Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Adopt-A-Family Mini Case Study [partial] (2 pages)	12/15/1998	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Thomas Freedman
OA/Box Number: 17545

FOLDER TITLE:
Homeless Event "98"

2015-0274-S
wr10807

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Wednesday, December 23, 1998

SCHEDULE OF THE PRESIDENT
FOR
WEDNESDAY, DECEMBER 23, 1998

Draft Schedule

SCHEDULING DIRECTOR:	STEPHANIE STREETT	
	HOME:	202-332-5651
	OFFICE:	202-456-2823
	WHCA PAGER:	4824
PRESS DESK:	DORI SALCIDO	
	HOME:	703-548-6466
	OFFICE:	202-456-5771
	WHCA PAGER:	4844
EVENT COORDINATOR:	AVIVA STEINBERG	
	HOME:	202-362-1813
	OFFICE:	202-456-2920
	WHCA PAGER:	4022
WEATHER:	WASHINGTON, D.C.	

December 21, 1998 (12:50pm)

Wednesday, December 23, 1998

Schedule of the President
for
Wednesday, December 23, 1998
Draft Schedule

DAY OFF

TBD		**BRIEFING** LOCATION TBD Staff Contact: Bruce Reed
9:10	am	**THE PRESIDENT** departs The White House via motorcade en route the Reflecting Pool [drive time: 5 minutes]
9:15	am	**THE PRESIDENT** arrives the Reflecting Pool
9:25	am	**THE PRESIDENT** departs the Reflecting Pool via Marine One en route Fort McHenry Landing Zone [flight time: 25 minutes]
9:50	am	**THE PRESIDENT** arrives Fort McHenry Landing Zone
10:00	am	**THE PRESIDENT** departs Fort McHenry Landing Zone via motorcade en route Boys and Girls Club [drive time: tbd]
10:20	am	**THE PRESIDENT** arrives Boys and Girls Club Greeters:
10:30 am- 11:30	am	**HUD GRANT ANNOUNCEMENT EVENT** GYM Boys and Girls Club Remarks: Lowell Weiss Staff Contact: Bruce Reed Event Coordinator: Aviva Steinberg **OPEN PRESS**
11:35	am	**THE PRESIDENT** departs Boys and Girls Club via motorcade en route Fort McHenry Landing Zone [drive time: tbd]

December 21, 1998 (12:50pm)

11:55	am	**THE PRESIDENT** arrives Fort McHenry Landing Zone
12:05	pm	**THE PRESIDENT** departs Fort McHenry Landing Zone via Marine One en route the Reflecting Pool [flight time: 25 minutes]
12:30	pm	**THE PRESIDENT** arrives the Reflecting Pool
12:40	pm	**THE PRESIDENT** departs the Reflecting Pool via motorcade en route The White House [drive time: 5 minutes]
12:45	pm	**THE PRESIDENT** arrives The White House
12:45 5:30	pm- pm	**PHONE AND OFFICE TIME** OVAL OFFICE
5:30 7:00	pm- pm	**RESIDENCE RECEPTION** DIPLOMATIC RECEPTION ROOM Staff Contact: Capricia Marshall Event Coordinator: Laura Schwartz **CLOSED PRESS**

– **The President** and the First Lady arrive Diplomatic Reception Room for the receiving line.

– **The President** and the First Lady receive guests.

– **The President** and the First Lady depart.

BC/HRC RON

THE WHITE HOUSE
WASHINGTON, DC

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Howell – Continuation of Case – EW

Office of Executive Scheduling

Office of the Secretary
Department of Housing & Urban Development
451 7th Street, SW, Suite 10158
Washington, DC 20410
Phone: **(202) 708-1238**
Fax: **(202) 708-1353**

To: Mary Smith / Jim Jennings

Phone: ______ Fax: 456-7431 456-2525

Date of transmission: ______

Total number of pages (Including cover sheet): 9

From: Brian Turetsky

Phone: ______ Ext: ______

Comments: Anecdotal Info

If there are any problems with this transmission please call (202) 708-1238.

Continuum of Care Turns Life Around

Two years ago at Christmastime, Bob was living in the "weeds," the tall marsh reeds in Quincy, Massachusetts. (Quincy is known as the "City of Presidents" based on John and John Quincy Adams having resided there.) The local shelter in Quincy, Father Bill's Place, received funding from the HUD Continuum of Care to conduct outreach. They focused their efforts on the "weeds" and established a relationship with Bob. After several months of engagement, a deepening of the relationship and some cajoling, Bob decided to come inside. He began sleeping at the shelter.

Father Bill's Place also received HUD funding to provide case management and stabilization services for its guests. These HUD-funded services were soon extended to Bob, as was medical care through the Health Care for the Homeless program.

As a result of these McKinney supports, Bob's situation improved, as did his medical condition, and he began to have hope for a life he had given up to despair. Hope led to a desire for housing, and the HUD-funded regionally based housing search program provided the necessary impetus for Bob to look for his first apartment in over 5 years.

The housing search was a success. Bob found a home through the HUD-funded Shelter + Care program and secured an apartment in his nearby hometown of Weymouth, Massachusetts. As a result of this tangible new found hope in his life, Bob established contact with his teenage son, whom he had not seen in 4 1/2 years. This year, Bob was reunited with his son in their new home, the HUD Shelter + Care unit.

This week, Bob attended his first meeting as a member of the Board of Directors of the Quincy Interfaith Sheltering Coalition – the agency that operates Father Bill's Place. In the past two years, Bob has devoted three nights a week to volunteering at the shelter with the intent of helping others to move beyond homelessness to hope.

Next week, for the first time in a half-decade, Bob will celebrate the Christmas season in his own home with his son.

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[001]

ROBYN S. RAYSOR
12/16/98 08:36 PM

To: John Garrity/CPD/HUD/GOV@HUD
cc: ROBYN S. RAYSOR/CPD/HHQ/HUD@HUD
Subject: Adopt-A-Family mini case study

(b)(6) is a graduate of a McKinney funded homeless program, Adopt-A-Family, part of the Arlington-Alexandria Coalition for the Homeless in Alexandria, Virginia. The 38-year old woman had been addicted to drugs since the age of 13, was a mother of five, wife of a man with an extensive jail record and totally dependent on welfare. Using all the resources available, some not so legal, was not enough and her habits often took precedence over her children's needs. And then she became homeless.

Upon entering the program, over the next 24 months, she worked hard as the recipient of intensive drug rehabilitation and case management, computer job skills training and support from other women in the program. She has been drug free for the entire time. Her children also received counseling.

(b)(6) participated in the Habitat for Humanity program, contributing several hundred hours of sweat equity. This effort paid off when she became a proud homeowner this past July. She was also able to purchase a car and find employment as a Federal government contract worker. The family is experiencing this Christmas in a whole new way and looking to the future with great hope.

Success in the McKinney Act Programs

Los Angeles, CA

(b)(6) spent last Christmas season living in the doorways and on the sidewalks of Skid Row in downtown Los Angeles. This year, thanks to the Mary Lind Foundation and its McKinney Act funding and his own heroic efforts to overcome the disease of alcoholism, (b)(6) is the best employee in the Foundation's corporate office. He is administrative assistant to the Executive Director and is using the business and paralegal degrees which he earned in 1995.

Columbus, OH

In Columbus, Ohio, a woman named Lee was homeless just about a year ago. She was an alcohol and cocaine user and had lost custody of her children. After receiving drug and alcohol treatment and other services from the Friend of the Homeless, funded in part with McKinney Act dollars, she has been sober for a year, has completed her GED, and has a full-time job. She has lived on her own in permanent housing for the last six months.

MICHELLE

Michelle* rises at 5:30 every morning to care for Daria, her year-old infant Daughter, and takes her to House of Ruth's child and family development center. Then she plunges into a full day of study and training for work, drug aftercare and Narcotics Anonymous meetings, helping newcomers to our home for mothers and their infants, and attending regular therapy sessions.

In therapy, Michelle is making the connections between her traumatic childhood and the alcohol and drug abuse, abusive relationships and loss of her older children to foster care that marked her teens and twenties. The youngest of nine children. Michelle's mother was a crack addict. She was raised by her older brothers, who disciplined her with beatings. She started drinking at age 14, the same year she first became pregnant. By age 15, she stopped going to school. At 18, she was using crack and speed. Abusive relationships, rape, four failed attempts at drug treatment, and two suicide attempts followed.

It took six months of patient encouragement and effort from the staff before Michelle lost the red hot air of anger that surrounded her when she came to live at House of Ruth. Her relationships with our staff were the first based in trust, consistency and support that she had ever experienced. She began to feel safe and learn to communicate her needs, hopes, and feelings.

Now, a year after coming to House of Ruth, Michelle is still clean and sober. She is caring for her infant daughter, taking classes in parenting and child development, beginning to manage her finances and budget. Formerly isolated and hostile, Michelle is now the first to extend herself to the women--- cooking for others, watching their children for them, reaching out to new folks who are struggling to cope with their sobriety and a tiny infant, Michelle has regained her capacity to feel and express compassion and love.

With her case manager, Michelle is making plans for her two year old and four-year old child to come live with her as soon as she relocates with the other mothers and their children to apartments large enough to accommodate everyone. The older children visit every other weekend, and with Michelle and Daria they live like a family for those few days every month --- taking outings to the zoo, celebrating birthdays, having picnics. All are eager for their re-unification, especially the little ones who must leave their mother and sister to return to foster care until House of Ruth provides a home large enough for all of them.

**Names have been changed to protect privacy*

Homeless Vignettes

- Last Christmas, Cindy was living in an emergency shelter in the Southeast with her one-year old son. She learned about and moved to Unity's transitional housing program in New Orleans funded by HUD. The program provides housing and an array of support services, including day care. As a result of this assistance, Cindy was able to secure a job in the health care field with full benefits for her and her son. She now plans to enroll in a homeownership program.

- Hannah is 60 years and disabled. For the last five years she lived on the streets by day and in an emergency shelter by night. She left the shelter this year upon learning about a HUD-funded transitional housing program operated by Unity. At the housing program she received badly needed health care and other benefits. She now feels safe and less vulnerable and is working with staff to locate and move into permanent housing.

- A middle-aged man in the Midwest was in very poor health, living in a train station for 6 months. He was found by a homeless outreach team funded by HUD who worked with him for over a year. The team assisted the man in moving into transitional housing, which provided various assistance, including clothing, food, medical assistance and job referrals. Today this man is employed full-time at $12 per hour and lives independently.

- Harold is a veteran who had been homeless for 18 years. The Colorado Department of Human Services, with money received through McKinney grants, was able to link Harold to supportive services, such as case management, substance abuse treatment, and group therapy. Harold also enrolled in a homeownership program. After two years in these HUD supported programs, Harold is a homeowner and has reunited with his estranged family. He recently became a grandfather.

- Judy enrolled in the Family Self-Sufficiency Program in December of 1997 after living with her infant daughter out of her car. Judy then moved into Section 8 housing and received supportive services such as mental health counseling a savings program, which matched any increase in income Judy received while cleaning houses. Saving money allowed Judy to return to school and get certification as a nurses aid. Judy now owns her own home health care business and has just bought a new car.

PATRICE

For months, Patrice would come to House of Ruth's Emergency Shelter from time to time. Unkempt, unwashed, with her belongings stowed in a few sacks. Gradually the staff gained her trust, interacting with her for nearly a year. Finally in August of 1996, they persuaded her to enter one of our homes for women; making the transition from chaotic life on the streets to stability and safety.

When she arrived at the residence, Patrice needed help with the simple basics of daily living. In the beginning, staff worked with her on personal hygiene, dressing in clean clothes every day, and establishing social skills. Patrice had isolated herself from others for so long that she couldn't carry on a normal conversation, couldn't introduce herself or express her needs and ideas. A psychiatrist diagnosed her with depression, psychosis, and auditory hallucinations.

Gradually, as the staff at House of Ruth continued to build a trusting relationship with Patrice, her story came out. An all-too familiar story.

Abandoned by her drug-addicted mother, Patrice was sexually abused as a child by her stepfather and uncle. Her primary caregiver, her grandmother, didn't believe Patrice when she told her about the abuse. Instead, she punished her with beatings. When she was 14, Patrice met her mother, who then drifted back into drugs and out of her life. Patrice left school after the ninth grade, got into alcohol and crack, and married at age 15. She was separated five years later. She was involved in several assaults --- often as the victim and occasionally named as perpetrator, such as the time she stabbed a man who tried to rob her.

Her first six months at House of Ruth were the toughest for Patrice. She relapsed into drug use a couple of times. But eventually the consistent, sustained support of our staff helped her deal with the pain of her past and begin to plan her future. Her mental health stabilized through regular psychiatric care. After 11 months in our residence, Patrice had turned her life around. She had been on a steady path of growth and stability for six months. Once unable to care for herself, she became impeccably clean and enjoyed dressing up to leave the house every day. She developed the skills to find and keep a job as a receptionist with a social service agency. She stayed off drugs and alcohol.

Eager to begin life on her own, Patrice moved out of House of Ruth after 13 months of residence with us. She now has her own apartment, a job, and a companion with whom to share her life. She is safe and healthy. She has re-established contact with her adult children. Patrice stops by the House of Ruth residence where she once lived every few weeks to check in with the staff. Her latest news is that she is trying to get a two bedroom apartment so that there will be room for her grandchildren to come and stay with her for a few days. After years lost on the streets, Patrice has her children and grandchildren back. Patrice has her life back.

GLORIA

Gloria says that it has been the consistent support of her family advocate that has made all the difference for her. We know better. While our staff plays a crucial role, it is the women in need who give the most to the process of change that brings them from chaotic to stable lives.

Two years ago, Gloria was living in a shelter with her baby daughter and two-year-old granddaughter. A House of Ruth family advocate helped them secure stable housing with Gloria's eldest daughter and began intensive work with the family. The two-year old began receiving speech and language therapy and now, at age four, has overcome the delays in her language skills. Had she not caught up with her peers in this critical area, she would have faced entering school at an immediate disadvantage, unprepared to learn and succeed academically. Gloria's infant daughter has not exhibited developmental delays, in large part because of the improvements in Gloria's interaction with her.

When she first began working with House of Ruth, Gloria's greatest needs were for employment preparation and improving relationships with her children. She has succeeded in both areas. Gloria has been employed for a year. She has also greatly improved her parenting skills and ability to encourage and discipline her daughter and granddaughter appropriately.

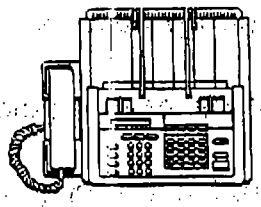
Continuum of Care Turns Life Around

"Mrs. H., a young mother with three children, is a survivor of domestic violence. In 1997, her abusive husband burned her with acid over most of her face and upper body. When her marriage ended, her husband in prison, and her face disfigured, she and her children soon became homeless. Her life was transformed when she was referred to Beyond Shelter in Los Angeles, which is funded with HUD McKinney funds. Beyond Shelter provided the family with emergency food and clothing, helped her find affordable housing and assisted her in obtaining income, provided counseling and referrals to therapy, and connected her to an organization that will provide plastic surgery this coming year, free of charge. This truly is a good Christmas for Mrs. H and her three children."

National Coalition for the Homeless
1012 14th Street, NW; Suite 600
Washington, DC 20005-3406
Phone: (202)737-6444 Fax: (202)737-6445
Email: nch@ari.net Website: http://nch.ari.net

homeless

Fax Transmittal Sheet



To: Mary Smith 202 456-7431

From: Bob Reeg

Date: 12-22-98

RE: Pres. Speech on Homelessness

Message: We would appreciate the President's mention of the need for substance abuse treatment and recovery housing in his speech tomorrow. Attached is an Exec. Summary of a Report on this topic that we released yesterday in connection with Homeless Memorial Day.

No. of pages (including cover): 5

Please call with questions.
202-737-6444 x 314

Thks,
Bob

Executive Summary

No Open Door: Breaking the Lock on Addiction Recovery for Homeless People reissues the call for serious action regarding addictive disorder treatment services and recovery supports for homeless persons, launched by that National Coalition for the Homeless (NCH) and others as early as the 1980s. The publication is arranged in four parts.

Addictive Disorders and Homelessness

Pronouncement of a national estimate of the percent of the homeless population with an addictive disorder is fraught with complication. Research reveals that, regardless of the homeless subpopulation examined, the prevalence of addictive disorders within the homeless population is greater than the rate of the disease among the general population. This evidence suggests a need to direct treatment services and recovery supports to homeless people.

While rates of alcohol and drug abuse are disproportionately high among the homeless population, the increase in homelessness over the past two decades cannot be explained by addiction alone. Yet, untreated addictive disorders contribute to homelessness. For those with below-living wage incomes and just one-step away from homelessness, the onset or exacerbation of an addictive disorder may provide just the catalyst to plunge them into residential instability. For those addicted and homeless, the health condition may be prolonged by the very life circumstance in which s/he finds her/himself. Many homeless persons with addictive disorders desire to overcome their disease, but that the combination of the homeless condition itself and a service system ill-equipped to respond to these circumstances essentially bars their access to treatment services and recovery supports.

Homeless people face often insurmountable barriers to health care, including addictive disorder treatment services and recovery supports. The mainstream health system operates in a "one size fits all" fashion and thus overlooks the special needs of those who fall outside the norm, including people without housing. The following are among the obstacles to addictive disorder treatment services and recovery supports for homeless persons: lack of health insurance; lack of documentation; waiting lists; scheduling difficulties; daily contact requirements; lack of transportation; ineffective treatment methods; lack of supportive services; and cultural insensitivity.

The failure of public officials and service providers to adjust the mainstream addictive disorder treatment system to respond to the unique needs and life circumstances of homeless people wreaks havoc on their current and future physical health and quality of life. The societal costs of the failure to provide addictive disorder treatment for homeless people are also great.

Evidence from recent research undertakings demonstrate that treatment is an effective antidote to homelessness for those with addictive disorders and that services customized to the unique needs and life circumstances of those without homes can resolve both their addictive disorder and their homeless condition.

Community Profiles

A comparison of the addictive disorder treatment and recovery continuums for homeless people and gaps therein in thirteen communities across the nation provide an opportunity to make observations about the current state of affairs for homeless persons with addictive disorders in those locations and, by extension, the nation.

- The addictive disorder treatment and recovery continuum for homeless people generally consists of the following stages—outreach, public inebriate program/sobering, detoxification, short-term residential/outpatient treatment, extended rehabilitation, transitional housing, and (permanent) supported housing.
- Every community examined reported a service gap in at least one stage of the

treatment and recovery continuum for homeless people.

- Service gaps at various stages of the continuum lead to frequent "revolving door" patterns whereby the individual must return to an earlier phase because s/he relapsed while awaiting admission to the next phase of the continuum. Even in those communities with favorable coordination of services, this coordination is only effective if there are sufficient services at all stages of the continuum.
- In some communities, barriers to treatment and recovery occur not for a lack of providers but rather for a lack of transportation assistance to enable homeless people to get to those providers located across-town, regions, or even states.
- Communities appear to be better skilled at arranging for site-based outreach than street outreach. The absence of concerted street outreach may signal that a sizable number of chronic public inebriates, who typically do not access emergency shelter, are never approached regarding the opportunity to utilize treatment and recovery resources that are available in the community.
- Many communities do not have structured public inebriate programs, and instead rely on the police to retrieve inebriates and transport them to emergency rooms or to jails. Not only is this a missed opportunity to provide safe shelter to inebriates and to connect them to the treatment and recovery continuum, but it represents a sizable public cost in terms of law enforcement and hospitalization.
- Some communities are using pre-treatment shelters as a *de facto* form of sobering programs. Other communities are looking to establish pre-treatment shelters in an effort to stop the repeated use of detoxification programs while awaiting placement in a treatment program.
- A number of communities reported a shortage of medical detoxification programs available to homeless and other indigent populations. This shortfall is particularly harmful for homeless people, who are more likely to physical health conditions that require medical supervision during withdrawal.
- Homeless people are almost entirely reliant on mainstream service providers for short-term residential and outpatient treatment. There are few residential treatment programs designed exclusively to address the unique needs and life circumstances of homeless people.
- Communities reported that the typical access barriers that homeless people face in accessing short-term residential treatment programs are waiting lists and fees.
- Across communities, neither extended rehabilitation, transitional housing, nor supported housing are available in sufficient supply to meet the need of all homeless people seeking these forms of recovery housing. This is the case both in communities with inferior levels of treatment services and in communities with superior levels of treatment services.
- Lack of funds for supportive services and operating expenses, in addition to neighborhood opposition, rather than shortage of housing stock, are the larger barriers to establishing recovery housing.
- Historically, specialized residential treatment and recovery services for homeless people have been established to fill gaps in the mainstream treatment and recovery system rather to duplicate or improve that system.
- Providers of specialized residential treatment and recovery services for the homeless population tend to establish long-term housing-oriented programs rather than short-term treatment-based programs.
- Specialized homeless treatment and recovery programs almost always have treatment/recovery, housing, and supportive services components.
- There is no shortage of creativity when it comes to the design of treatment and recovery programs designed for the unique needs and life circumstances of the homeless population. Regrettably, insufficient levels of funding have been made it impossible to establish a sufficient supply of such programs.
- HUD McKinney programs (Supportive Housing, Shelter Plus Care, Section 8 Single Room Occupancy Moderate Rehabilitation) are a major source of funding for specialized homeless treatment and recovery programs.
- Some communities (e.g. Louisville, San Francisco) are taking bold actions to address the treatment and recovery needs of all in their community; if successful,

these initiatives will benefit homeless people as well as the general population.
- No state of the 13 profiled identifies the homeless population as a priority for receiving state or substance abuse prevention and treatment block grant-funded services.
- States spend very little state/block-funds on services designed to meet the unique needs and life circumstances of the homeless population.

Environmental Assessment

Both program-level obstacles within the existing treatment and recovery continuum and more vexing system-level hurdles that exacerbate the homeless condition block homeless and other individuals from access to addictive disorder treatment recovery opportunities. Among them:

- imbalance in expenditures on addiction prevention and treatment compared to controlled substance source reduction, interdiction, and law enforcement;
- declining rate of expenditures on addictive disorder treatment;
- inadequately-funded public health care, health insurance, and homeless assistance programs, including the Medicaid, Veterans Affairs, Substance Abuse Prevention and Treatment Block Grant, Health Care for the Homeless and HUD homeless assistance (McKinney) programs;
- neglect of homeless population in policy and program development;
- unaccountable mainstream public health systems;
- failure to apply research findings;
- the shift to managed behavioral health care;
- exclusion of addictive disorder treatment services from health insurance;
- abstinence-only programming;
- shortage of affordable housing;
- declining health insurance coverage;
- stagnant poverty levels and below-living wages;
- welfare reform;
- termination of disability benefits for those with addictive disorders; and
- mainstream systems that discharge consumers into homelessness.

Policy Recommendations

The National Coalition for the Homeless calls on the federal government to take the following actions to end perpetual homelessness for persons with addictive disorders:

- authorize and appropriate funds for a homeless addictive disorder treatment and recovery program which will allow communities and service providers to respond to treatment needs of their communities' homeless populations in forms appropriate to them;
- dramatically increase funding for the Substance Abuse Prevention and Treatment (SAPT) block grant program;
- substantially increase funding for the Health Care for the Homeless Program;
- amend the Medicaid statute to require states to include the full scope, amount, and duration of addictive disorder clinical, rehabilitative, and support services in their benefit packages;
- increase funding for addictive disorder treatment services within the VA health system;
- require private and public health insurance plans to establish parity between their coverage of addictive disorder and their coverage of physical illnesses;
- include the homeless population in the development of addictive disorder prevention and treatment policies and programs;
- designate homeless people as a priority population for SAPT block grant-funded services, retain and expand the requirement that states set-aside a portion of their SAPT funds for recovery housing, require states to describe their goals, activities, and timelines related to the addictive disorder treatment needs of homeless people in their block grant state plan submissions, and report their expenditures of funds and activity outcomes for services to this population;
- translate the findings from federally-funded research and development projects on addictive disorder prevention and treatment into a sustained delivery of services;

- adopt public policies that enable communities and providers to respond to the totality of needs of those affected by addictive disorder, including those who are unwilling or not ready to seek abstinence;
- increase investment in recovery housing for homeless people with addictive disorders;
- restore Supplemental Security Disability Insurance, Supplemental Security Income, Medicaid, and Medicare to individuals disabled by an addictive disorder;
- assure that the various health, social, and law enforcement systems do not exacerbate the problem of homelessness by discharging individuals and families in their care or custody into residential instability;
- jointly establish with states, localities, and the private sector a $50 billion Community Housing Investment Trust (ComHIT) for the purpose of creating capital funds to acquire, renovate, construct, operate or preserve one million units of rental housing affordable to households whose annual incomes are less than the minimum wage, including the disabled, elderly, and low-wage workers;
- enact a national minimum wage indexed to the cost of housing in order to lift individuals and families out of poverty;
- assure that families receiving and exiting temporary cash assistance achieve real economic viability through education and training, child care, transportation assistance, housing assistance, addictive disorder treatment, and other necessary work supports; and
- establish universal access to comprehensive, quality, and affordable health care as a fundamental right in the nation and develop a means to assure that this guarantee is honored.

No Open Door: Breaking the Lock on Addiction Recovery for Homeless People is available for $10.00 (plus $1.50 for shipping and handling. To purchase copies, contact NCH at 202/737-6444 (Phone); 202/737-6445 (Fax); nch@ari.net (E-mail), or NCH, 1012 14th St NW, Suite 600, Washington, DC 20005-3406.

Contact: *Bob Reeg*
Health Policy Analyst

The rescission of $10 million in 1998 ($6 million from Supportive Housing and $4 million from Shelter Plus Care) assumes the recapture of funding for approved projects in 1993 or earlier which were either not undertaken or utilized less funding than originally budgeted. Recaptures would be from funds available from P.L. 103-124 and prior years.

EXPLANATION OF INCREASES AND DECREASES

The absence of obligations in 1999 reflects the anticipation that all unobligated amounts within these homeless assistance programs will be obligated by the end of 1998. Outlays will show a steady decline after 1998, to reflect the spendout of the remaining obligated balances.

PROGRAM DESCRIPTION AND ACTIVITY

1. Legislative Authority. The homeless assistance programs included in this justification are authorized by Title IV of the Stewart B. McKinney Homeless Assistance Act (P.L. 101-77), as amended by the Cranston-Gonzalez National Affordable Housing Act (P.L. 101-625) and the Housing and Community Development Act (HCD) of 1992 (P.L. 102-550).

2. Program Area Organization. HUD's homeless assistance programs provide a wide range of assistance to homeless people and families. These programs were developed in an attempt to address the varied and complex problems facing homeless individuals and families by targeting funds to the particularly vulnerable homeless (i.e., persons with disabilities, the severely mentally ill, and families with children). Moreover, the Shelter Plus Care program targets assistance to disabled homeless individuals--primarily those with alcohol or drug problems, suffering from AIDS or related diseases, and those who are seriously mentally ill. Since 1995, the Homeless Assistance Grants appropriation has provided consolidated funding for homeless programs.

A brief description of each of the programs follows:

Eligible under enacted 1999 appropriations

a. Shelter Plus Care. This program provides rental assistance to homeless persons with disabilities. Supportive services at least equal in value to the aggregate rental assistance must be provided by grant recipients, using other Federal, State, local and private resources. Eligible recipients include States, units of general local government and Public Housing Authorities. Indian tribes were also eligible prior to enactment of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA). Grants are awarded on a competitive basis.

b. Supportive Housing Program. This program provides supportive housing and services especially to deinstitutionalized homeless individuals, homeless families with children, homeless individuals with mental disabilities and other persons including those with AIDS. Participants must match the acquisition/rehabilitation/new construction costs of a project and provide a percentage of operating costs. This Federal assistance is provided through grants for acquisition/rehabilitation/new construction, and annual payments for operating costs and supportive services. Technical assistance is also available to grantees. Grants are awarded on a competitive basis.

c. Section 8 Moderate Rehabilitation (Single Room Occupancy). This program provides funds to be used in conjunction with moderate rehabilitation of housing described in Section 8(n) of the U.S. Housing Act of 1937 for occupancy by homeless individuals, as authorized by Title IV of the McKinney Act. Funds are allocated on the basis of a national competition. Eligible applicants include Public Housing Authorities and pursuant to Section 1405 of the HCD Act 1992, private nonprofit organizations.

d. Emergency Shelter Grants. This program was established to assist communities in providing temporary emergency shelter for the homeless. Funding can be used to renovate, rehabilitate, or convert buildings to be used as shelters. Grants are also used to operate emergency shelters, provide essential social services to homeless individuals, and prevent homelessness. Grants are allocated to States, metropolitan cities and urban counties based on a formula which uses several objective measures of community need, including poverty, population, housing overcrowding, age of housing and growth.

e. Innovative Homeless Initiatives Demonstration. Authorization for this program expired at the end of 1994. This program provided assistance for projects which advanced innovative, Continuum of Care efforts to assist homeless persons through coordinated housing and service approaches. Grants to eligible recipients, including States, units of local government, Indian tribes and nonprofit organizations, were awarded on a competitive basis.

PRESIDENT CLINTON ANNOUNCES SIGNIFICANT INCREASE IN HOMELESS ASSISTANCE FOR FY2000 BUDGET AND $850 MILLION IN GRANTS TO HELP MORE THAN 330,000 HOMELESS AMERICANS

December 23, 1998

Today President Clinton will announce that his Fiscal Year 2000 budget will include $1.125 billion in homeless assistance, a more than 15 percent increase over the $975 million enacted last year. President Clinton also will announce that HUD is awarding $850 million in grants to help more than 330,000 homeless people obtain housing and receive vital social services to reach self-sufficiency. The grants, issued by the Department of Housing and Urban Development (HUD), are part of President Clinton's Continuum of Care strategy to create safe, affordable housing and break the cycle of homelessness.

Fiscal Year 2000 Budget

The President will announce that his FY2000 budget for HUD includes $1.125 billion for homeless assistance. The budget includes $1.025 billion for homeless grant programs and $100 million for 18,000 additional Section 8 vouchers targeted to help homeless people move from homeless facilities into permanent residences. If enacted, the $1.125 billion will be the largest ever appropriation to HUD for homeless assistance. The budget request represents a more than 15 percent increase above the $975 million that was enacted for HUD homeless programs for FY 1999.

Continuum of Care Grants for the Homeless

The President will announce $700 million in Continuum of Care competitive grants to help homeless persons in 307 communities located in 46 states, the District of Columbia, and Puerto Rico. The grants provide homeless people with transitional and permanent housing and fund social services such as job training, child care, substance abuse treatment, and mental health services. The grants are provided under the Stewart B. McKinney Homeless Assistance Act and fund 1420 individual projects including more than 1000 non-profit organizations. The non-profit organizations receiving funds include local chapters of the Salvation Army, Volunteers of America, and Catholic Charities.

Emergency Shelter Grants

The President will also announce $150 million in funding for the Emergency Shelter Grants program. Under this program, states and cities select local projects to receive funding for emergency shelter and other homeless needs. The funds are

distributed through a formula based on a community's housing and poverty needs. Attached is a state by state list of funds that will be distributed under the Continuum of Care and Emergency Shelter Grants program.

President Clinton's Continuum of Care Program to End the Cycle of Homelessness

President Clinton's Continuum of Care program, initiated in 1993, requires local public and private agencies to work together to create a comprehensive plan to address the needs of poor and homeless people, and to coordinate services to use resources most efficiently. The goal of the Continuum of Care strategy is to give communities the decision-making authority to craft plans that move away from short-term emergency measures and toward permanent solutions that help homeless people become self-sufficient. The key elements are outreach and assessment; emergency shelter; transitional housing and services; permanent housing; and permanent supportive housing. Under the Continuum of Care program, each community submits a list of priority projects to HUD. The applications are evaluated on the basis of the strategy for addressing homelessness, including the coordination and involvement of federal, state and local agencies, nonprofit organizations, homeless persons, and in many cases, local businesses. Since taking office in 1993, President Clinton has overseen a more than 70 percent increase in McKinney Act homeless assistance. In 1998, Harvard University's Kennedy School of Government and the Ford Foundation recognized the Continuum of Care policy as one of the 25 finalists in Innovations in American Government.

Homeless Event Q&As
12/23/98

Q: What did the President announce today?

A: Today President Clinton announced that his Fiscal Year 2000 budget will include $1.125 billion in homeless assistance, a more than 15 percent increase over the $975 million enacted last year. President Clinton also announced that HUD is awarding $850 million in grants to help more than 330,000 homeless people obtain housing and receive vital social services to reach self-sufficiency. The grants, issued by the Department of Housing and Urban Development (HUD), are part of President Clinton's Continuum of Care strategy to create safe, affordable housing and break the cycle of homelessness.

Q: What specifically did the President announce regarding his FY2000 homeless assistance budget?

A: The President announced that his FY2000 budget for HUD includes $1.125 billion for homeless assistance. The budget includes $1.025 billion for homeless grant programs and $100 million for 18,000 additional Section 8 vouchers targeted to helping homeless people move from homeless facilities into permanent residences. If enacted, the $1.125 billion will be the largest ever appropriation to HUD for homeless assistance. The budget request represents a more than 15 percent increase above the $975 million that was enacted for HUD homeless programs for FY 1999.

Q: How are the $850 million in grants distributed?

A: The Continuum of Care grants include $700 million to fund 1420 individual projects, including state and local governments and more than 1000 non-profit organizations who work with the homeless. These competitive grants enable organizations to provide homeless people with transitional and permanent housing and fund supportive services such as job training, child care, substance abuse treatment, and mental health services. The non-profit organizations receiving funds include local chapters of the Salvation Army, Volunteers of America, and Catholic Charities. In addition, the President announced $150 million of grants under the Emergency Shelter Grants program. This program assists communities in providing temporary emergency shelter and essential services, and preventing homelessness. Grants are allocated to States, metropolitan cities and urban counties based on a formula which uses several objective measures of community need, including poverty, population, housing overcrowding, age of housing, and growth.

Office of Executive Scheduling
Office of the Secretary
Department of Housing & Urban Development
451 7th Street, SW, Suite 10158
Washington, DC 20410
Phone: **(202) 708-1238**
Fax: **(202) 708-1353**

To: Mary Smith

Phone: _____ Fax: 456-7431

Date of transmission: _____

Total number of pages (Including cover sheet): 6

From: Brian

Phone: _____ Ext: _____

Comments: Program descriptions

If there are any problems with this transmission please call (202) 708-1238.

SUPPORTIVE HOUSING PROGRAM

- FACT SHEET -

PURPOSE

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

PROGRAM

The Supportive Housing Program funds 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) facilities in which services are provided.

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 of supportive housing or the cost of supportive services 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 funding provided for acquisition, rehabilitation, and new construction with an equal amount of funds from other sources.

ELIGIBLE APPLICANTS

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

SHELTER PLUS CARE

- FACT SHEET -

PURPOSE

The purpose of the Shelter Plus Care program is to provide rental assistance for hard-to-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 HIV/AIDS 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 (TRA) 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 (PRA) 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 TRA, 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 HUD for units of comparable size, minus the portion of the rent paid by the participant.

Single Room Occupancy for Homeless Individuals (SRO) provides grants for rental assistance in connection with the moderate rehabilitation of SRO housing units. Resources to fund the cost of rehabilitating the dwellings must be obtained from other sources. However, the rental assistance covers operating expenses of the rehabilitated SRO units, including debt service for rehabilitation financing, provided the monthly rental assistance per unit does not exceed the fair market rent established by HUD for a rehabilitated SRO unit. Assistance is available for ten years. No project may receive assistance for more than 100 units.

ELIGIBLE APPLICANTS

Eligible applicants are States, units of general government, public housing agencies (PHAs), and Indian tribes.

MATCHING REQUIREMENTS

Recipients must match the rental housing assistance with supportive services for the residents that are at least equal in value to the aggregate amount of rental assistance and are appropriate to the needs of the population to be served. The supportive services may be funded from any source other than this program, including Federal, state, local and private sources.

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), Indian Housing Authorities (IHA), and private organizations. For Fiscal Year 1995, 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 unit's prorated share of work to be accomplished on common areas.

EMERGENCY SHELTER GRANTS (ESG) PROGRAMS

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 furnishings. To receive a grant each grantee 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 costs of operating shelters and of providing essential social services to homeless individuals, and to help prevent homelessness.

ELIGIBLE APPLICANTS: Grants to States, metropolitan cities, urban counties, and territories are based on 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. About one percent of each appropriation is set aside for Indian tribes, bands, groups or nations, and Alaskan Native Villages.

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 organizations with the approval of the local governments.

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
708-0685
http://www.hud.gov/news.html
1998

FOR RELEASE
xx a.m. Wednesday
December 23,

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

WASHINGTON – 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.

A total of $700 million of the Department of Housing and Urban Development assistance is targeted to 1,420 long-term programs around the country to help individuals and families permanently end their homeless status. These programs 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 remaining $150 million in grants are for emergency shelter programs that provide food and shelter on a short-term basis to homeless people so they aren't forced to live on the streets and go hungry.

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

"The President's policies recognize that if we give homeless people the help they need, they can overcome their problems and work their way out of poverty," 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."

The $850 million in assistance announced today will go to over 300 communities, all 50 state governments, the District of Columbia, Puerto Rico and American territories. In addition, over 1,000 non-profit organizations such as the Salvation Army, Volunteers of America and Catholic Charities will receive funding for homeless assistance programs.

"Every homeless person is a victim of enormous personal tragedy and incredible hardship," Cuomo said. "Helping these men, women and children rebuild their lives isn't easy and isn't cheap, 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."

-more-

Office of the Secretary
U.S. Department of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410-0500

homeless – continuum of care

FACSIMILE COVER SHEET

TO: May Smith

FROM: Adrianne Todman-Wesby
Special Assistant to the Secretary, Policy and Programs

Phone: 202-708-0614 x4178
Fax: 202-708-4087

NUMBER OF PAGES (including this cover) 5

COMMENTS: Some additional info for you. Please note final competition stats. The program did become a finalist in the Kennedy School of Government this year's Innovations in American Government award program.

Final Statistics on Continuum of Care competition

Total Continuum of Care applications received: 448

Total Continuum of Care funded: 307

Total number of individual project funding requests: 2,640

Total number of individual projects funded: 1,420

Total Continuum of Care Funding: $700 million ($699,790,675)

Working Together to Move The Homeless Home

U.S. Department of Housing and Urban Development Requires Collaboration by Homeless Services Agencies

CONTINUUM OF CARE
U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT

Social service advocates have long understood that the best approach to meeting specific community needs is to knit together community-wide partnerships that offer a range of services aimed at addressing those tough, often complicated, problems. But understanding that, and acting accordingly have often been two very different things and for a simple reason: funding for social services often flows in a separate stream to each program and service provider without regard for how related programs might fit—or work—together.

WELTON B. DOBY III

Which is why the U.S. Department of Housing and Urban Development's new approach to funding homeless services—Continuum of Care—bears watching. Continuum of Care shifts the funding focus for homeless services at the local level away from spending on specific centers doing specific work, to funding a broad spectrum of services that include outreach, shelter, housing and support in a more seamless system that builds to the ultimate goal of helping the homeless become self-sufficient.

Rather than continuing to fund individual programs, HUD decided it made more sense to ask cities to bring together all stakeholders to develop comprehensive homeless services plans. Under Continuum of Care, HUD funds flow according to those plans, rather than to individual service providers or programs.

It wasn't an approach that won initial or widespread praise from service providers, however; most were naturally still focused on the old-style approach of ensuring that they received the resources they needed to keep their individual programs going.

But while there were reservations about the new approach, initially, from the provider community, most quickly saw the wisdom and logic of the strategy. With six pilot cities rolling out comprehensive plans, HUD in 1995 extended the requirement of a comprehensive approach to all applicants for federal funding for homeless services.

To the provider community's credit, there is now a whole lot less complaining and a whole lot more collaboration. In Detroit, the city and its homeless services community formed a Homeless Action Network. In New Orleans, a new non-profit called UNITY was created to coordinate homeless services city-wide. In Southern California, nearly 40 cities and counties, including the City of Los Angeles and Los Angeles County, have developed a single consortium, pulling together a huge network of homeless shelters, services and housing to focus on moving people from the streets to independence.

While it is hard to gauge results, HUD estimates that Continuum of Care systems have moved nearly 400,000 homeless into permanent housing, while at the same time providing immediate shelter for nearly half of the 600,000 people that experts estimate are homeless each night. What is clearly measurable is the increase in coordination and cooperation in the homeless services world: In all, more than 500 communities have now joined to form more than 300 Continuum of Care systems, and the formerly fragmented group of players in the field of homeless services is starting to look like a much tighter team.

■ **For more information, contact Jacquie Lawing, Deputy Chief of Staff for Policy and Programs: 202-708-0270; e-mail: jacquie m. lawing @hud.gov**

NEWS
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For Immediate Release
Tuesday, December 15, 1998

U.S. MAYORS, JOINED BY HUD SECRETARY, RELEASE ANNUAL SURVEY OF HUNGER AND HOMELESSNESS IN AMERICA'S CITIES

Annual *Status Report on Hunger and Homelessness* will be accompanied by mayors' collection of continuum of care approaches: *Preventing Homelessness with a Coordinated Strategy: Best Practices of Mayors and Homeless Services Providers*

Washington – A 30-city survey on the growth of hunger and homelessness in urban America will be released by The U S Conference of Mayors on Wednesday, December 16, at 10 00 a m in the fourth floor conference room, 1620 Eye Street, NW. A press conference to release this 14th annual survey will be led by Mayor Peter Clavelle of Burlington (VT). Mayors Wellington Webb of Denver, Scott King of Gary (IN) and Housing and Urban Development Secretary Andrew Cuomo will also be present to discuss the findings of the report

Cities in this year's survey include Alexandria, Boston, Charleston, Charlotte, Chicago, Cleveland, Denver, Detroit, Kansas City, Los Angeles, Louisville, Miami, Minneapolis, Nashville, New Orleans, Norfolk, Philadelphia, Phoenix, Portland, Providence, Saint Louis, Saint Paul, Salt Lake City, San Antonio, San Diego, San Francisco, Santa Monica, Seattle, Trenton and first-time survey participant Burlington (VT)

As in past years, the 1998 survey quantifies the need for emergency food and shelter services, the capacity of the cities to respond and the unmet need for services. It also describes the characteristics of those seeking help, lists the funding sources, correlates the causes of the problems and estimates the outlook for the year ahead The demand for assisted housing and the capacity of cities to respond also is included. The survey report contains both aggregate data and estimates of individual city conditions

This year's survey cities are reporting that the hunger and homelessness problems are due to a number of interrelated factors. Among those factors most frequently identified by the survey cities in response to open ended questions are low-paying jobs, lack of permanent affordable housing, unemployment, low benefit assistance programs, lack of substance abuse treatment, mental illness and lack of affordable child care

"The Conference of Mayors survey shows that while HUD programs have helped many homeless Americans transform their lives to rejoin mainstream society, more must be done," Secretary Cuomo said "We need to work with Congress to get funding to expand our programs to create more affordable permanent housing, more job training and jobs, more substance abuse treatment and more mental health services. Study after study has shown that these programs work and can break the cycle of homelessness."

With the implementation of Secretary Cuomo's Continuum of Care initiative, a number of the survey cities have developed coordinated community-based strategies to fight homelessness Some of those strategies have been collected by *The U.S. Conference of Mayors Best Practices Center* and will be presented at the press conference as ***Preventing Homelessness with a Coordinated Strategy: Best Practices of Mayors and Homeless Service Providers***.

"Where the Status Report on Hunger and Homelessness has characterized and documented the problem of hunger and homelessness in American cities for over a decade, this new collection of best practices using continuum of care strategies to prevent homelessness offers signs of progress using city-based resources," said Mayor Clavelle. "The Best Practices Center will continue to monitor the progress as well as document the problems."

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FISCAL YEAR 1998
CONTINUUM OF CARE COMPETITION

HOMELESS ASSISTANCE AWARDS REPORT

Embargo
12/23/98

STATE COC Number Sponsor Name	COC Name	Program
Maryland		
MD98-500	State of Maryland CoC	
Catholic Charities of the Archdiocese of Washington		SHP
Human Services Programs of Carroll County		SHPR
Cecil County Department of Social Services		SHP
City of Frederick		SHPR
Advocates for Homeless Families		SHPR
Charles County Department of Social Services		SHP
Washington County Department of Social Services		SHP
MD98-501	City of Baltimore CoC	
AIDS Interfaith Residential Services		SHPR
Historic East Baltimore Community Action Coalition		SHP
Light Street Housing Corp./Carrington House Corp.		SHP
Episcopal Housing Corp.		SHP
Dept. of HCD/Office of Homeless Services		SHP
Govans Ecumenical Development Corp. (GOVANS)		SHP
HERO		SHPR
Baltimore Mental Health Systems, Inc.		SHPR
Baltimore Mental Health Systems, Inc.		SHPR
Women's Housing Coalition		SHP
Women's Housing Coalition		SRO
Maryland Center for Veterans Education and Training		SHPR
Mercy Medical Systems		SHP
Baltimore City Public Schools		SHP
Project PLASE, Inc.		SHP
Project PLASE		SRO
Baltimore Mental Health Systems, Inc.		SHPR
Baltimore Mental Health Systems, Inc.		SHPR
Baltimore Mental Health Systems, Inc.		SHPR
Baltimore Mental Health Systems, Inc.		SHPR
Baltimore Mental Health Systems, Inc.		SHPR
MD98-502	Harford County CoC	
The Shelter Foundation, Inc.		SHP
MD98-503	Anne Arundel County CoC	
Arundel House of Hope, Inc.		SHP
MD98-504	Howard County CoC	
MD. Department of Human Resources		SHPR
Howard County, MD		SHPR

CONTINUUM OF CARE COMPETITION

HOMELESS ASSISTANCE AWARDS REPORT

Embargo
12/23/98

STATE COC Number Sponsor Name	COC Name	Program
MD98-600	Montgomery County CoC	
Associated Catholic Charities		SHPR
Silver Spring Community Vision, Inc.		SHPR
Montgomery County Coalition for the Homeless		SHPR
Housing Opportunities Commission of Montgomery County		SPCR
Baptist Home for Children and Families		SHPR
Housing Opportunities Commission of Montgomery Co., MD		SHPR
MD98-601	Prince Georges CoC	
Laurel Advocacy and Referral Service		SHP
Rehabilitation Systems, Inc.		SHP
Southern Area Youth Services, Inc.		SHP
Prince George's County Department of Social Services		SHP
Laurel Advocacy and Referral Services		SHP
Volunteers of America Chesapeake, Inc.		SHP

EXECUTIVE OFFICE OF THE PRESIDENT

Office of Management and Budget
Housing Branch

Katherine Meredith
Phone: (202) 395-4988
Fax: (202) 395-1307

Date: 12/7/98 Time: 2 p.m.

Number of Pages (including cover): 4

To: Mary Smith

Office number: 6-5521 Fax Number: 6-7431

Comments:

F.Y.I.

Julie Sandorf
President

CORPORATION *for* SUPPORTIVE HOUSING

December 3, 1998

Michael Deich
Deputy Director
Office of Management and Budget
246 Old Executive Office Building
Washington, D.C. 20500

Dear Michael:

I appreciate the opportunity to follow up on our meeting of November 12. I address below the issues that you and Steve Redburn raised during our conversation. I hope these recommendations will move our dialogue forward in this joint effort to identify and remove obstacles to rational, effective homeless housing and service funding.

1) A Workable Definition of Families At Risk of Chronic Homelessness

You asked how OMB could effectively target rent subsidies to the chronically homeless and disabled families who need supportive housing. Set forth below is CSH's current thinking on an "operational definition" that distinguishes those homeless and at-risk families for whom supportive housing is appropriate from the much larger population of poor families who may be homeless, but do not need the same level of service supports.

The families that require permanent supportive housing to stabilize the lives of all family members will typically have:
- experienced multiple episodes of housing instability including shelter use and "doubling up" with family or friends;
- relied on emergency services for health care, food and other basic needs; and
- come into contact with one or more of the following systems: child protection, mental health, criminal justice.

In addition, the head of such a household will exhibit two or more of the following characteristics:
- be a victim of domestic violence;
- have been in foster care as a child or experienced episodes of instability in family of origin;
- be a second generation recipient of public assistance;
- have a mental health history, although may not have received a formal psychiatric diagnosis;
- have a substance abuse history, although this problem may not have been formally identified or treated;
- be pregnant or recently have given birth;
- be between the ages of 18-30;
- have erratic or no work history; or
- have significant educational deficits.

These families are also likely to include:
- a child or other family member with a serious mental or physical health problem.

By tying the provision of rent subsidies linked to supportive services to homeless and at-risk families who exhibit some combination of the foregoing "risk factors" for chronic homelessness and disability, OMB could significantly reduce the cycling of a small but significant sub-population of homeless families through costly public systems. (Current research suggests that housing subsidies alone fail to stabilize between 12-20% of homeless families.)

2) The Feasibility of "Sponsor-Based" Vouchers as Long-Term Rent Subsidies in Supportive Housing

You asked us to respond to the concept of targeting long-term rent subsidies to chronically homeless individuals and families in the form of "sponsor-based" vouchers.

For the reasons I discussed in my November 4 letter and our meeting, CSH believes that provision of long-term, project-based rent subsidies is the most effective strategy for stimulating development of financially viable supportive housing. While I understand that issues of budget authority may preclude you from significantly expanding the availability of these subsidies, I hope that you will consider allocating maximum feasible funding to this essential resource under existing McKinney programs or as a fraction of the new subsidies OMB is contemplating.

This said, the proposed "sponsor-based" vouchers have the potential to bring about several positive outcomes. First, such vouchers may assist homeless persons to obtain affordable housing linked with services in housing markets that are too tight for tenant-based assistance. In CSH's experience, homeless service providers in tight housing markets (e.g., San Francisco) have been able to use existing sponsor-based vouchers to obtain units in already developed affordable housing for disabled homeless clients who would not be able make use of a tenant-based voucher in the private housing market.

Second, "sponsor-based" vouchers may stimulate the development of new supportive housing. However, if these vouchers are to attract tax credit equity, sponsoring organizations should be empowered to assign vouchers to the partnership that is developing a specific project. Providing sponsors with this capacity would overcome a fundamental problem with tenant-based assistance as an operating subsidy for project development; namely, that recipients of tenant-based assistance can "walk" with a voucher at any time, making it impossible for a developer to ensure tax credit investors that the gap between operating costs and rents that are affordable to extremely low income tenants can be bridged for the life of the tax credit.

Furthermore, while we understand that OMB proposes to make the vouchers renewable on a yearly basis solely to avoid the front-loading of budget authority in the first year of the subsidies, and fully expects that these subsidies will be funded each year of their proposed life as a matter of course, tax credit syndicators may not invest in supportive housing projects where the long-term operating subsidies are not subject to more solid guarantees. Put another way, it is unclear whether tax credit syndicators will regard the expectation of renewal under the proposed paradigm as "bankable," or will require mechanisms to mitigate this risk (e.g., credit enhancement).

3) Targeting A Pool of HUD Funds to Supportive Housing Developed With Tax Credit Equity

You asked us to consider whether OMB should encourage HUD to create a new, flexible pool of funding targeted to supportive housing projects that utilize tax credit equity.

We would likely endorse the creation of such a pool of funding. However, we urge OMB to ensure that any new moneys not reduce the tax credit equity available to a supportive housing project. For example, it is critical that any moneys allocated from the newly created pool not be designated "other federal financing" for tax credit purposes. Such a classification would reduce tax credit equity available to the project, thereby defeating the pool's very goal of stimulating supportive housing development using tax credit equity. Avoiding this scenario is precisely why funding under the Shelter Plus Care and Section 8 Mod SRO programs is not considered "other federal financing" under the tax credit.

4) Regulatory Changes That Would Facilitate Integration of Federal Funding Sources

You asked us to identify regulatory changes at HUD and HHS that would facilitate integration of housing and health care/service funding for homeless and at-risk households.

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We recommend the following, measured steps to begin addressing the regulatory obstacles to an integrated housing and health care/services financing system to address homelessness. We can, of course, move to a level of greater detail if these proposals are of interest to you.

Test Strategies for Expediting Waiver Requests that Link Housing and Services: Implement mechanisms for expedited HUD and HHS review of waiver requests to maximize flexibility in using categorical federal funds for housing and services. This waiver process can be used to develop recommendations for permanent changes in federal policy based upon successful local strategies for linking housing and services funding.

For example, OMB might consider using limited waivers of HUD and other regulations that limit the flexibility of supportive housing developers in managing tenant admissions and waiting lists. Service agencies will typically commit to fund services in government assisted housing only if they are confident that the high-intensity users of their systems will have access to that housing. However, regulations governing admissions and wait-lists for HUD-assisted housing -- intended for the laudable purpose of preventing discrimination against disabled prospective tenants -- often prevent supportive housing providers from being able to prioritize in favor of the most disabled prospective tenants coming out of other public systems. A limited waiver initiative in a few localities would assist in examining whether increasing admissions and wait-list flexibility can in fact improve the provision of housing and services to the most needy and disabled households.

OMB might also explore using limited waivers to extend Medicaid coverage to currently ineligible, formerly homeless persons who now live in supportive housing. Many extremely low income tenants of HUD assisted supportive housing projects, who require support services, remain ineligible for mainstream programs. For example, over 50% of supportive housing tenants who receive significant health and other support services within HUD assisted housing as part of a CSH demonstration program in the three California Bay Area counties are not Medicaid eligible. We recommend using limited waivers within mainstream categorical eligibility programs to expand their reach in a calibrated way to include persons who have been determined under other federal programs (e.g., Shelter Plus Care) to need housing plus services.

Create an interagency "venture fund" for use in supportive housing. OMB might draw resources and management commitment from several agencies to establish a new, flexible funding stream designed to examine the costs and benefits of an integrated funding approach. Moreover, this funding pool could leverage additional moneys if allocated as a match or "incentive funding" to reward state or local governments that target funding to housing-based services to formerly homeless people from mainstream health and welfare programs.

Impose more stringent tracking and accountability requirements on mainstream programs. Where appropriate, require mainstream programs to set aside funds to serve the homeless with special needs.

- *Require mainstream service programs to measure and report consistently about their impact on homelessness.* To our knowledge, no mainstream programs are required to track use by and outcomes for homeless persons served by their non-targeted programs.

- *Add $50 million to the federal substance abuse block grant, with the proviso that localities target these funds to homeless persons with chronic substance addictions.* CSH supports the proposals that the National Alliance to End Homelessness has submitted to OMB on this issue.

I greatly appreciate your solicitation of our input on all of the foregoing issues, and look forward to discussing our recommendations with you in the near future.

Sincerely,

Julie Sandorf

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President

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U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-0001

THE SECRETARY

DEC 4 1998

MEMORANDUM

TO: John Podesta, Chief of Staff

FR: Secretary Andrew Cuomo

CC: Paul Begala
Maria Echaveste
Ron Klain
Ann Lewis
Joe Lockhart
Thurgood Marshall, Jr.
Bruce Reed
Doug Sosnik
Gene Sperling
Michael Waldman

Subject: Homeless Grants Announcement

As I indicated in an earlier memo, HUD's 1998 **Continuum of Care Homeless** grants are ready to be announced and I would like to recommend that the White House consider an announcement, this month, of the new grantees. Continuum of Care grants are used to find comprehensive, permanent solutions to homelessness by providing homeless persons with opportunities to find long-term housing and to become self-sufficient. It is HUD's largest competitive grant program. This year **$700 million** will be awarded to approximately **300 communities** to support about **1,400 separate projects** in all 50 states.

The Continuum of Care concept, which was announced by President Clinton in 1994, brings together non-profit groups, the private sector and local and state governments in an effort to design local strategies that address community needs. Besides providing homeless people with transitional and permanent housing, the grants fund local programs such as job training, child care, substance abuse treatment and mental health services to help homeless people get jobs. A Columbia University study

concluded two years ago that HUD's homeless policies "have had a positive impact on communities across the nation" and are helping 14 times the number of homeless families and individuals reach self-sufficiency than had been served previously. The program was also one of 25 finalists this year in Harvard's Kennedy School of Government's Innovations in American Government Award.

HUD's Homeless Assistance grants are typically announced during the holiday season. Last year, the Vice President joined Secretary Cuomo at HUD for a press conference and a conference call with local elected officials. It is our understanding that there is interest in the White House announcing these grants. The President could announce the grants in a *White House ceremony* with Mayors and industry leaders or at *an on-site event* either in the D.C. metro area or at an appropriate out-of-town site. We will also identify individuals who have benefited from this initiative and graduated to self-sufficiency who could participate in an event.

This announcement would highlight during the holiday season the President's commitment to help all Americans benefit from opportunities created by the robust economy. In addition, the event could highlight the Administration's **successful strategy** on homelessness and the **18% increase in 1999 funding** for HUD's Continuum of Care Homeless program.

We are prepared to announce these grants anytime **after December 12th**. I look forward to discussing this further with you. I will have my Chief of Staff follow-up.

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 - $6.5 million, including: CoC - $4.4 million and ESG - $2 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-$2.7 million, including: CoC - $1.6 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 - $6.6 million, including: CoC - $5 million and ESG - $1.6 million.

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

DISTRICT OF COLUMBIA - $9.6 million, including: CoC -$8.8 million and ESG - $827,000.

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

GEORGIA - $17.4 million, including: CoC - $14.4 million and ESG - $3 million.

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

IDAHO - $1.6 million, including: CoC - $1.2 million and ESG - $414,000.

ILLINOIS - $47 million, including: CoC - $39.5 million and ESG - $7.5 million.

INDIANA - $13.4 million, including: CoC - $10.6 million and ESG - $2.8 million.

IOWA - $6.8 million, including: CoC - $5.1 million and ESG - $1.6 million.

KANSAS - $1.2 million, including: ESG - $1.2 million.

KENTUCKY - $12.1 million, including: CoC - $10.1 million and ESG - $2 million.

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

MAINE - $780,000, including: ESG - $780,000.

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

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Homeless Grant List
Page Two

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

MICHIGAN - $34.1 million, including: CoC - $28.5 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- $27.8 million, including: CoC - $24.9 million and ESG - $2.9 million

MONTANA - $1.3 million, including: CoC - $1 million and ESG - 363,000.

NEBRASKA - $4.8 million, including: CoC - $4 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 - $98.9 million, including: CoC - $84.3 million and ESG - $14.6 million.

NORTH CAROLINA - $6.9 million, including: CoC - $4.4 million and ESG - $2.5 million.

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

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

OREGON - $7.8 million, including: CoC - $6.5 million and ESG - $1.3 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.

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

TEXAS - $39.2 million, including: CoC - $28.9 million and ESG - $10.3 million.

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

VERMONT - $1.9 million, including: CoC - $1.6 million and ESG - $338,000.

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VIRGINIA - $13 million, including: CoC - $10.6 million and ESG - $2.4 million.

WASHINGTON STATE - $22 million, including: CoC - $19.7 million and ESG - $2.3 million.

WEST VIRGINIA - $2.3 million, including: CoC - $1.3 million and ESG - $1 million.

WISCONSIN - $15.1 million, including: CoC - $12.3 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 in ESG.

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

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