessness & Poverty

Della Hughes
Executive Director
National Network for Youth

Enclosure

cc: John Podesta
Chief of Staff
Executive Office of the President

Bruce Reed
Assistant to the President for Domestic Policy
Executive Office of the President

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

Recommendations for Implementing the Federal Homelessness Plan June 1999

As national organizations that share as our goal an end to homelessness, we urge the Clinton Administration to renew and expand the federal commitment to breaking the cycle of homelessness and preventing future homelessness. Specifically, we urge the Administration to:

Update and Implement the Federal Homelessness Plan--Executive Order 12848 called for the development of a single coordinated federal plan for breaking the cycle of existing homelessness and for preventing future homelessness. Major components of the resulting federal homelessness plan have not been implemented. We urge the Administration to strengthen the plan's attentiveness to youth and other overlooked populations, update its recommendations, and immediately implement its recommended actions.

Reinvigorate the Interagency Council on the Homeless--The ICH is an independent entity in the Executive branch charged by statute to engage in policy and program planning and coordination among the federal departments that share responsibility for preventing homelessness and supporting homeless people. We urge the Administration to utilize the ICH as a centralized mechanism for assessing, updating, and monitoring the federal homelessness plan and ensuring a comprehensive, integrated response to homelessness.

Furthermore, we urge the Administration to direct the ICH to develop and implement strategies to:

- ***Hold Mainstream Federal Programs Accountable for Homelessness Prevention and Homeless Support***--Mainstream systems, programs, and grantees are not adequately addressing the unique needs and life circumstances of the homeless population. We urge the Administration to hold federally-funded systems, programs, and grantees accountable for ending homelessness and for supporting persons experiencing homelessness or at risk of homelessness. Mechanisms for doing so include data collection about the extent to which the programs serve homeless people, identification and resolution of barriers to relevant and available housing and services, elimination of address requirements, outreach and enrollment activities targeted to the homeless population, designation of homeless people as a priority for receiving services, and imposition of requirements that state and local governments report their use of federal funds to ensure access to services targeted to homeless people or homelessness prevention. These mechanisms should apply to all housing, health, education, training, employment, and social services receiving federal funds.

- ***Measure Outcomes and Performance of Federal Programs in Resolving and Preventing Homelessness***--We urge the Administration to adopt mechanisms for measuring the success of federally-funded systems, programs, and grantees at preventing homelessness and at assisting in resolving consumers' homeless conditions and for making necessary improvements to do so.

- ***Lead an Effort to Increase Funding for All Homeless Assistance and Prevention Programs and Fund Homeless Assistance Activities with Resources from Multiple Departments***--The U.S. Department of Housing and Urban Development has borne a disproportionate share of the responsibility for funding supportive services activities that properly fall under the purview of other departments. We urge the Administration to develop mechanisms for ensuring that all federal agencies contribute financial resources for supportive services identified as priorities by communities. Mechanisms include establishment of homeless assistance accounts in relevant federal departments, reservation of a percentage of funds allocated to mainstream programs for homelessness purposes, and requirements that mainstream programs give priority consideration to funding activities identified in community homeless assistance planning processes.

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National Coalition for the Homeless 1012 14th St NW Suite 600 Washington DC 20005-3406 202/737-6444
National Coalition for Homeless Veterans 333 1/2 Pennsylvania Ave SE Washington DC 20003-1148 202/546-1969
National Health Care for the Homeless Council P.O. Box 60427 Nashville TN 37206-0427 615/226-2292
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National Network for Youth 1319 F St NW Suite 401 Washington DC 20004-1113 202/783-7949

ID# 309548

THE WHITE HOUSE
CORRESPONDENCE TRACKING WORKSHEET

INCOMING

DATE RECEIVED: JUNE 30, 1999

NAME OF CORRESPONDENT: MS. NAN ROMAN

SUBJECT: REQUEST TO MEET WITH PRESIDENT TO DISCUSS WAYS TO RENEW AND EXPAND THE FEDERAL GOVERNMENT'S COMMITMENT TO ENDING AND PREVENTING HOMELESSNESS

		ACTION			DISPOSITION	
ROUTE TO: OFFICE/AGENCY	(STAFF NAME)	ACT CODE	DATE YY/MM/DD	TYPE RESP	C D	COMPLETED YY/MM/DD
TIM EMRICH		ORG	99/06/30			
	REFERRAL NOTE: OPEN					
	REFERRAL NOTE:					
	REFERRAL NOTE:					
	REFERRAL NOTE:					
	REFERRAL NOTE:					

COMMENTS: ADDITIONAL SIGNEES AND ORGANIZATIONS
ENCLOSURE

ADDITIONAL CORRESPONDENTS: 5 MEDIA:L INDIVIDUAL CODES: ____ ____ ____

MI MAIL USER CODES: (A)_____ (B)_____ (C)_____

*ACTION CODES:	*DISPOSITION	*OUTGOING CORRESPONDENCE:
*A-APPROPRIATE ACTION	*A-ANSWERED	*TYPE RESP=INITIALS OF SIGNER
*C-COMMENT/RECOM	*B-NON-SPEC-REFERRAL	* CODE = A
*D-DRAFT RESPONSE	*C-COMPLETED	*COMPLETED = DATE OF OUTGOING
*F-FURNISH FACT SHEET	*S-SUSPENDED	
*I-INFO COPY/NO ACT NEC		
*R-DIRECT REPLY W/COPY		
*S-FOR-SIGNATURE		
*X-INTERIM REPLY		

REFER QUESTIONS AND ROUTING UPDATES TO CENTRAL REFERENCE (ROOM 75,OEOB) EXT-2590
KEEP THIS WORKSHEET ATTACHED TO THE ORIGINAL INCOMING LETTER AT ALL TIMES AND SEND COMPLETED RECORD TO RECORDS MANAGEMENT.

S

Fred Karnas <Fred_Karnas@HUD.GOV>
08/02/99 06:58:04 PM

Record Type: Record

To: Mary L. Smith/OPD/EOP

cc:
Subject: Re: Proposals from Homeless Groups

Mary,

I would be glad to meet with them with you, Steve and Katherine. You can fax the letter to 202-401-0805.

Thanks.

Fred

Francis S. Redburn 08/03/99 08:47:07 AM

Record Type: Record

To: Mary L. Smith/OPD/EOP@EOP

cc: katherine l. meredith/omb/eop@eop, fred.karnas@hud_gov, thomas l. freedman/opd/eop@eop, trooper sanders/ovp@ovp

Subject: Re: Proposals from Homeless Groups

Sounds like a good idea. I'm available. Fax for Katherine and me is x51307.

THE WHITE HOUSE

WASHINGTON

DOMESTIC POLICY COUNCIL

FACSIMILE FOR: Fred Karnas
Katherine Meredith
Steve Redburn

DATE:

TELEPHONE:

FAX:

FACSIMILE FROM: MARY SMITH

TELEPHONE: (202) 456-5571

FAX: (202) 456-7431

NUMBER OF PAGES (INCLUDING COVER):

COMMENTS: letter from homeless groups →
~~Kath~~ how about a meeting next week

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

June 25, 1999

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington DC 20500

Dear President Clinton:

We are writing as leaders of the national organizations that share as their goal an end to homelessness to urge you to renew and expand the federal government's commitment to ending and preventing homelessness.

We applaud you, Mrs. Clinton, and Vice President and Mrs. Gore for public statements that have drawn attention to the reality that homelessness remains a tragic life circumstance for many persons in our nation. Your FY 2000 budget announcements regarding housing and mental health services for homeless persons and transitional living opportunities for homeless youth are positive signs that the issue remains among your domestic policy priorities.

Preventing and ending homelessness require public policies that assure affordable housing, appropriate health care and supportive services, and adequate incomes available to all persons. The inability of individuals and the marketplace to meet the needs of so many vulnerable children, youth, and adults necessitates a public response. The progress we are making, however, remains insufficient.

As you know, our organizations and members were deeply involved in your Administration's first effort to address homelessness—the development of a single coordinated federal plan for breaking the cycle of existing homelessness and for preventing future homelessness. Regrettably, major components of the plan—*Priority: Home!* —have not been implemented. Additionally, new challenges and opportunities have emerged since the plan was unveiled that must be addressed.

President Clinton, revision and implementation of the federal homelessness plan requires attention at the highest levels of the federal government. Therefore, we request that you direct federal departments and agencies, as well as your Executive Office staff, to take the necessary steps to execute the plan. Furthermore, we urge you to reinvigorate the Interagency Council on the Homeless (ICH) so that it becomes the venue for assessing, revising, and monitoring the plan. The attached statement, *Recommendations for Implementing the Federal Homelessness Plan*, offers several interagency strategies that we believe are appropriate for ICH action.

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We are eager to meet with you to commence a dialogue about the necessary steps for ending and preventing homelessness that you identified early in your Administration. Our organizations look forward to your leadership in eradicating the economic and social inequities that engender poverty and homelessness in this nation.

Sincerely,

Nan Roman
President
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 for
the Homeless Council

Maria Foscarinis
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Enclosure

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