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JTB

University of Massachusetts Boston

*The William Joiner Center
for the Study of War and Social Consequences*

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The Annual Conference on the Concerns of Veterans

Dear Veterans Advocate:

I would like to take this opportunity to invite you to participate in the Eighteenth Annual Conference on the Concerns of Veterans to be held May 2 through May 5 1999, in Washington, D.C. This is going to be an exciting opportunity for information exchange and networking. A number of important issues impacting veterans are coming to the forefront, including crucial issues surrounding veterans in small businesses and veterans, the possibility of the privatization of the D V A, the development of a VETPAC, and various legislation before the new 106th Congress.

As many of you know, the Joiner Conference was originally developed in 1982 as a result of Massachusetts Vietnam veterans working together with the Massachusetts Special Commission on the Concerns of the Vietnam Veterans, the office of Lt. Governor Thomas P. O'Neill III, and the Office of the Speaker of the U.S. House of Representatives, the late Thomas P. O'Neill Jr. Each year the conference has grown. Now in its eighteenth year, it has the participation of veterans from some twenty-five states and Congressional members from several delegations. Currently the Conference is sponsored by several members of the Massachusetts delegation, and members from other delegations. The Joiner Center Conference has grown into a truly national event.

Our participants include those veterans with experience, expertise, and involvement at the local, state, and national levels. Each year the conference becomes a little larger in size and scope. Matters of discussion include veterans community-based agency development, congregate housing and housing development projects, education, employment and training, minority veterans' issues, women veterans' concerns, PTSD and treatment programs, small business efforts, and much more.

We are hoping for even more participation from Gulf War veterans this year.

The goals of the Joiner Center Conference are to:

- address issues of concern to veterans.
- develop a knowledgeable leadership network of independent advocates.
- inform Congressional members of the impact issues have on the lives of veterans and their families.

Sunday, May 2nd

I hope to see a bi-partisan PAC development workshop conducted this year in the Room of the Capitol Hill Suites Hotel, 6:00 PM to start of the Conference.

Monday, May 3th

On Monday, May 3rd the workshops will be held in the Cannon House office building (rooms 334 and 340) from 8:30 AM to 5:30 PM.

Conference attendees and staff persons from their delegations are invited as to attend the Conference reception sponsored by Senator Kennedy on Monday evening. Details for this event will be available at a later date.

Tuesday, May 4th

The general meeting with approximately eight to twelve Congressional members on Tuesday May 4th, will take place as always. In connection with that forum, let me remind you that I am willing to invite any Congressional member you have a relationship with. When I do this I always place your name in the letter and mention other constituents. Please let me know if you would like to have me do this.

The Hispanic veterans dinner will be held on Tuesday evening, May 4th. This dinner is being sponsored by Senator Charles Schumer of New York. Vice President of the United States, Al Gore, is tentatively scheduled to attend this dinner.

Wednesday, May 5th

We are hoping to secure a hearing with the Subcommittee on Benefits during the time of our conference. However, this is not yet confirmed.

We hope to secure participation of staff and members of the Veterans Affairs Committee. We still have the cooperation and participation of members such as the Honorable Lane Evans, Luis V. Gutierrez, and Charles Rangel, along with other Congressional members, particularly those from Massachusetts.

As always, I am open to ideas about seminars, workshops or roundtable discussions. I have spoken to several people already. If you want to propose a session, please get in touch with me as soon as possible. We are designing a symposium specifically focused on building and strengthening relationships that work within the Congress. We hope to have a number of knowledgeable speakers.

Should you have names of advocates from other organizations and/or sections of your state who you think would benefit from and/or be an asset to this conference, please send their names. As many of you know, I will send an invitation to all the members of the Vietnam Veterans in Congress and to leading members of pertinent committees and subcommittees.

Finally, I am asking all who attend this year's Conference to make a \$75.00, tax-deductible (check only please) donation to the William Joiner Foundation, PO Box 245, Boston, MA 02122-0002. All this work can only continue to happen with this small contribution to defray costs.

Sincerely,



Paul R. Camacho, Ph.D.
Conference Director
(617) 287-5853 - office
paul.camacho@umb.edu

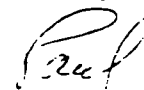
THE EIGHTEENTH ANNUAL CONFERENCE FOR THE CONCERNS OF VETERANS

THE WILLIAM JOINER CENTER

Dear Veteran:

We would like to extend to you our invitation to the Eighteenth Annual Conference for the Concerns of Veterans. Please make your reservations at the Capitol Hill Suites and be sure to make the reservation desk aware of the fact that you are with Dr. Camacho's Veterans conference group to take advantage of our group rate. A limited number of rooms are available at the group rate of \$129.00 for the dates of Saturday, May 1 through Wednesday May 5, 1999. The reserved rooms will be booked on a first come first serve basis, so it would be beneficial to act as quickly as possible. Please make reservations by the March 15, 1999 deadline by calling 202-543-6000 in the D.C. area or their toll free number 800-424-9165.

Thank you,



Dr. Paul R. Camacho

Facsimile Cover Sheet

**Department of Veterans Affairs
Director
VA Homeless Programs**

Handwritten notes:
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**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

*homeless
JLB*

Suggested Homeless Initiative for FY'2001 Budget

VA's current budget request identifies for its Homeless Grant and Per Diem Program (\$33,919 million represents only an inflationary cost of living increase. An increase of \$15 million above the current request would allow a significant expansion of this highly successful program. This program has awarded 178 grants for transitional housing and supportive services in 42 states and the District of Columbia. More than 1,500 veterans are in quality programs each night and when the current grantees are completed more than 4,000 veterans will be housed daily with more than 12,000 will be served annually. If additional funding could be found for VA '2001 budget the following could be expected:

Expand VA's Homeless Providers Grant and Per Diem Program: A \$15 million budget increase for FY'2001 will allow VA to provide funds to non-VA organizations (non-profits and state and local governments) to develop community-based supportive housing and service centers and vans for transportation for homeless veterans. VA expects, without increase funding, to offer as little as \$3 million for new grants in FY'2001. With an additional \$15 million VA would be able to fund an additional 50 transitional housing and supportive service centers grants and should be able to see that at least one grantee is located in every state of the union. An additional 1,500 beds would be created and 5,000 to 6,000 homeless veterans would be able to be housed in a quality assured residential housing program annually.

Facsimile Cover Sheet

**Department of Veterans Affairs
Coordinator
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 (7) pages.

Comments: As a result of our meeting last week here are some suggestions with a three year initiative to substantially remove the problem of homelessness from the American landscape.

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Completing the Promise

Breaking the Cycle of Homelessness

for America's Veterans

A. Increase funding for VA's Homeless Grant and Per Diem Program

Background

For the past 4 years VA has averaged approximately \$5 million in funding for its Homeless Grants to state and local governments, non-profits and native American Tribes. With 101 grants already awarded to 84 entities in 36 states and the District of Columbia; more than 1,700 new transitional beds with services will be available (with the current round of funding that number is expected to grow to 2,200 beds in the future), 14 homeless veteran services centers, 20 vans for outreach and transportation services and four mobile service centers will provide medical care and/or counseling services for homeless veterans are in service or funded under the present round of funding.

Strategy

1. **Increase funding to \$12 million for new grants** (this would increase VA's current commitment of \$5 million and add \$7 million in new funding for purposes of counting all \$12 million would be counted as new money. This would create approximately 1000-1500 new beds annually with services for homeless veterans.

2. **Increase per diem by \$7 million for new beds and services made possible** under the grant program. It costs approximately \$6,000 per year to pay per diem to service providers on an annualized basis, this would pay for approximately 2,250 different veterans receiving care from VA. In addition to the approximate 5,500 veterans who annually may be receiving services from existing (or soon to be operating) programs. Within 2 years, more than 10,000 homeless veterans annually could be completing treatment in process in VA quality-approved community settings operated by nonprofit entities, native American tribes, or state and local governments. 2816

3. **Provide \$5 million in new per diem funding for non-VA Homeless Grantees** (PL 102-590 that created the Homeless Grant and Per Diem Program did not require an entity to receive a grant in order to be eligible for per diem--however VA, by regulation and in an attempt to protect its grant investment, has limited per diem to programs that receive a grant.) Under this proposal programs that are new (as of November 1992) would be eligible for per diem. There are dozens of service providers who have been providing services to homeless veterans who would be able to receive funding from VA. This would help to pay for care of approximately 2,000 veterans in non-grantee, yet VA approved, community-based programs.

Part A would cost \$24 million in new funding and would ensure new treatment and services for more than 5,500 veterans annually with service provided in community-based settings.

B. **Increase funding to ensure a nationwide continuum of care for our nation's veterans. We need to have dedicated staff and contract care dollars at each VA Medical Center.**

Background

At 61 VA Medical Centers there are dedicated staff with contract dollars to buy services from community service providers for homeless veterans. At those sites approximately 75 veterans are serviced at each site (approximately 4,500 presently) through community contracted care. At 10 additional medical centers there are dedicated staff without contract care money.

Strategy

1. **Increase funding \$25 million to create or enhance sites with dedicated staff and contract dollars so that each VA Medical Center in the country will be able to address the needs of homeless veterans. If this proposal is initiated with an average of 1.5 FTE [dedicated staff] (\$100,000) and adequate contract**

dollars for residential contract care and transportation (\$150,000) there would be, for the first time, a comprehensive nationwide system to address the needs of homeless veterans by having dedicated staff at each VA Medical Center. (At some sites as few as 1.0 FTE would be sufficient, at larger sites more FTE would be added.) Costs are approximately \$250,000 annually per site. This would allow as many as 6,000 new veterans to be treated in community residential settings. A total of up to 12,000 homeless veterans could be treated annually under this program by expanding the existing program.

2. **Provide \$2.0 million in new funding for Homeless Women Veterans Programs.** These funds would be used to develop up to 20 new programs to outreach, case management and provide residential care for homeless women veterans. Less than 3 percent of veterans treated under current programs are women. Special programs are needed because current offerings are male dominated making many women veterans uncomfortable, particularly considering a high rate of sexual trauma among women veterans. This work would largely be contracted community care. It is estimated that up to 1,000 women veterans could be served under this initiative. 15,000

3. The psychological break to being homeless among veterans is to be gainfully employed. VA's medical care program offers Compensated Work Therapy (CWT) to address this need. This program offers many veterans with significant barriers to employment, particularly homelessness, with job readiness, job hardening, experiences. At present this medical care program results in some veterans being able to move directly into competitive work in the community (approximately 3,5000 annually) with nearly 10,000 who need additional skills development and training. (This initiative could and has worked very closely with a number of efforts used by the Department of Labor to help veterans receive employment.) An additional \$2.0 million would allow ten significant new program expansions and ten significant program augmentations of CWT sites and expand programs that could place more formerly homeless veterans in competitive employment. More than 2,000 veterans could benefit from this initiative.

Part B costing \$29 million could ensure a VA continuum of care for all veterans, including some very hard to reach rural and women veterans. An estimated 9,000 new veterans would be assisted under this phase of the program.

C. Collaboration with others provide the missing links in providing the care and services needed by homeless veterans.

1. **The Homeless Veterans Reintegration Program (HVRP)** (administered and funded by DOL VETS) provides small grants to community based, non-profit organizations who work directly with homeless veterans. Currently this program receives \$2.5 million and has 22 operating sites. If funding is provided in the amount of \$12.5 million, (an increase of \$10.0 million) we believe one or more projects could be awarded in three fourths (37) of the states. (Up to 100 grantees could be funded - up to 15,000 veterans could be served with up to 10,000 placed back on to employment rolls.

W. J. Mull

2. **Stand Downs** - at more than 70 sites across the country each year there are community sponsored events that bring homeless veterans together with community based service providers, state and local government service providers, VA health care and benefits staff and a host of others prepared to assist homeless veterans and their families with housing, health care, employment, legal, education, transportation or other barriers preventing them from reintegrating back into the social mainstream. **With an additional \$2.5 million** these community sponsored events could be encouraged. We estimate that these events, with modest financial support, could allow more than 100 sites to conduct these one-stop service delivery programs for homeless veterans. A 3-year study of 227 events showed more than 80,000 veterans and their family members were assisted by these events. There is a targeted White House project to secure that all veterans at the Millennium will have a safe places to go to and will have be able to secure treatment as we enter the new millennium. This initiative could be target to that effort. **More than 50,000 veterans could attend these Millennium Stand Downs.**

3. The Department of Veterans Affairs with GSA and DoD assistance provides excess property to veterans who are homeless. Generally this consists of boots, hat, coats, pants, shirts and other excess military personal clothing items. Sometimes sleeping bags, blankets and other items are also available. A current inventory lists over 220 items with a total

value of more than \$11 million in inventory is on hand. More than 110 shipments of more than \$10 million have been distributed to community events [such as stand downs] and to VA homeless service providers and VA facilities. This Hammer Award winning program has distributed more than \$35 million of property to homeless veterans during the past 4 years. A significant new initiative to add donated civilian clothing (much more appropriate for veterans attempting to return to work) and donated furniture and equipment could assist thousands of homeless veterans and community based homeless veterans service providers. **An additional \$0.5 million** could secure additional warehouse space and pay for shipping costs associated with this initiative. **Approximately 25,000 - 50,000 veterans would be assisted by this initiative.**

4. Monitoring and evaluation of VA's homeless programs has been rigorous since its inception more than 10 years ago. With all the additional programs and sites suggested and to ensure a quality review with reliable information that is both understandable and comparable to existing program monitoring **an additional \$0.5 million** for the North East Program and Evaluation Center (NEPEC) is needed. NEPEC's high quality standards of review are unmatched under any existing homeless program system in the country and is the best protection to ensuring that the highest quality evaluation is conducted.

The Part C initiatives cost approximately \$3.5 million (if DoL's HVRP cost assumed it would cost \$13.5 million) this part could positively impact up to 115,000 homeless veterans. While some of these veterans may be duplicated it would clearly represent the largest commitment ever made to improving the lives of homeless veterans.

D. Need to improve access to HUD -- McKinney Act funding sources for veterans

Background:

Veteran-specific HUD McKinney Act funded projects are disproportionately underfunded and even those claiming to be veteran projects are not. After HUD's last round of funding

VA contacted each of the projects listed by HUD as veteran targeted, veteran specific many were not targeted or designed to serve veterans. According to information supplied by HUD more than \$21 million was to "veteran" projects, however, when contacted more than \$9.5 million was not available for veterans. Projects that said less than one third of their clients would be veterans were excluded. Many of the projects said no veterans or less than 10 percent of the population to be served were expected to be veterans.

1. **Veteran representation on HUD's local planning boards** is a very important issue to Veteran Service Organizations. There is a strong need to have a veterans advocate at the local level since there is no existing mechanism to assist veterans at the national level to ensure that the needs of homeless veterans are addressed.
2. VA has, for more than 4 years, conducted meetings with strong participation from the veterans community to looking into the services available locally for homeless veterans (cataloged/listed the current resources), identified the unmet needs and developed local action plans to address those unmet needs. This meeting and report (called "CHALLENG for Veterans") occurs at each VA medical center across the country and is filled with local resource information and a "veterans community view" of the unmet needs of veterans in that area. The overall information is presented into a national report. A targeted way to get that information to HUD's local planning process should be initiated. **Requiring HUD to use the locally collected data from the veterans community ("CHALLENG for Veterans" report) would significantly ensure that the needs of homeless veterans will be met under HUD's local continuum of care plans.** As with any reporting system, the weight each community would give to this information may vary, however, it is imperative that this information become comprehensively available.
3. **HUD-VASH - Long-term housing** has been identified as one of the top unmet needs of veterans for several years in our CHALLENG report. Each VA employees [generally a social worker] case manages approximately 30 voucher recipients. A number, believed to be up to 500 HUD Section 8 vouchers are expected to expire in the near future. All current vouchers for veterans should be held and more vouchers should be offered for seriously mentally and physically ill veterans who have been homeless. Thirty additional

sites should be added to the present list and 1,800 future vouchers should be added. With this investment of \$4.0 million, 1,800 veterans will have long-term housing which will reduce their dependence on VA health care system. [HUD costs associated with this proposal are unknown.]

Part D would cost approximately \$4 million and would provide long-term housing for approximately 1,800 veterans.

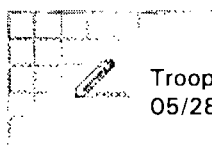
FINAL COSTS/SUMMARY:

This proposal would constitute the largest single investment into breaking the cycle of homelessness among veterans ever undertaken. It would result in positive actions by increasing residential alternatives, community-based contracted care, job preparation activities, stand down activities, distribution of personal wear items and equipment and long-term housing. This proposal is estimated to positively impact 100,000-150,000 veterans annually. The resources specifically needed by VA would total \$60.5 million, DoL's Homeless Veterans Reintegration Program (HVRP) is estimated at an additional \$10.0 million, HUD's section 8 costs are unknown, however there appears to be a significant effort to increase section 8 long-term housing alternatives and this would simply urge a portion of those new vouchers to be dedicated under this effort. Additional resources in the amount of \$5 million per year additional would be needed for the next two years. After three years, the increased funding could be reduced to the present level if projections of services are achieved.

5/19

A

Homeless



Trooper Sanders @ OVP
05/28/98 11:02:50 AM

Record Type: Record

To: Thomas L. Freedman/OPD/EOP, Mark E. Smith/OMB/EOP

cc:

Subject: Homeless Meeting

I had a very interesting conversation with the commissioner of homeless services for New York City and a small group of non-profit activists. They talked about New York's strong supportive housing system. They also talked about how NYC moved away from directly managing homeless shelters and housing and working more with the non-profit community. They said New York is a good example of government working across agencies and with the non-profit community.

Ideas they raised:

- Need more coordination between the mainstream government programs and the a strong Interagency Council. They said that the agencies outside of HUD don't see homeless as "their problem". They would like to see the federal agencies provide more effective outreach and communications with the homeless service community on how they can access their mainstream programs and grant opportunities. For example, they said some HHS programs on mental illness are marketed to traditional mental health groups but could also prove helpful to supportive housing programs. They suggested starting with greater coordination between HUD, HHS, and Labor. They said that HUD should really be in the business of housing but by default they have to pick up other issues such as mental health. They were reasonably realistic that the federal government probably would not have billions of more dollars to spend but they really wanted what we already do better coordinated and managed.
- They said HUD's "super NOFA" process is very helpful but that HHS, for example, has a very fragmented and scatter shot grant process. They would like funding opportunities and programs to be more effectively packaged and communicated to homeless service providers.
- They would like the Department of Labor to have its welfare-to-work programs to explore how they can help the homeless who may be moving from welfare-to-work.
- They said the Social Security benefit process can at times discourage people from seeking employment. I heard a similar story from another group who said people with mental illness fear getting jobs, having a relapse, and be unable to resume their benefits. They said New York has a "Temporary Employment Assistance Program" that freezes benefits for people who are going to work but allows them to resume drawing benefits should they need them without having to reapply. I wonder if we can explore developing some type of similar option for the chronically mentally ill receiving SSI?

- They said they were very supportive of the President's budget and would like to be helpful getting things done. They were especially pleased with the expansion of Section 8 vouchers.
- They mentioned that there is some restriction on McKinney money being used for follow-up services.

May 1998

* Presidential Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																																																																				
					1 Economic Event, Northern CA Tape Radio Address DNC Dinner, Portola Valley, CA RON Palo Alto, CA	2 Hold for Family Time RON Palo Alto, CA																																																																																				
3 Hold for Family Time Depart for Los Angeles, CA DCCC Dinners, Los Angeles, CA (2) RON Los Angeles, CA	4 \$ Breakfast, Los Angeles, CA PATH Event, Los Angeles, CA Depart for Chicago, IL Moseley-Braun Dinner, Chicago, IL Return to DC RON DC	5 Down Until 11:30am Reagan Building Dedication Event Scheduling Mtg. (Europe) Videos Evening Off Cinco de Mayo	6 Prodi Official Visit Scheduling Mtg. (China)	7 Down Until 12:00pm VP Lunch Meeting with Mayors on Public Schools Arab American Institute Dinner National Day of Prayer	8 Tape Radio Address Address State Legislature, Dover, DE Visit Dover AFB, Dover, DE Return to DC RON DC Senate Democratic Caucus Issues Conference, Williamsburg, VA	9 Senate Dem. Caucus Conference, Williamsburg, VA DNC Dinners, Boston, MA (1) RON DC																																																																																				
10 Day & Evening Off Senate Democratic Caucus Issues Mother's Day	11 Day & Evening Off	12 Int'l Crime Event (T) Working Visit with the Crown Prince of the UAE (45 minutes) Foreign Policy Statement (T) Depart for Germany (Early Afternoon) RON AFI	13 Berlin, Germany Potsdam, Germany RON Berlin, Germany	14 Berlin, Germany Eisenach, Germany RON Birmingham, United Kingdom	15 Summit of the Eight, Birmingham, United Kingdom Tape Radio Address RON Birmingham, United Kingdom Summit of the Eight, Birmingham, UK	16 Summit of the Eight, Birmingham, United Kingdom RON Birmingham, United Kingdom																																																																																				
17 Summit of the Eight, Birmingham, United Kingdom Chequers, United Kingdom RON Chequers, United Kingdom Summit of the Eight, Birmingham...	18 USEU Summit, London, United Kingdom RON DC USEU Summit, Birmingham, UK	19 Day & Evening Off Statement on Tobacco (likely)	20 Mil/PPD Depart. Photos (T) Event (T) Tobacco w/ kids Hold 1 Hour Tent Construction Begins	21 CINCS Trophy Presentation Interview (T) Commencement Speech Prep NATO Event (T) Evening Off	22 U.S. Naval Academy Commencement, Annapolis, MD Tape Radio Address Evening Off	23 Day & Evening Off																																																																																				
24 Day & Evening Off	25 Memorial Day WH Breakfast Events at Arlington National Cemetery Afternoon & Evening Off Memorial Day	26 Day & Evening Off	27 Hold for Welfare to Work Anniversary Event FAPE Dinner	28 Hold 30 Minutes (SS) Event (T) Hold 1 Hour Evening Off	29 Event (T) VP Lunch Hold 1 Hour (MMc) Tape Radio Address Evening Off	30 Georgetown 30th Reunion Gala WH News Photographers Assn. Di...																																																																																				
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June 1998

* Presidential Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																																																																											
	1 Official Working Visit with Amir Khalifa of Bahrain Hold 45 Minutes (SS) Commencement Speech Prep Evening Off <u>Congressional Recess</u>	2 <i>(Hispanic Youth event)</i> <u>Message Event, Houston, TX</u> DCCC Lunch, Houston, TX DNC Dinner, Dallas, TX RON DC	3 Down Until 1:00pm VP Lunch Videos (T) Hold 1 Hour WETA In-Performance <i>(possible CITY YEAR event)</i>	4 <u>SAVER Summit Speech</u> <u>DLC National Conversation (T)</u> SAVER Summit Reception Commencement Speech Prep Daschle Dinner, DC	5 <u>M.I.T. Commencement Address</u> Tape Radio Address Grand Opening of Thoreau Institute, Lincoln, MA RON DC <u>30th Anniv. of RFK Assassination</u>	6 Camp David, MD Day & Evening Off RON Camp David, MD																																																																																											
7 Camp David, MD Day & Evening Off RON TBD	8 <u>UN Special Session on Drugs, New York, NY</u> Kennelly Lunch, CT DCCC Event, NY RON DC	9 <u>Korean State Visit</u>	10 Joint Press Conference for Korean State Visit Hold 1 Hour Evening Off	11 VP Lunch Congressional Picnic	12 Oceans Conference, Monterey, CA Boxer Lunch, San Francisco, CA Tape Radio Address Hooley Dinner, Portland, OR RON Portland, OR	13 <u>Portland State University Commencement, Portland, OR</u> DNC Dinner, Los Angeles, CA RON AFI																																																																																											
14 Day & Evening Off <u>Flag Day</u>	15 Down Until 1:00pm <u>Presidential Scholars Event</u> Evening Off <u>Race Initiative Launch Anniversary</u>	16 Denver Broncos Event DNC Dinners, DC (2)	17 VP Lunch Pritzker Dinner	18 Working Lunch with PM Jospin of France Hold 1 Hour Evening Off	19 <u>Satellite to US Conf. of Mayors Meeting (T)</u> Press Picnic	20 Live Radio Address Day & Evening Off <u>East Room Repairs</u>																																																																																											
21 Day & Evening Off <u>First Day of Summer</u> <u>Father's Day</u>	22 <i>Hold for Family Conference</i>	23 Briefing for Foreign Trip (2 Hours) \$ Dinners, DC (2) (T) <u>Tent Comes Down</u>	24 Depart for Foreign Travel (@ 12:00pm) Hold for Foreign Travel	25 Hold for Foreign Travel	26 Hold for Foreign Travel Tape Radio Address	27 Hold for Foreign Travel <u>Congressional Recess</u>																																																																																											
<u>East Room Repairs</u>																																																																																																	
28 Hold for Foreign Travel	29 Hold for Foreign Travel	30 Hold for Foreign Travel	May <table> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr> <tr><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr> <tr><td>31</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> July <table> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table>				S	M	T	W	T	F	S						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							S	M	T	W	T	F	S					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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July 1998

* Presidential Calendar

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5 Hawaii RON TBD	6 Day & Evening Off	7 Briefing for Race Town Hall Evening Off	8 Hold for PBS Race Town Hall Hold 1 Hour	9 Message Event, Atlanta, GA DSCC Lunch, Atlanta, GA DCCC Dinner, Miami, FL RON DC	10 Down Until 1:00pm VP Lunch Medal of Honor Ceremony (T)	11 Live Radio Address Afternoon Off 200th Anniversary Concert of the "President's Own" US Marine Band, Kennedy Center																																																																																											
			East Room Repairs																																																																																														
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12 Congressional Recess	13 Hold for Travel (T)	14 Uruguay Working Visit (45 minutes) (T) Evening Off	15 Hold 1 Hour Evening Off	16 Working Visit with President Constantinescu of Romania (30 minutes) VP Lunch 2 DNC Dinners, DC (T)	17 Hold for Possible Travel to Arkansas Tape Radio Address Evening Off	18 Hold for Possible Travel to Arkansas Day & Evening Off																																																																																											
			FLOTUS Mid-Atlantic Treasures Tour																																																																																														
			East Room Repairs																																																																																														
19 Hold for Possible Travel to Arkansas Day & Evening Off	20 Speech to American Federation of Teachers Conference, New Orleans, LA (T) DNC Dinner, New Orleans, LA (T)	21 Hold 1 Hour Evening Off	22 Hold for State Visit	23 Down Until 1:00pm VP Lunch Marshall Papers Presentation (T) Millenium Lecture Series Evening (T)	24 Tape Radio Address Evening Off	25 USS Truman Dedication, Norfolk, VA (T) Travel to Aspen, CO (T) DNC Dinner, Aspen, CO (T) RON Aspen, CO (T) USS Truman Dedication, Norfolk, ...																																																																																											
26 Hold for Aspen, CO Senate Dinner, Denver, CO (T) RON Albuquerque, NM (T)	27 Social Security Conference, Albuquerque, NM (T) Chavez Dinner, Albuquerque, NM (T) RON AF1	28 Day & Evening Off	29 Hold 1 Hour Evening Off	30 VP Lunch Evening Off	31 Tape Radio Address DNC Dinner, Hamptons, NY (T) RON Hamptons, NY (T)																																																																																												
			State Dining Room Redecoration																																																																																														

August 1998

** Presidential Calendar*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Hold for Travel to Hamptons, NY Golf (T) DNC Dinner, Hamptons, NY (T) RON Hamptons, NY (T) State Dining Room Redecoration NGA Meeting, Milwaukee, WI
2 Hold for Travel to Hamptons, NY RON TBD	3 NGA Meeting, Milwaukee, WI	4	5 Oman Official Working Visit Unity Dinners, DC (2) (T)	6 VP Lunch	7	8 Live Radio Address
			State Dining Room Redecoration			
9	10	11	12	13	14	15
			Hold for Vacation (T)			
			Congressional Recess			
			State Dining Room Redecoration			
16	17	18	19	20	21	22
			State Dining Room Redecoration			
			Hold for Vacation (T)			
			East Room Chandelier Replacement			
			Congressional Recess			
23	24	25	26	27	28	29
East Room Chandelier Replacement			State Dining Room Redecoration			
			Hold for Vacation (T)			
			Congressional Recess			
30	31					
State Dining Room Redecoration Hold for Vacation (T) Congressional Recess						

July

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September 1998

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		State Dining Room Redecoration																																																					
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6	7 Hold for Travel Labor Day State Dining Room Redecoration Congressional Recess	8 Back to School Event (T)	9 Message Event, NJ (T) DNC Lunch, NJ (T) Unity Dinner, NY (T) RON DC	10 Down Until 12:00pm Singapore Working Visit (45 minutes) (T) DNC Dinners, DC (2) (T)	11 Religious Leaders Breakfast (T)	12																																																	
13	14 Millenium Lecture Series Evening (T)	15 Hold for Official Visit (T) Evening Off	16	17 Message Event, Cincinnati, OH (T) Qualls Lunch, Cincinnati, OH (T) Unity Dinner, Boston, MA (T) RON DC	18 Down Until 12:00pm	19 Day & Evening Off Human Rights Campaign Dinner Cong. Black Caucus Dinner																																																	
20 Day & Evening Off Rosh Hashanah Begins at Sundown	21 Speech to the Opening Session of the UN General Assembly, New York, NY (T) RON DC Rosh Hashanah	22 Evening Off	23 First Day of Fall Cong. Hispanic Caucus Dinner	24 Unity Dinners, DC (2) (T)	25 Event, Las Vegas, NV (T) Reid Lunch, Las Vegas, NV (T) DNC Dinner, San Francisco, CA (T) RON San Diego, CA (T)	26 Down Until 12:00pm DNC Lunch, San Diego, CA (T) Unity Dinner, Los Angeles, CA (T) RON Los Angeles, CA (T)																																																	
27 Church, Los Angeles, CA (T) Mauro Event, Houston, TX (T) Mauro Dinner, Houston, TX (T) RON DC	28 Day & Evening Off	29 Yom Kippur Begins at Sundown	30 Yom Kippur	October <table><tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr><tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr><tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr><tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr><tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr><tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr></table>			S	M	T	W	T	F	S					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
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October 1998

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Day & Evening Off	Unity Dinners, DC (2) (T)	Evening Off	DNC Dinners, DC (2) (T)	Evening Off	Message Event, D.C. (T) Governor Lunch, Baltimore, MD (T) DNC Dinner, Philadelphia, PA (T) RON DC	Day & Evening Off																																																																																						
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Day & Evening Off	Day Off Senate Dinner, NY (T) RON Atlanta, GA (T)	Message Event, Atlanta, GA (T) Unity Lunch, Atlanta, GA (T) Unity Dinner, Miami, FL (T) RON DC	Down Until 12:00pm	NAPO Top Cops Award	Greece Official Working Visit (T) Congressional Target Adjournme...	Hold for Yale Law School Reunion, New Haven, CT																																																																																						
POTUS & FLOTUS Anniversary	Columbus Day																																																																																											
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Day & Evening Off	Message Event, DC or KY Senate Dinner, KY (T) RON Chicago, IL (T)	Message Event, Chicago, IL (T) Poshard Lunch, Chicago, IL (T) Fisher Dinner, Cleveland, OH (T) RON DC	Down Until 12:00pm		Down Until 12:00pm	Day & Evening Off																																																																																						
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Day & Evening Off	Day & Evening Off	Boxer Dinner, Los Angeles, CA (T) RON San Francisco, CA (T)	Message Event, San Francisco, CA (T) Boxer Lunch, San Francisco, CA (T) RON San Francisco, CA (T)	Message Event, Seattle, WA (T) DNC Lunch, Seattle, WA (T) RON DC																																																																																								
NetDay Daylight Savings Time Ends	FLOTUS's B-Day					Halloween																																																																																						

November 1998

* *Presidential Calendar*

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1	2	3 Election Day	4 Slovenia Working Visit (45 minutes) (T)	5	6	7																																																																																				
8 Hold for Foreign Travel (If Additional Days Necessary)	9 Hold for Foreign Travel (If Additional Days Necessary)	10 Hold for Foreign Travel	11 Hold for Foreign Travel Hold for Veterans Day Events Veterans Day	12 Hold for Foreign Travel	13 Hold for Foreign Travel	14 Hold for Foreign Travel																																																																																				
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* *Presidential Calendar*

Printed on 5/7/98 10:20 AM

RECOMMENDATIONS FOR NEW POLICY INITIATIVES AND AGENCY ACTION STEPS -- DRAFT

1. Assisting Those Now Homeless	
A. Reorganize McKinney assistance programs -Consolidate programs under one administrative structure with one application process -Give localities responsibility to coordinate resources -FY 1995 budget proposes to transfer Emergency Food and Shelter Program from FEMA to HUD -Consolidate appropriate McKinney programs and mainstream programs -Employ performance-based contracting	
B. Double HUD McKinney Homeless Assistance Budget -Double HUD homeless assistance budget to \$1.7 billion -Increase overall targeted Federal homeless assistance budget to \$2.15 billion (includes 15,000 additional Section 8 vouchers for rental assistance for 5 years)	
C. Make Mental Health Services Work for the Poor -Link housing with mental health treatment -Require coordination of state mental health plans, plans under the proposed Health Security Act, plans under the PATH program, plans under the substance abuse block grant, and HUD's comprehensive plan, to receive McKinney and other HUD funds -Target Federal funds, other state mental health efforts on the most needy -Build upon HHS's ACCESS Initiative (grants in 1993 to help communities in 9 states integrate housing and treatment programs for homeless veterans w/mental illness) -Consider needs of homeless children w/developmental disabilities and emotional disturbances -Establish HUD, HHS, VA, DOJ discharge (hospital and treatment) planning working group -Expand VA discharge efforts -HUD analysis of successful cases of Single Room Occupancy housing -Federal agency assessment of how their mainstream programs are serving the mentally ill indigent -Provision of comprehensive benefits package under the Health Security Act	
D. Make Substance Abuse Services Work for the Poor -Health Security Act coverage for treatment -Crime Bill -Approve President's FY 1995 budget proposal to appropriate \$355 million for initiative to reduce hard-core substance abuse -Ensure that \$5.4 billion Federal government provides for drug-abuse and prevention effectively targets hard-core users and homeless -Ensure that co-occurring disorders are addressed regardless of point of entry: substance abuse or mental health -Integrate treatment for persons with severe addictions into primary and managed health-care systems -Work with service providers to increase knowledge of substance abusing population	
E. Help Persons with TB and/or HIV/AIDS -Provide early identification of patients infected w/TB/HIV/AIDS -Provide permanent housing options for homeless patients -Provide range of intensive supportive services (primary health care, crisis intervention, etc) -Expand funding for identification and detection of TB and treatment of AIDS, consistent w/levels in the President's FY 1995 budget -States should utilize newly authorized optional Medicaid benefit for low-income people w/TB -Use short-term rental payments to prevent homelessness and exposure to illnesses in emergency facilities -Expand subsidized rent programs, such as Section 8, with an emphasis on tenant based vouchers -Broaden availability of support services (as part of HUD continuum-of-care plan) that focus on preventing homelessness and maintaining permanent housing -Maintain categorical funding streams for special needs populations, such as HOPWA	~~AIDS~~

F. Improve Earned Income Tax Credit by Accelerating Payments -Consider allowing states the option to provide advance payments of the EITC to eligible residents through a State agency -Give working poor EITC wages are earned	
2. Long-term Structural Measures	
A. Increase Housing Subsidies and Fight Discrimination -Increase HUD budget by nearly 2 billion dollars in 1995 -Increase FmHA's Section 521 rental assistance budget by more than \$77 million -Enact the President's 1995 budget proposal (includes the increased budget recommendations for HUD and FmHA) -Improve nexus between programs of Labor, Education, HHS, VA, and public and assisted housing, better coordinate state and local providers -Aggressively enforce the Federal Fair Housing Act, the Americans with Disabilities Act, and the Rehabilitation Act of 1973 -Increase investigation and litigation of fair housing violations -Expand DOJ's Fair Housing Testing Program by conducting systematic investigations in rental markets of more than a dozen metropolitan areas -Strengthen enforcement of the ADA to prohibit discrimination in public places and services that may affect homeless persons -Challenge cities that refuse to permit group homes for persons who are mentally ill, retarded, or former substance abusers	
B. Low-Income Housing Tax Incentives -Increase housing subsidies (increased HUD budget) -Use the tax system (mortgage interest deductions, low-income housing tax credits, and mortgage revenue bonds) to increase housing subsidies -Examine ways to extend benefits to lower income people through rental and home ownership incentives and explore programs that could be coordinated with existing tax incentives	
C. Strengthen Integrated Economic and Human Development -Community Reinvestment Act reform, pass legislation to establish community development financial institutions to ensure investments in distressed areas, strengthen the EITC -Streamline HUD planning, application, and reporting requirements of housing and community development formula programs -Goals 2000: Educate America Act -School to Work Opportunities Act -Strengthen JOBS program for dislocated workers, and other e&t programs	
3. Cross-cutting Agency Action Steps	
A. Implement Proposed Reforms in the Health Care System -Health Security Act (benefits for medically underserved, mental health, substance abuse treatment) -Make HHS funds available for services to help hard-to-reach populations (such as transportation, patient outreach and education, and translation)	
B. Reform the Welfare System to Reward Work -Strengthen child support enforcement, take steps to reduce rate of out-of-wedlock births -Ensure that people who move from welfare to work receive tax credits, health care, and child care -Provide access to education and training for parents, make cash assistance a transitional, time-limited program -Reinvent government assistance to reduce administrative bureaucracy, combat fraud and abuse, give greater state flexibility	

C. Improve Access to Mainstream Programs

- Identify principal mainstream programs critical to preventing homelessness and making the transition from homelessness
- Systematically assess how effectively sets of these programs serve the homeless and persons at risk of homelessness, identify how to make programs more accessible, determine how to improve programs to prevent homelessness
- Monitor ongoing programs, conduct impact evaluations to identify outcomes and ways to more effectively coordinate targeted and mainstream programs
- Increase access to mainstream employment services for homeless persons, enhance services delivered by job training programs administered by DOL
- Improve accessibility of homeless families to Head Start programs
- Review most recent data on population experiencing crisis poverty
- Continue special efforts to educate states, cities, and non-profit organizations about the potential use of CDBG, HOME, HOPWA, acquired properties and other mainstream HUD resources
- Strengthen implementation of Title V Surplus Federal Property Program to encourage non-profit organizations and cities to use the program
- Support family intervention and prevention models, work with the states to remove obstacles for participation for homeless families

D. Strengthen Mechanisms for Interagency Coordination at the Federal and Local Levels

- Through the Interagency Council on the Homeless (ICH) and agencies' technical assistance contracts, disseminate information about successful programs
- Evaluate the "value-added" by targeted programs
- Through the ICH, sponsor 2 meetings a year with Governor-appointed State Homeless Contacts and McKinney and non-McKinney Homeless Assistance Program Managers
- Through the ICH, develop an advisory committee of homeless persons
- Update and develop new handbooks for McKinney Act Programs to provide comprehensive guidance to states, localities, and non-profits
- Through the ICH, develop and disseminate a publication that describes all Federal homeless assistance programs and exemplary program models nationwide
- Through the Corporation for National Service, develop AmeriCorps programs and other volunteer efforts to augment government and non-profit efforts
- Encourage local governments to establish a single point of contact regarding their homelessness programs and an interagency council to promote coordination among their homelessness programs.
- Continue to hold local, regional, and national conferences such as the HHS/HUD national conference on integrating housing and services for the mentally ill.
- Increase Federal support to locally based Stand Downs for Homeless Veterans
- Increase outreach to veterans service organizations and other nontraditional homeless providers

TO: TOM FREEDMAN, MARY SMITH

FROM: AMY BLOCK

RE: REPORT ON CONTINUUM OF CARE PROGRAMS

DATE: MAY 21, 1998

The Continuum of Care

HUD's program to break the cycle of homelessness, the Continuum of Care, consists of (1) a coordinated community-based system of identifying and addressing needs and (2) doubling HUD's homelessness assistance budget to fund coordinated efforts.

The Continuum of Care: A Report on the New Federal Policy to Address Homelessness reviews data gathered from applications for competitive McKinney program funds between 1990 and 1995, and analyzes nine case studies of implementation of Continuum of Care programs.

Recommendations

The report concludes that Continuum of Care initiatives effectively reduce homelessness and current levels of funding should be maintained or increased. The report further recommends:

- Increased coordination of resources for the prevention of first-time and repeat homelessness to more effectively break the cycle of homelessness (particularly among families with children). The report states that increasing numbers of homeless families with children will require additional transitional and permanent housing services.
- Maintain local flexibility. Local governments and service providers stated that they prefer the flexibility the Continuum of Care program offers local communities to prioritize their own needs and develop locally-driven solutions. Respondents were also favorable to the program's partnership approach.
- The nine sites included in this report generally supported the notion of federal block grants which promote local flexibility in planning and implementing homeless assistance. However, the sites also indicated that they do not want future block grants for homeless assistance programs to provide a backdoor to cuts in existing levels of federal support.
- All sites noted a need for computer tracking systems for needs assessments, referrals and case management. Quality control is difficult to maintain because a large number of organizations offer a variety of homeless services. All sites recommended that future HUD funding include increased administration/evaluation dollars to assess the quality and impact of services.

Effective Programs Mentioned

Neighborhood Services Organization's 24-Hour-Drop-In-Center (Detroit, MI)

- The 24-Hour-Drop-In-Center, located the Cass Corridor "skid row" section of Detroit, serves men and women as a last resort when they can no longer stay at other shelters. The Center operates a Rest and Recuperation Room where homeless adults can spend four hours at a time sleeping or resting in a safe, clean environment. Twenty additional beds are available for a sub-acute detox program where people can spend three to five days adjacent to, but separate from, the main drop-in center. The Center employs staff who may be formerly homeless and provides an array of assessment and referral services, job training opportunities, health care screenings, volunteer donations of food and clothing, and showers.

Computerized Homeless Network (Houston/Harris County, TX)

- The Homeless Coalition, in partnership with Compaq Computer Corporation, established a centralized information system and database. Houston/Harris County has the most developed computer network of all of the case studies in this report. Once fully operational, the Computerized Homeless Network will provide uniform intake and assessment information and coordinated case management. The Network tracks each homeless person by identifying their primary case manager and providing interagency records of the participant's activity throughout the Continuum of Care system.

Women's Development Center (Las Vegas, NV)

- "The Women's Development Center is one of the oldest and most effective providers of transitional housing and services for single parents with dependent children." The Women's Development Center operates 80 scattered-site housing units throughout Las Vegas. Twenty-five units are transitional homes where clients may stay up to two years, with the average stay of eight months. The Center also assists transitional families with child care, clothing, banking, scholarships, computer skills training, hygiene and food. Casinos provide funds, in addition to HUD Continuum of Care funding, to help underwrite the Women's Development Center. The program offers intensive case management, life skills training, and weekly support groups. The Center staff provides job referrals and helps women contact the Nevada Job Business Services Agency.

Dade County Homeless Trust and the Community Partnership for the Homeless, Inc. (Miami/Dade County, FL)

- To fund homeless services, the Florida State Legislature established a county-wide one percent Food and Beverage Tax levied on restaurants with a liquor license and annual revenues over \$400,000 -- the first such designated tax for the homeless in the country. The Dade County Homeless Trust was formed as the coordinating entity to administer the Food and Beverage Tax, develop a consolidated spending plan for the pool of public and private funds to be raised, monitor the implementation of the Governor's Task Force Homeless Plan, coordinate services, and recommend policies related to homelessness. To raise private and business sector funds for housing and homeless services, the Community Partnership for the Homeless, Inc. was formed as a separate non-profit partner of the Trust. The Community Partnership for the Homeless operates two

Homeless Assistance Centers. The most recently built Center, located on the former Homestead Air Force Base, has a 300-bed emergency shelter capacity and a 200-bed transitional housing capacity that surrounds the emergency shelter. From 1992 to 1996 (publication of the report), the Miami/Dade Continuum of Care Initiative raised \$60 million dollars through combined public and private dollars, including \$19 million from the Food/Beverage Tax (15% of \$6.5 million each year is directed to domestic violence programs) and \$13 million (from 1994 - 1996 publication) in private sector business donations.

Saint Vincent de Paul (San Diego, CA)

- The report observes that the Saint Vincent de Paul organization is "of particular note as an implementation success story." Saint Vincent de Paul is one of the largest non-profit providers of shelter services and runs several village centers. It took a leadership role among a consortium of 11 other service providers and four government agencies to create 343 new case managed beds and 60,000 new service contracts. With a capital investment of over \$27 million since 1985, the Saint Vincent de Paul residential division developed a complex of village residential buildings that comprise six centers. Saint Vincent de Paul provides both short and long-term transitional housing, as well as a rehabilitation program for 885 clients. Saint Vincent de Paul also serves 1200 non-residents daily. The program operates residential shelters and offers sophisticated case management, employment, computer and job training programs, children's programs, schools, and even free medical and dental clinics on site. Saint Vincent de Paul also uses Microsoft Access to track approximately 5,000 clients, from intake to aftercare, on its computerized database.

TO: TOM FREEDMAN, MARY SMITH

FROM: AMY BLOCK

RE: HOMELESSNESS PROGRAM EVALUATION ABSTRACTS

DATE: MAY 20, 1998

Abstracts of Evaluations of Homelessness Prevention Programs

What Makes Sense: What Works

Emergency Food and Shelter National Board Program

1993; 79pp.

Examples of effective administrative and service delivery programs which receive funding from the Emergency Food and Shelter National Board Program at FEMA. Each entry was prepared by the participating program and includes descriptions of intake and assessment procedures, eligibility requirements, and contact information. Divided into three sections. First section contains examples of programs providing rent and/or mortgage assistance to prevent evictions and help homeless people move out of shelters. Second section describes the composition of local Emergency Food and Shelter boards in urban and rural areas. Third section describes 6 programs demonstrating different approaches to the coordination of rental and/or mortgage assistance.

Homeless Prevention Programs

Department of Health and Human Services

1991; 19pp.

HHS Office of the Inspector General reviews selected homeless prevention programs to determine overall effectiveness and compare the effectiveness of prevention programs that provide case management services to those that do not provide case management services. Organized into four sections. First Section defines homeless prevention programs as those aimed at stabilizing people until they can move beyond the situations that placed them at risk of homelessness. Second section examines findings: homeless prevention programs kept families in their homes; case management services did not increase the likelihood of a family remaining in permanent housing; the average benefit paid by the prevention programs was one-sixth the cost of a typical shelter stay; and the prevention programs examined assisted only a small portion of needy families. Section three presents recommendations, including promotion of homeless prevention programs by the Interagency Council on the Homeless and reevaluation of case management services. Section four provides comments on the draft by other agencies. Appendices list programs examined, funding sources, and shelter costs.

Preventing Homelessness: A Study of State and Local Homelessness Prevention Programs:

Schwartz, David C. et al

National Housing Institute and American Affordable Housing Institute

1991; 96pp

Data compiled during an examination of seven major state and local homelessness prevention programs in 1990. Information gathered on each program's history, staffing, methods of operation, sites, funding, client eligibility, outcomes, coordination with other programs, and unresolved problems or issues. Key findings: prevention programs do work; they are more cost-effective than programs which help those that are already homeless; they are replicable; they

assist mostly low- and moderate-income families; they have been designed with strong anti-fraud protection. Recommendations: enact a free-standing federal homelessness prevention bill that creates a federal homelessness prevention fund, mandate states to enact homelessness prevention programs to match federal funding. Appendix contains annotated listing of state homelessness prevention programs.

Alcohol and Other Drug Treatment for Homeless People

Lezak, Anne D.

National Association of Community Health Centers, Inc.

1991; 48pp.

Proceedings of a symposium sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). First part of the report contains proceedings from the plenary session on the goals and findings of the demonstration grant projects. Second part addresses service approaches, clinical interventions, and considerations such as housing and employment. Describes a number of model programs.

Homelessness: Too Early to Tell What Kinds of Prevention Assistance Work Best

U.S. General Accounting Office

1990; 42pp.

Describes variety of homelessness prevention programs implemented at state and local levels, many with federal funds. Points to need for evaluation of homelessness prevention programs at the federal level. Report does not draw any conclusions as to what works to prevent homelessness, but does indicate that the need for prevention assistance is greater than the resources available. Based on 42 state and local prevention programs -- including programs that provide some form of financial assistance (rent, security deposit, mortgages, utilities) or services (legal aid, landlord mediation, budget counseling, referrals). Many assistance providers stated that assistance involving a case management approach seems to be the most effective way to provide prevention assistance. Identifies the six federal programs that provide funds for prevention assistance activities. Appendices contain program descriptions and contacts.

A Study of Homeless Families in New York City: Risk Assessment Models and Strategies for Prevention (Final Report)

Knickman, James and Beth Weitzman

New York University, Health Research Program

1989; 43pp.

First volume of the Final Report for the New University Study of Homeless Families, conducted for the New York City Human Resources Administration. Addresses risk assessment models and strategies for prevention. Other three volumes address characteristics of public assistance families, forecasting models to target families at high risk of homelessness, and implications of the NYU study of homeless families for public policy. Key findings: shelter use considered a 'last choice' option by families; living with others a key predictor of shelter use; previous shelter use increased the risk of repeat use; disruptive experiences elevated the likelihood of homelessness. Lists policy implications of prevention strategies.

How to grow the
Programs
vs.
sell it

① Confusion
② What?

③ Realistic
Instructions

Implementation of *Priority: Home!* *The Federal Plan to Break the Cycle of Homelessness*

③ Scenarios
1st

— goals

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PART I
IMPLEMENTATION STRATEGY FOR
PRIORITY: HOME!



We must address the problems that render people homeless in the first place rather than focusing simply on getting them off the streets for the night."

*--Secretary Henry G. Cisneros
Housing and Urban Development*

INTRODUCTION

In May 1993 President Clinton signed Executive Order 12848 that directed the member agencies of the Interagency Council on the Homeless to develop a single, coordinated Federal Plan for breaking the cycle of existing homelessness and preventing future homelessness. Specifically, the Order called for recommendations to streamline and consolidate existing programs; redirect current funding to improve linkages; enhance coordination and cooperation across service systems; and encourage and support cost-effective approaches. The Interagency Council on the Homeless, led by HUD Secretary Henry Cisneros, chairman, and co-vice chairs, HHS Secretary Donna Shalala and VA Secretary Jesse Brown, completed its work and announced the results in a document that was released on May 17, 1994 by the Council, a working group of the President's Domestic Policy Council.

The 125-page document, Priority: Home! The Federal Plan to Break the Cycle of Homelessness, praised for its honesty and bold recommendations, reflected the consensus of the 17 member agencies of the Council and was the product of unprecedented consultation with representatives of State and local governments, service providers, public interest and advocacy organizations, homeless and formerly homeless people, and other concerned individuals and organizations. Priority: Home! included a thorough analysis of the nature and causes of homelessness today, a comprehensive overview of Federal and local assistance and relief efforts to date, and acknowledged the sad truth that about 7 million Americans experienced homelessness at some point during the late 1980s. The importance of two broad and sometimes overlapping classes of problems--"crisis poverty" and "chronic disability"--which can interact and result in large-scale homelessness was underscored.

President Clinton endorsed Priority: Home!'s call for concerted Federal action to deal with the current crisis and more far-reaching action to address the underlying roots of the problem. In Priority: Home!, the Administration proposed a full-scale attack on homelessness by focusing public and private sector energies to make a real difference. This implementation plan details the Federal agency action steps necessary to fundamentally change the way America responds to the crisis of homelessness.

In the past, homeless assistance and emergency housing policies focused primarily upon providing a bed and a meal. McKinney programs including health care & mental health care began in the latter part of the 80's. Much has been learned about the nature of homelessness, how to respond to it and what measures must be taken to prevent future homelessness. This implementation plan briefly summarizes what has been learned over the past decade of homelessness assistance (including a review of what we know and the attendant policy recommendations), provides a status report on the recommendations and proposes Federal agency action steps necessary to break the cycle of homelessness.

Policy Implications

Based on *what we know*, government policy must therefore be targeted toward more than emergency services and shelter. It must address both the need for *services and housing* for those with disabling conditions, at the same time as it meets the need for a *temporary way station en route to stable housing* for others.

1. Given limited resources and the daunting scale of existing homelessness, this dual function can be met adequately only if *prevention becomes the equal of remediation in policy planning*. If potential demand for shelter is to be reduced, institutional practices that foster residential instability must be corrected. These practices include the lack of adequate treatment resources, the inadequacy of income maintenance and service programs, lack of education and job training opportunities, and inequities in housing assistance. *Prevention*

2. The objective should be to reduce the use of drop-in centers and emergency shelters to a minimum, *not to institutionalize such makeshift facilities as a parallel service system*. The need for emergency and outreach services cannot be denied. However, the success of such programs should ultimately be determined not by expanding their capacity, but by reducing the demand for them. "Putting ourselves out of business" should become the goal of all specialized programs serving the homeless poor, not just a catch phrase for not-for-profits. ✓

3. *Secure housing is fundamental to repairing and stabilizing broken lives*. It is not something that is earned as a reward for successfully completing treatment or a resource contingent upon remaining in treatment. Access to housing is the indispensable requirement upon which successful rehabilitation and reintegration are conditioned.

RECOMMENDATIONS FOR NEW POLICY AND AGENCY INITIATIVES

From a review of the literature and an examination of policy implications, it is clear that "more of the same" will serve only to perpetuate the half-measures that dominated the Federal response in the 1980s. The recommendations set forth in Priority: Home! and summarized below are an attempt to establish the framework for Federal assistance. The recommendations offer a two-pronged strategy: (1) assisting those now homeless and (2) long-term structural measures.

A. Assisting Those Now Homeless

The major recommendations for immediate measures to serve those currently homeless or in danger of becoming homeless are aimed at bringing those who are currently homeless back into community living, the work force, and families. These proposals build upon existing McKinney and mainstream programs. They include:

- Strengthen integrated economic and human development through the provision of adequate education and training and the creation of jobs, particularly those that are accessible to poor residents of center city areas where most of the homeless are concentrated.
- Strengthen mechanisms of interagency coordination at the Federal and local levels to ensure the success of McKinney and non-McKinney homeless assistance efforts.

IMPLEMENTATION STRATEGY AND WORKPLAN

Implementation of the proposals recommended in Priority: Home! will result in two critical actions: 1) an overhaul of government programs and policies designed to address homelessness; and 2) a restructuring of the relationship between the Federal, State and local governments and the not-for-profit provider community. Specifically, Priority: Home! proposed the development of a new conceptual framework for homelessness assistance: a seamless system of services called the "continuum of care." When fully developed, this framework will create a *community-based system*, designed by the community and structured to meet emergency needs, to provide transitional supportive services and to increase access to permanent housing. Additionally, with the Federal government reorganizing its resources in order to improve its partnership with States, localities, and the private sector, this new framework will permit communities to re-evaluate and "re-invent" the local response to homelessness. Many Federal agencies are already involved in developing new partnerships. For example, the Corporation for National Service is establishing cooperative arrangements with states, Federal agencies and non-profit organizations to provide more effective services through better coordinated programs. In addition, the HUD continuum of care framework is designed to be results-oriented, with the emphasis moving from emergency assistance to services designed to promote long-term independence and self-sufficiency.

Providing shelter and other emergency assistance will serve to break the homelessness cycle. However, to prevent future homelessness, much more must be done. Priority: Home! underscores the need for long-term human and economic development and investment through increased opportunities for employment, job training, better education, comprehensive social services, and affordable housing.

Parts II and III of this report summarize agency actions to implement the recommendations contained in Priority: Home! through March 1995. Part II describes activities underway or recently completed with regard to each of the individual recommendations in the original May 1994 report. Part III presents the reports of the Federal agency work groups that met throughout the fall and winter of 1994 to propose specific agency action steps in seven major policy areas addressed in Priority: Home!: homelessness prevention, improving access to mainstream programs, housing, mental health and substance abuse services, health care and nutrition services, special needs in rural areas, and program evaluation.

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

IMPLEMENTING ACTIONS FOR RECOMMENDATIONS

1. ASSISTING THOSE NOW HOMELESS

A. Reorganize McKinney

Page*

- 71 Consolidate some McKinney homeless assistance programs under one administrative structure with a single application process.

HUD -- Announced (February 1995) \$900 million competition, largest ever homeless competition. This competition offers funds through a consolidated SuperNOFA and streamlined application process to establish the continuum of care within communities. The agency held 40 conferences throughout the nation within a two week period; established a 1-800 client service line; and disbursed more than 3000 instructional videotapes to help communities prepare for moving toward continuum of care.

HHS -- President's FY96 budget proposed consolidation of 3 runaway and homeless youth programs into a consolidated program for this population.

Legislation to consolidate all HUD programs proposed by the Administration but not enacted in 103rd Congress. HUD will resubmit proposed legislation in this Congressional session.

- 71 Transfer the Emergency Food and Shelter program currently administered by FEMA to HUD.

Emergency Food and Shelter (EFS) program will stay at FEMA with closer coordination with HUD programs.

- 71-2 Forge linkages between some McKinney programs and mainstream programs: consolidate where necessary to target the added resources of the mainstream program resources to the most needy.

DOL/ED -- Consolidation of homeless Job Training for the Homeless Demonstration Program (JTHDP) with Job Training Partnership Act (JTPA) programs, including consultation with Adult Education and Even Start programs.

*Note: Page numbers refer to pages in "Priority: Home!"

HHS -- ACCESS Demonstration Program developing and testing models for integrating services

- 74 Immediately explore further consolidation and reorganization across Federal departments, including consolidation with mainstream programs, where appropriate.

DOL -- Consolidation of homeless JTHDP with JTPA

ED -- Reauthorization of Adult Education Act, including consolidation of some JTPA training resources into the Act.

HHS -- Consolidation of PATH with mental health block grant

HHS -- Consolidation of multiple health center programs

HHS -- Consolidation of Family Support Centers with community-based Family Resource programs

HHS -- Runaway and Homeless Youth consolidation

- 74 A reorganization of current programs would still represent an emergency measure, intended to deal with the current crisis of homelessness. Eventually, these emergency measures need to be replaced by mainstream programs that deal with long-term community development.

FEMA -- Plans for prevention program

All agencies -- Empowerment Zones/Economic Development Initiative

HHS -- Focusing final year of Family Support Center funding on homelessness prevention

- 74 Performance-based contracting: While much of the provider's work cannot be measured strictly by the number of people placed, it should be one of the indices of success. Further, results should be evidenced as the continuum of care and other necessary systems are put into place.

HUD -- Miami Initiative is structured to test performance-based agreements through outcome resources .

HUD/FEMA -- D.C. Initiative is structure to test performance-based outcome measures through housing, shelter and service system development.

HHS -- Proposed mental health and substance abuse performance partnerships focus on measurable outcomes.

HUD – Issued NOFA with coordination and planning criterion, focusing on continuum of care planning, linking existing resources and plans.

HHS – Intend to have objectives concerning homeless in the mental health and substance abuse performance partnership plans.

HHS – Local and state planning processes for Ryan White CARE Act Programs include mental health providers.

- 77 Explore alternative ways to focus state mental health efforts on the most needy, including more targeting of Federal funds, tighter planning requirements, technical assistance, etc.

HHS and HUD – Provide technical assistance on safe havens and their importance in the continuum of care

HUD – Funded Safe Havens projects in 1994

HUD – Issue final rule for Consolidated Plan (consolidating planning requirements for funds in CDBG, Home, ESG, HOPWA)

- 77-9 In this effort to develop more integrated systems of housing and services:

· For a more widespread effort, use as building blocks HHS's ACCESS Initiative--which made grants in 1993 to help selected communities in nine states integrate housing and care systems--along with elements of VA's programs that assist homeless veterans with mental illness.

HHS/HUD -- Distribute "A Blueprint for A Cooperative Agreement Between Public Housing Agencies and Local Mental Health Authorities"

HUD – Awarded SHP grants to seven ACCESS program localities

· HHS, VA, and HUD will coordinate Federal assistance with state and local governmental health, mental health, and housing agencies to enhance state and community support by developing a continuum of care that integrates housing and services. To do so, encourage states and communities to do the following:

- Effectively target mental health and housing resources to the most needy, such as homeless persons with mental illnesses or dual diagnoses.
- Work closely with other key providers of services, including substance abuse treatment providers and providers in VA's mental health-care system.
- Use the experience of the states and communities that have developed integrated

HHS/DOJ – CMHS/NIC developed the Blueprint for Contracting for Mental Health Services for Jail Detainees with Mental Illness

DOJ – Implementation of Crime Bill Drug Courts and enforcement of Fair Housing Act and ADA

· HUD, HHS, VA, and DOJ will establish a discharge planning working group to identify effective discharge-planning strategies for hospitals and community-based treatment facilities; to ensure continuity of care; and to explore how Federal, state, and local incentives that would encourage Federally funded hospitals, prisons, nursing homes, community-based housing providers, and other institutions to develop the necessary linkages to avoid discharging people who do not have a place to live.

ICH – Convene Discharge Planning Group (HUD, HHS, VA, DoED, Labor, Justice) to identify best practices model

DoJ – Implementing alternatives to sentencing for repeat drug offenders

VA – Coordinated 171 VA Medical Center sponsored Community Education Workshops on how to improve services to homeless veterans

SSA – Expediting reviews of pre-release applications for disabled persons in the process of being discharged from psychiatric and other local hospitals

· VA will work with the discharge planning group and others to develop new strategies to address these problems--including the development of new partnerships with other public and private agencies and organizations.

VA - Coordinated 171 Medical Center outreach meetings attended by state, local and non-profit providers of housing and community based services.

VA – Social Work Services Homeless Coordinators facilitate discharge of homeless and at-risk veterans and provide them with appropriate aftercare services

VA/HUD – Established the VASH program, a rental assistance supported housing program to assist reintegration into community life.

SSA/VA – Pilot outreach program to integrate benefits and service for homeless chronically mentally ill veterans

- 80 Ensure that the approximately \$5.4 billion the Federal government provides to states and communities for drug abuse prevention and treatment is coordinated and targeted effectively to serve hard-core users and difficult-to-reach populations, such as the homeless.

HHS -- Coordinate dissemination of existing CSAT, NIDA, NIAAA, NIMH and CMHS dual diagnosis demonstration project evaluations and performance outcomes to states and local governments, non-profits service providers

HHS -- State and local planning processes for Ryan White CARE Act include substance abuse providers

- 80 Federal agencies will work with states and communities to develop effective treatment systems linked with housing and other community-based rehabilitative services. Special attention will be focused on innovative approaches to help people stay in treatment, as well as on education, training, and employment programs that support the transition to community living. As part of this systems development, the Federal government will work creatively to accomplish the following:

- Ensure that providers of treatment and care address the needs of homeless people with co-occurring disorders regardless of their point of entry: substance abuse or mental health.

HHS -- ACCESS Initiative and PATH program require providers to address both

HHS -- Implementing initiative to develop and evaluate effective treatments for homeless adults with co-occurring serious mental illnesses and substance use disorders

HHS -- Inspector General conducted review of programs for persons with dual diagnoses

- Integrate treatment for persons with severe addictions into primary and managed health-care systems.

HHS -- Health care for homeless clinicians network established

HHS -- Review of state medicaid waivers with a focus on this and other vulnerable populations

- 80 The Federal government should work with service and treatment providers to increase knowledge of the substance abusing population and of effective treatment intervention strategies. This population's diversity requires a variety of approaches.

ED/DOL -- Coordination of Adult Lifelong Learning Opportunities with HHS programs

- A range of permanent housing options for homeless patients, including respite-care scattered-site housing.

HUD -- Established Office of HIV/AIDS Housing to address needs for respite care

- Intensive supportive services to this population, including Directly Observed Therapy (DOT) when needed, case management, access to primary health care, substance abuse treatment, mental health services, social services, TB support services, and crisis intervention.

HHS -- Disseminate lessons learned from a survey of strategies being used to enhance TB treatment compliance.

- 81 Expand funding for the identification and detection of TB and the treatment of AIDS, consistent with the levels in the President's FY 1995 budget.

HHS -- HCFA through letters, policy transmittals and meetings encourage expansion

HHS -- President's FY 1996 budget includes an additional \$91 million investment in the Ryan White AIDS programs

- 81-2 States and communities should give some priority in existing and new funding to homeless persons with TB and AIDS. States should utilize a newly authorized optional Medicaid benefit for certain low-income people with TB that includes basic primary care services, prescription drugs, and DOT.

HHS - Prototype waiver for home and community-based care for Medicaid-eligible individuals with AIDS being developed

HUD - 5,000 Section 8 Vouchers set aside for homeless persons with HIV/AIDS.

HUD - Established Office of HIV/AIDS Housing

- 82 Increase housing placement through:

- Use of short-term rental payments, in emergency situations for persons with HIV/AIDS and/or TB, to prevent homelessness and to minimize the use of emergency congregate facilities to reduce the risks of exposure to opportunistic diseases.

HUD -- Establish and staff Office of HIV/AIDS Housing

- Expansion of subsidized rent programs, such as Section 8, with an emphasis on tenant-based vouchers.

- Increase the HUD overall budget by nearly two billion dollars in 1995.

HUD - Requested but not enacted by 103rd Congress

- Enact President Clinton's 1995 budget proposal, which includes increased budget recommendations for HUD and FmHA.

HUD - Requested but not enacted by 103rd Congress

USDA/FmHA -- Requested but not enacted by 103rd Congress

- Improve the services available to public and assisted housing residents.

HUD - Family Self-Sufficiency

HHS - Health care services to residents of public housing

HHS - Head Start Programs at public housing sites

HUD - Moving to Opportunity Program

DOE - Weatherization Assistance Program

- Improve the nexus between the programs of the Departments of Labor, Education, Health and Human Services, and Veterans Affairs and public and assisted housing.

HUD - Family Self-Sufficiency

HHS - Head Start Programs at public housing sites

HHS -- Health Care services to residents of public housing

- Do more by coordinating currently useful programs (e.g. Family Self-Sufficiency) with state and local providers.

HUD -- Coordination of 40 Technical Assistance Workshops on the Consolidated Plan

ED -- Dissemination and coordination of Education for Homeless Children and Youth program (EH CY) evaluation

HUD - Youth Build Corporation for National Service (CNS) - Americorps and Americorps/Vista programs targeting homeless.

ED - Even Start and Adult Education programs

DOL/ED - School-to-Work programs

- 88 Implement a new social contract that recognizes both individual and family rights and responsibilities.

HHS - Welfare reform proposal not enacted by 103rd Congress

HUD - Family Self-Sufficiency

3. CROSS-CUTTING AGENCY ACTION STEPS

A. Implement Proposed Reforms in the Nation's Health Care System

- 89 Congress should enact the Administration's proposed Health Security Act.

Not enacted by 103rd Congress.

B. Reform the Welfare System to Reward Work

- 90-1 Reform of the welfare system could build on the Family Support Act and the recent expansion of the Earned Income Tax Credit and incorporate the following four aspects:

- Promote parental responsibility to ensure that both parents are held responsible for the support of their children by strengthening child support enforcement so that noncustodial parents provide support to their children and by taking steps to help reduce the rate of out-of-wedlock births.

- Reward people who go to work by making work pay--that is, by ensuring that people who move from welfare to work have the tax credits, health care, and child care they need to support their families adequately through work.

- Promote work and self-support by providing access to education and training for parents, making cash assistance a transitional, time-limited program and expecting adults to work once the time limit is reached.

- Conduct a systematic assessment of how effectively sets of these programs serve the homeless and those at risk of homelessness, identify how to make the programs more accessible to the homeless, and determine how to improve these programs so that they better prevent homelessness.

HHS -- ACCESS Initiative underway to assess barriers to mainstream services for homeless persons with mental illnesses

HHS -- Implement Head Start tracking system with specific data on access by homeless children.

HHS -- Conduct evaluation of access to community health centers and community mental health centers by homeless persons.

- Monitor ongoing programs and conduct impact evaluations of outcomes to identify ways to forge more effective linkages between targeted and mainstream programs, including consolidations.

This effort should build on planned reforms, such as health-care and welfare reform, and reforms that have already been undertaken by Federal agencies to help make mainstream programs more accessible.

HUD, HHS, DoEd, DOL -- Sponsor on-going national evaluations of grantees.

DOL -- Collect data from the national JTPA reporting system on number of homeless participants, selected participant characteristics, labor force status, training and services received, post program employment, hours worked and wages earned, and other enhancements and outcomes.

- 93 The Federal government through its member agencies should review and explore the most recent data on the causes of homelessness; the characteristics of homeless and at-risk populations; and the number and characteristics of those experiencing crisis poverty.

HUD, HHS, USDA, VA and FEMA with Commerce/Census Bureau -- National study on homelessness proposed.

Commerce/Census Bureau -- Conduct pre-test using in April 1995 sampling methodology, survey instruments in preparation for the national survey

HUD, HHS, DoEd, DOL -- Sponsor on-going national evaluations of grantees.

HHS – HRSA providing technical assistance on health care models

FEMA – EFS training workshops provide technical assistance and forum for discussion of issues on addressing homelessness.

- 94 Evaluate the “value-added” by targeted programs to improve coordination and reduce program fragmentation.

ICH -- Review McKinney program evaluations

- 94-5 Through ICH, sponsor two meetings a year with Governor-appointed State Homeless Contacts and McKinney and non-McKinney Homeless Assistance Program Managers to encourage state and local coordination, and to encourage integrated approaches to addressing homelessness.

ICH - Meeting held with COSCDA

- 95 Through ICH, develop an advisory committee of homeless persons.

ICH - Developing locally-based advisory committee and national advisory network of homeless persons.

- 95 Update and develop new handbooks for McKinney Act Programs to provide comprehensive guidance to states, localities, and not-for-profits on eligible activities, grant management strategies, fiscal and accounting requirements, and outcome measurements.

ICH Staff Activity

HHS – Developed self-assessment guide for Health Care for the Homeless providers to assess how they fit in managed care environment.

HHS – Encourage Health Care for the Homeless providers to utilize their automatic eligibility as Federally Qualified Health Centers.

HHS – Developed “second generation” strategy for PATH grantees, including increased focus on outcomes.

- 95 Through ICH, develop and disseminate a publication that describes all Federal homeless assistance programs and exemplary program models nationwide.

ICH Staff Activity

- 95 Through the Corporation for National Service, develop AmeriCorps programs and other volunteer efforts to augment government and non-profit efforts to address homelessness.

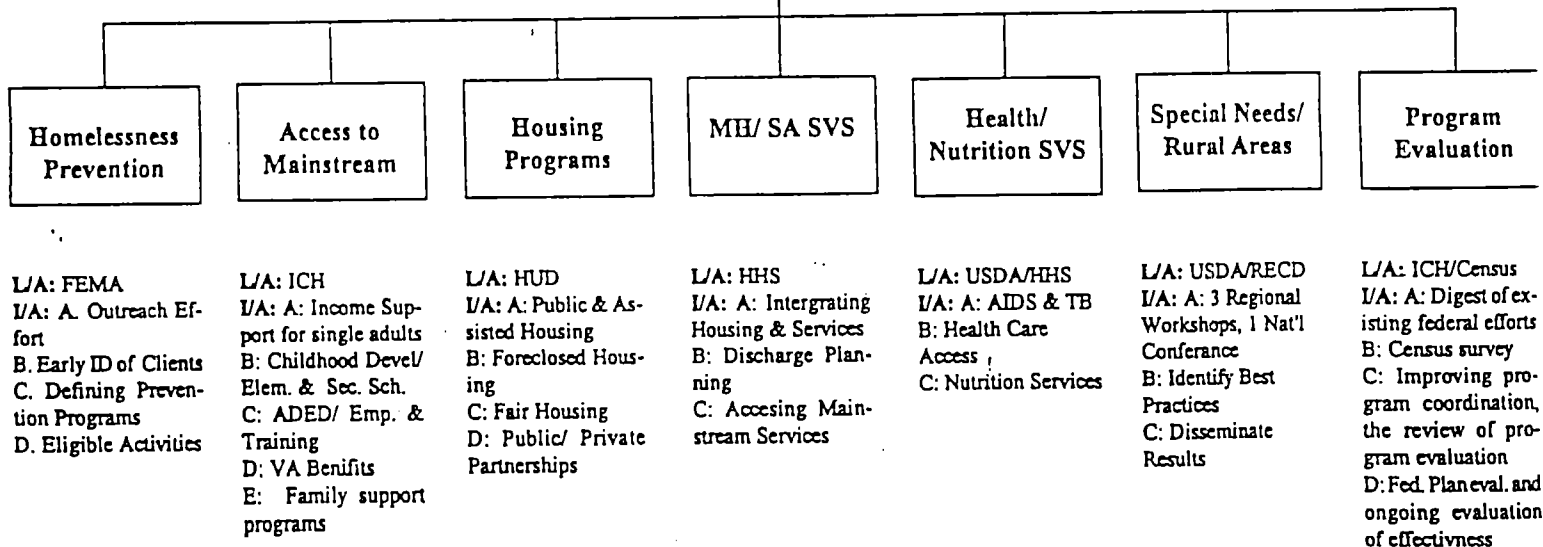
VA -- Currently providing increased support.

DOL -- Through Homeless Veterans Reintegration Project Grants support is provided for Stand Downs.

- 95 Increase outreach to veterans service organizations and other nontraditional homeless providers to encourage and support their participation in the national effort to break the cycle of homelessness.

SSA/VA -- 9 City Homeless Outreach Partnership.

Federal Plan Implementation Policy-Area Work Groups



Key
 L/A - Lead Agency
 I/A - Issue Area

Improving Access to Mainstream Programs

This work group focused on the identification of obstacles and barriers which prohibit the use of mainstream programs by homeless individuals and families and those at risk of becoming homeless and develop strategies to remove them. While improvement of service delivery within the homeless service system is critical, increased participation by homeless families and individuals and those at risk in programs which provide income support, education and training, employment, health and mental health care and housing as part of an integrated service system is essential if the Nation is to truly break the cycle of existing homelessness. Enrolling homeless individuals and families in mainstream programs and sustaining their participation is an absolute priority of the Interagency Council on the Homeless.

Housing Programs

In recognition of the critical role that affordable, long-term housing plays in helping to provide the residential stability needed to break the cycle of homelessness and an essential link in the continuum of care, a separate mainstream housing work group was formed in order to provide much needed attention on a federal level. This work group examined and addressed issues related to combatting illegal discrimination and increasing housing opportunities.

Mental Health/Substance Abuse Services

This work group focused on the development of consistent standards for the delivery of mental health and substance abuse services to ensure that individuals with mental health and/or substance abuse problems receive services, treatment, housing and support. It is critical to coordinate treatment and supportive services with housing as neither is sufficient without the other. While many models of supportive housing, outreach and case management services exists, not enough has been done to ensure that treatment services are available, accessible and affordable for homeless individuals and families with mental health and substance abuse problems.

Health Care and Nutrition Services

The work group focused on increasing access to health care and nutrition services and on improving the process of assessing the health and nutrition needs of homeless families and individuals, especially those with HIV/AIDS and TB and recommending guidelines to ensure the delivery of adequate care and follow-up services.

Addressing Special Needs in Rural Areas

Recognizing the distinctive character of rural homelessness, this work group reviewed existing Federal initiatives aimed at alleviating the problem of homelessness in rural areas focussed on improving the knowledge base about what works in rural areas.

HOMELESSNESS PREVENTION

Government policy must provide more than emergency shelter. Prevention is fundamental to reducing the demand for emergency relief. As long as there are constant entries and reentries into homelessness, the size of the problem cannot be significantly reduced. The constant replenishment of the homeless population diminishes any evidence of program success. Better prevention would avert significant costs accrued in treating the consequences of homelessness. But a better understanding is needed of the efficacy of prevention measures, whom they serve, and under what circumstances they operate best. Secondary prevention is also important; for example, it is absolutely critical that currently homeless children do not become the next generation of homeless adults.

Prevention is the most cost-effective way to address homelessness. Intervention methods that prevent foreclosure or eviction, ameliorate domestic conflicts to forestall potentially violent resolutions, provide supportive services for physically and/or emotionally disabled individuals, and plan for soon-to-be released prison inmates and hospital patients are significantly less costly strategies than providing emergency food and shelter for homeless individuals and families. While these prevention policies are being developed and incorporated into Federal mainstream programs, assistance must continue to be provided in the most efficient and effective way to prevent persons from becoming homeless.

The Federal Emergency Management Agency (FEMA), the Departments of Health and Human Services (HHS), and Housing and Urban Development (HUD) and Rural Economic and Community Development Service (RECD) are collaborating on program changes that would facilitate the development of a coordinated prevention program. The programs under review involve FEMA's Emergency Food and Shelter (EFS) program, the Emergency Shelter Grant (ESG) program, RECD's Rental Assistance program and the HHS's Emergency Community Services program. The recommended prevention program would invite the FEMA National Board to encourage the FEMA local boards to coordinate the development of a community-wide prevention program. (FEMA's EFS program currently expends 60% of its funds for prevention assistance. This assistance includes the payment of rent, mortgage, and/or utility arrearages. In addition, food vouchers or groceries are provided for persons having to choose between paying housing costs or eating.)

Specifically, the local board would be encouraged to work with community leaders to develop a cooperative effort to fund mass shelters through HUD's Emergency Shelter Grant (ESG) program, allowing more of FEMA's EFS funds to be used for prevention efforts such as rental/mortgage/utility payments to avert evictions. Instead of funding mass shelter costs through FEMA's EFS program, mass shelter providers would receive funds through HUD's ESG program and other eligible grant and rental assistance funds. Initially, the program would be administered in the 319 entitlement cities that receive HUD's ESG program funds.

IMPROVING ACCESS TO MAINSTREAM PROGRAMS

"A decent home and a suitable living environment" for every American was a stated goal of Priority: Home!. Achievement of that goal will require the Federal government to grapple with social and economic issues which have persisted for decades. The Clinton Administration has already embarked on that road. The Federal Departments of Agriculture, Commerce, Education, Health and Human Services, Housing and Urban Development, Energy, Interior, Justice, Labor, Transportation, Veteran Affairs have begun a thorough examination of their mainstream programs to determine if they are adequately serving the customer: the American citizen. As part of the "re-invent government" efforts, each agency has set new standards for policy and program performance aimed at helping people help themselves.

In addition to mainstream programs which serve all individuals and families in communities, the Federal government specifically provides assistance to address the needs of low-income and at risk families and individuals through programs in eight departments: HHS, HUD, Labor, USDA, Education, Energy, Interior, and Veterans Affairs. While these programs are not officially designed to "prevent homelessness" these programs make up the social safety net for families and individuals at risk of becoming homeless. These programs must be made to be more successful in serving at risk and homeless families and individuals.

To that end, the following actions are recommended.

- Research the relationship between poverty and homelessness and apply findings to integrated service systems.

Lead Agency: HUD/PD&R
Participating Agencies: Urban Institute

Milestones: Publish initial findings: January 1995.
Complete study: January 1996.

- Public housing authorities do not consistently apply recent changes in HUD statutes that prevent families from losing housing because of the temporary absence of a child due to a foster care placement, or the required exclusion of foster care income. They also may not all be aware of provisions that allow families being reunited to receive a priority for subsidized housing. To clarify these provisions, and increase access to housing by women being reunified with their children, including homeless women, HUD will develop an information memorandum for public housing authorities. HHS will then disseminate the memorandum to child welfare agencies with suggestions on how to work collaboratively with housing authorities to ensure access to housing is maximized.

Lead agency: HUD and HHS (ACF)
Milestone(s): Draft memorandum and disseminate to PHAs: 6/95
Disseminate to child welfare agencies: 7/95

· In September, 1994 HHS published *A Roadmap for Providing Support to Homeless Families*, a guide for directors and staff of community-based child abuse and neglect prevention programs. The Department will build on these efforts by developing and disseminating a coalition building workbook for providers to help develop networks necessary to prevent child abuse and neglect.

Lead agency: HHS (ACF)
Milestone(s): Materials completed: 7/95

· HHS has established an EZ/EC Central Support Office to provide direct assistance to Empowerment Zones and Enterprise Communities. This office is working with the HHS Regional Directors to support designated areas implement their strategic plans and realize their vision for community revitalization. The Department has shared information about resources that are available at the Federal level to serve homeless people with the EZ/EC communities. Through this office HHS will offer technical assistance to all designated communities on health and social service issues and will work to ensure that communities address homelessness within their local community.

Lead agency: HHS (ACF, ASPE)
Milestone(s): Disseminate information: 2/95
Award technical assistance contract by 9/95

· The Social Security Administration (SSA) has established various local office procedures to help meet the problems faced by homeless persons in obtaining Social Security or Supplemental Security Income (SSI) benefits for which they are eligible. These efforts, which include distributing regional and local directories of services for the homeless and other resource materials to homeless assistance providers, advocates and others; establishing contact stations in shelters in many cities with large homeless populations; and where eligibility has been established, making Social Security or SSI payments in 5-10 days where regular payments would not be fast enough, will be continued. In addition, prerelease arrangements with local public, medical and domiciliary institutions are being strengthened and revised to help avert potential homeless situations. SSI claims may be filed before release from these institutions to help ensure that persons about to be discharged have resources needed to obtain housing. SSA also ensures that a food stamp application is completed at the same time as an SSI application in these cases.

· Fund new outreach demonstration programs that target homeless persons to develop and implement innovative ways of identifying persons potentially eligible for SSI benefits and to help them apply. Grantees will test methods such as providing a "one-stop shop" to streamline the application process and complete related program applications, such as Medicaid and Food Stamps; testing work incentive provisions; stationing outreach workers in locations frequented by homeless persons; and providing translation and representative payee services.

Lead Agency:

DOL

Milestones:

Develop draft guide: 6/95

Disseminate guide : 8/95

homeless and Department of Health and Human Services reviews and approves applications by homeless service provider organizations.

Legislation passed late in FY 1994 removing military base closures from the Title V process. HUD is working with the Department of Defense and HHS to expedite implementation of this new legislation, the Base Closure Community and Redevelopment and Homeless Assistance Program. In writing the regulations, HUD is insuring that the needs of the homeless considered in the development of the base redevelopment plans and that there is a balance between the economic and other needs of the community involved with the needs of the homeless.

- Improve housing opportunities for Native Americans, including those who are homeless or at-risk of becoming homeless.

Lead Agencies: Interior/BIA, HUD/PIH
Milestones: Established Interagency task force established FY 1994;
Initial recommendations November 1995.

- Increase housing opportunities for persons who are homeless, have HIV/AIDs, or are disabled under the Section 8 rental assistance and public housing programs through set-asides and increased education.

Lead Agency: HUD/PIH
Participating Agency: HUD, HHS, PHAs, service providers

Milestones: Publish NOFA announcing \$514 million in rental assistance (February 1995); Develop guidance materials on Federal and local preferences and how they are established FY 1995; Technical assistance on the availability of housing subsidies (units, certs or vouchers) FY 1995.

- Educate communities on the Americans with Disabilities Act (ADA), including how the Act prohibits discrimination in public places and in services that may affect homeless persons.

Lead Agency: HUD/FHEO
Participating Agencies: DOJ/HHS
Milestones: Prepare and disseminate guidance material November 1995.

- Expand the Department of Justice's Fair Housing Testing Program in order to eliminate housing discrimination.

Lead Agency: DOJ

Lead Agency: HUD/PD&R
Participating Agencies: HUD/SNAPS

Milestones: Send evaluation report to Congress (HUD February 1995). Develop, print and distribute brochure to public interest groups and current HUD homeless assistance grantees (PD&R June 1995). Assist in distribution (HUD July 1995).

· Evaluate homeless prevention programs to learn which interventions are most effective for the various populations at-risk of becoming homeless.

Lead Agency: HUD/PD&R, FEMA
Milestones: Contract with evaluator (January 1996); Complete evaluation January 1997; Publish and disseminate research findings (Spring 1997).

· Identify models of SRO housing that are particularly successful in housing homeless persons with mental illness and/or substance abuse problems.

Lead Agency: HUD, HHS
Milestones: Research five models, draft summaries and disseminate (HUD/HHS October 1995).

· Increase the quality and affordability of low-income housing through increased energy efficiency as part of the Energy Partnerships for Affordable Homes with the goal of 30 percent energy efficient gains in more than one million HUD-assisted housing units by the year 2000.

Lead Agency: DOE, HUD
Milestones: Develop detailed proposal and work plan to increase energy efficiency in HUD public and assisted housing.

Using the critical elements model, the ICH working group would identify and collect "state-of-the-art" and "best practice" models of discharge planning and service linkage. The models would be collected from Federal agencies, as well as State and local programs. These models would be published and disseminated, and used for technical assistance and education to advance effective discharge planning practices. Examples of discharge planning and service linkage would be highlighted from: the Department of Veterans Affairs (DVA) Homeless Chronically Mentally Ill Veterans and Domiciliary Care for Homeless Veterans programs, the Department of Education publication *Best Practices Study of Vocational Rehabilitation Services to Severely Mentally Ill Persons*, Department of Justice drug courts, and results from the Center for Mental Health Services demonstration programs and review and analysis of State hospital discharge policies and procedures. DVA and the Bureau of Prisons, under the Department of Justice, would serve as exemplary programs in implementing and evaluating discharge planning "best practices" models throughout their systems.

In addition, the working group will also explore other mechanisms for improving discharge planning, including using Joint Commission for the Accreditation of Health Care Organizations and Health Care Financing Administration accreditation standards and Medicaid regulations as a means of improving practice. An evaluation component should be built into each of the above initiatives to determine their effectiveness in addressing the needs of homeless persons with mental illnesses and substance use disorders.

Lead agency: Department of Health and Human Services

Participating agencies: Relevant DHHS components; Social Security Administration; Departments of Education, Housing and Urban Development, Justice, & Veterans Affairs

Key milestones: Convene working group and begin work on identifying "best practices" models: October 1995.

Complete the collection and dissemination of models: December 1995

Increasing Access to and Use of Mainstream Resources

Increasing access to and use of mainstream resources for homeless individuals with mental health and/or substance abuse problems cuts across many Federal Departments and programs. This subgroup chose to emphasize two primary recommendations from *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*: (1) integrating housing, treatment, and other community-based services, and (2) increasing knowledge and disseminating information on treatment intervention strategies for this population.

- Draft procedures for collaboration specific to substance abuse, mental health, and housing efforts will be developed. The procedures of collaboration will include grant and funding announcements, review processes and coordination at State and local levels. The CMHS ACCESS program and the HUD/Department of Veterans Affairs (DVA) housing program are examples of collaboration.

Lead agency: Department of Health and Human Services

Participating agencies: DHHS components [ASPE, BPHC, NIAAA, NIDA, NIMH, SAMHSA (CMHS, CSAT)], Department of Housing and Urban Development, and Department of Veterans Affairs

Key milestones: Convene interagency collaboration committee by May 1995
Complete procedures by December 1995

- The Department of Health and Human Services will develop a plan to increase services under the Community Mental Health Services and Substance Abuse Prevention and Treatment block grant programs to people who are homeless. The plan will include methods of technical assistance to States and localities regarding homelessness and also better tracking of services and clients who are homeless. The technical assistance effort will include: State workshops and national State agency Director meetings on homelessness as well as publications on treatment and services for homeless persons with substance abuse and/or mental health problems. In addition, technical assistance will be provided for State agencies regarding accessing Medicaid benefits and other support programs for this population.

Lead agency: Department of Health and Human Services

Participating agencies: Relevant DHHS components; National Association of State Alcohol and Drug Abuse Directors; National Association of State Mental Health Program Directors

Key milestones: Convene work group by July 1995
Complete plan by December 1995

Integrating Housing and Services

Integrating appropriate housing and services for homeless persons is central to breaking the cycle of homelessness and helping persons become more self-sufficient. This is especially true for homeless persons with serious mental illnesses and substance use disorders, who often require an array of services over an extended period of time.

- HUD and HHS will provide technical assistance on Safe Havens and its importance in the continuum of care approach as a follow-up to last year's HUD/HHS Safe Havens meeting and this year's SHP awards.

Lead agencies: Department of Housing and Urban Development and Department of Health and Human Services

Key milestones: Identify forum(s) by April 1.
Hold forum(s) by August 1.

- The Department of Health and Human Services, in consultation with HUD, will develop a description of the continuum of care for persons with serious mental illnesses and those with substance use disorders. The description will highlight the various needed services for this population, as well as available resources.

Lead agency: Department of Health and Human Services

Participating agency: Department of Housing and Urban Development

Key milestones: Description to be completed by July 1995.
Dissemination to be completed by September 1995.

- The National Institute of Mental Health (NIMH) proposes to work with the Department of Housing and Urban Development, other components of the Department of Health and Human Services, and other relevant agencies, to hold a conference which translates research findings into continuum of care implementation action, and gives service providers the opportunity to highlight cutting edge issues for future scientific investigation. NIMH could contribute the knowledge gained from their recent demonstration programs.

Lead agency: Interagency Council on the Homeless

Participating agencies: All agencies

Key milestones: Hold Federal session by April 1995.
Identify ways to disseminate information to providers and other interested groups by July 1995.

- The Department of Housing and Urban Development and Department of Health and Human Services will identify and develop a write-up for up to five communities on how they have become particularly successful in developing Single Room Occupancy housing, including such housing for persons with mental illnesses and substance use disorders.

Lead agencies: Department of Housing and Urban Development and Department of Health and Human Services

Key milestones: Develop write-ups by June 1995.
Disseminate by September 1995.

- Grant awarding agencies should give applicants higher scores for proposing to or using other Federal assistance in a coordinated approach to addressing homelessness.

Lead agency: Interagency Council on the Homeless

Participating agencies: All program agencies

Key milestones: Recommend implementation by all agencies by September 1995

homeless and near-homeless individuals will become eligible for the Medicaid program in those States with Statewide Medicaid 1115 health care reform demonstrations. Under the traditional Medicaid program most homeless individuals, particularly homeless men, are not eligible for Medicaid. Under the Medicaid 1115 demonstrations, homeless persons often become Medicaid eligible. Since the Statewide Medicaid 1115 demonstrations usually provide care through managed care arrangements, this is expected to enhance the access, continuity and quality of health care which Medicaid recipients receive.

Lead Agency: HHS (HCFA)

Participating Agencies: HHS Components (HRSA, SAMSHA)

Milestones: Consideration will be given in 1995 to developing terms and conditions in the 1115 demonstration contracts with States that specifically address performing outreach and informing homeless persons of their Medicaid eligibility and the health care services to which they are entitled.

Data gathering by an independent evaluator has begun for the first 6 states to implement state-wide 1115 demonstrations. Evaluators will look at the impact of the demonstrations on the care provided to vulnerable populations, including homeless persons.

PHS agencies will continue to review 1115 proposals, with a focus on issues of access and quality of care for vulnerable populations including homeless persons.

· Encourage the provision of health care to more Medicaid beneficiaries through State directed managed care arrangements. These types of arrangements, which have dramatically increased for Medicaid recipients in recent years, should enhance access to preventive and primary health care for homeless persons, as well as replace episodic care with continuity of care for this group. Refine quality assurance programs and initiatives in Medicaid managed care pertaining to vulnerable populations, thereby further improving health outcomes for homeless persons.

Lead Agency: HHS (HCFA)

Milestones: Enrollment of Medicaid beneficiaries in managed care arrangements has skyrocketed recently. Medicaid managed care enrollment increased 33% in 1993 alone and has more than doubled since 1990. As of June 30, 1994 about 22% of the Medicaid beneficiaries (8 million persons) were enrolled in managed care arrangements.

Those children eligible to receive free vaccine under the VFC program are: Medicaid-eligible children; uninsured children; underinsured children (those whose health insurance does not cover immunizations) who receive immunizations at Federally Qualified Health Centers (FQHCs), including Health Care for the Homeless providers; and Native American Children.

Lead Agency: HHS (CDC, HRSA)

Participating Agencies: USDA (FCS)/ED

Milestones: Continue to work with epidemiologists in state and local health departments to collect data and to identify interventions for communities and populations with low levels of properly immunized children.

Assist state health departments in developing their State Immunization Action Plans and Vaccines for Children programs, in collaboration with Health Care for the Homeless and other primary care providers serving vulnerable populations, to ensure that underserved populations, including homeless children, are identified and targeted by state and local immunization efforts.

Assign outreach consultants to each of the ten regions to provide technical assistance to state and local health departments in planning and implementing outreach efforts: February 1995

Develop and disseminate information materials about the availability of free vaccines for health care providers that work with homeless children and for homeless families: May 1995

Encourage coordination between WIC and state immunization programs to increase immunization rates among preschool-age children in the WIC program. 1992 HHS immunization action plan provides general guidelines for states to increase immunization coverage rates among WIC participants. USDA and CDC will issue a joint letter to state health officers to further promote partnerships between state WIC and immunization programs: Spring 1995.

· Provide comprehensive primary care services for homeless and at risk students and health education/promotion activities through 27 school-based health centers funded by the Healthy Schools/Healthy Communities Initiative. Coordinate with homeless liaisons and state coordinators of EHCY.

Lead Agency: HHS(OIG)

Milestones: Assign evaluation to region: February 1995

Final report available: December 1995

- Require local continuum of care planning boards to include community-based primary health care providers to ensure that unique housing and service needs of homeless persons with chronic illnesses are considered.

Lead Agency: HUD

Milestones: Issue program guidance: Fall 1995

- Promote collaboration at the local service level which impacts health care access by:
 - promoting cross-training to increase the recognition of health problems and care needs among a variety of service workers who are in contact with homeless persons;
 - promoting development of managed care networks that include providers who serve homeless persons; and
 - encouraging health care providers to participate in the continuum of care planning process.

Lead Agency: HHS(HRSA)

Participating Agencies: HUD, HHS components (SAMHSA, HCFA), VA

Milestones: Focus next national meeting of Health Care for the Homeless providers on building local partnerships, with special attention to improving "customer" relationships with the broad array of service providers, including local hospitals, that are needed to care for homeless persons. Encourage participation in local continuum of care planning boards and managed care networks. May 1995

Implement an intra-agency agreement between the Center for Mental Health Services and the Bureau of Primary Health Care to enhance the cross-training of mental health and primary care providers who deliver services to persons who are homeless: January 1995

Organize and implement additional cross-training by/for local service providers: January 1997

· Improve access and understanding of HUD-supported programs for persons with AIDS (PWA's).

Lead Agency: HUD

Participating Agencies: HHS (HRSA, CDC, ASPE)

Milestones: Provide technical assistance to community-based organizations:
November 1994

Target additional resources, including Section 8 Rental Assistance vouchers for PWA's: January 1995

Advise providers on successful uses of HOPWA funds: April 1995

Provide model plans for integrating the community planning processes under Ryan White, HOPWA/Consolidated Plan, Homeless Assistance/Continuum of Care grants, and CDC grants: September 1995

· Disseminate currently available information and continue to work to improve data on the incidence of HIV/AIDS, TB and other chronic disabling conditions among the homeless population. Disseminate information to primary care provider organizations, HOPWA, AIDS housing, and other relevant providers and organizations to use in making decisions about targeting of resources and in relevant planning efforts.

Lead Agency: HHS (HRSA, CDC)

Participating Agencies: HUD, HHS components (SAMSHA, ASPE)

Milestones: Review HRSA survey data and analyze for publication: June 1995

Disseminate information to grantees and other relevant groups: August 1995 (Sources: Evaluation of Health Care for the Homeless Program, Title III(b) grantee evaluation survey, CDC National HIV Serosurveillance Summary: Results through 1992, Vol. 3, "HIV Infection Among Homeless Adults and Runaway Youth, U.S. 1989-1992", AIDS Journal, Nov. 1994, Reported Tuberculosis in the United States, 1993.)

Continue to disseminate pertinent information and data as it becomes available: annually

Continue to work with state and local health departments to improve the quality of reported data on the incidence and prevalence of HIV/AIDS, TB, etc. among homeless persons and disseminate information. (CDC AIDS Surveillance and HIV Serosurveillance Update, October 1994).

Disseminate information about community planning process to homeless advocacy groups as well as others through Dear Colleague letters, etc.: by Summer 1995

Offer workshops on ways to include underserved populations including the homeless in community planning committees, at the Prevention Summit: HIV Prevention
Community Planning Co-chairs meeting: March 1995.

- Propose legislation as part of reauthorization of the Ryan White CARE Act that would include a voting HOPWA representative or other housing advocate on the health services planning councils for Ryan White Title I communities. Title II planning entities should also have appropriate housing advocates represented.

Lead Agency: HHS (HRSA, ASL)

Participating Agencies: HUD

Milestones: Submit a reauthorization package by February 1995

Conduct annual reviews of state Title II comprehensive plans to ensure housing advocates are represented

- Develop and disseminate a handbook or other training/resource materials on developing respite care and adult day care centers for homeless persons with AIDS, which includes how to establish respite care that is cost-effective, potential funding options at the State and local level, and various respite care models (i.e. the Boston project).

Lead Agency: HHS (HRSA)

Participating Agencies: HUD, VA

Milestones: Present a successful model (i.e., Boston project) at the annual HCH meeting: May 1995

Develop a resource list/manual on successful and innovative projects: Fall 1995

Distribute resource list/manual on successful and innovative projects: Spring 1996

NUTRITION SERVICES SUBGROUP

The nutrition services subgroup of the Health and Nutrition Services focused on initiatives which would improve access to adequate food and nutrition services by homeless persons. Representatives of the Interagency Council on the Homeless and the Departments of Agriculture, Health and Human Services and Labor, as well as advocacy groups provided ideas that helped shape these proposals. The actions related to nutrition are organized in three areas: 1) increasing technical assistance and resource dissemination, 2) improving service delivery, and 3) increasing program access.

- Solicit materials for the Food and Nutrition Information Center (FNIC) that specifically target homeless persons or relevant topics, develop a resource list of materials (easy to read information on preparing nutritious meals, recipes, and how to keep food safe) and then through newsletters, electronic media and other appropriate vehicles notify relevant organizations on the availability of resource lists. The FNIC of the National Agricultural Library provides free information and loan materials to programs that participate in FCS food assistance programs and other USDA programs. The general public can also receive free information from FNIC. The Center solicits and accepts nutrition education, food safety, food service and human nutrition materials such as journal articles, books, leaflets, curricula, games and videos and enters them into the AGRICOLA database, an internal data base or internal files as appropriate. Appropriate materials would be added to the AGRICOLA database. The resource list would contain information on availability, cost and the content of publications.

Lead Agency: USDA (FNIC)
Participating Agencies: HHS
Milestones: Develop a resource list
 Disseminate availability of list

- All Soup Kitchens, food banks, shelters etc. that participate in FCS programs are eligible for free services from the FNIC, but staffing is currently unavailable to respond with personalized services if hundreds of requests are made each month. In order to provide an additional part time staff person to handle increased requests from homeless service providers, FCS will contribute \$30,000 in FY 1995 to FNIC to fund these targeted homeless services.

Lead Agencies: USDA (FCS, FNIC) and HHS
Milestones: Committee meet to design project needs: February 1995
 Secure funding from Departments: June 1995
 Complete new reference materials: October 1995

· In Fiscal Years 1993 and 1994, USDA's Food Stamp Program awarded \$2.8 million in small demonstration grants to 26 community organizations in 10 states to test innovative ways of providing outreach and enrollment assistance to hard-to-reach population groups. Several projects are targeted entirely to homeless persons and most include a homeless outreach and assistance component. Activities include:

- Work with homeless teenagers--"street kids"--in Portland, Oregon, providing information and help with food stamp enrollment, health and nutrition counseling, and practical help in using food stamps for economical, nutritious meals at Portland's nonprofit Sisters of the Road Cafe and three participating commercial restaurants that offer prepared meals to homeless persons for purchase with food stamps.
- A partnership in Richmond, Virginia between The Daily Planet, a multi-service provider to homeless persons, and the local Food Stamp Agency, in which clients can apply for food stamps directly at the downtown shelter.
- Efforts in several places to assist commercial restaurants to become authorized to participate in the program of Prepared Meals for Elderly, Disabled, and Homeless Persons, purchasable with food stamps.
- Training provided to local Food Stamp Agency staff throughout the state by Colorado Coalition for the Homeless on the needs and problems of homeless persons in enrolling for food stamps.

Independent evaluation of these projects, currently in progress, will help identify barriers to obtaining food stamps often faced by homeless persons, and the methods that work best to overcome them.

Lead Agency: USDA (FCS)
Milestones: Interim Project Report: December 1995
Final Evaluation Report: December 1996

· In 1994 the Food and Consumer Service and Social Security Administration jointly awarded approximately \$500,000 in Food Stamp/Supplemental Security Income client enrollment assistance grants. Most of these were targeted to the homeless population. There will be an evaluation of these projects.

Lead Agency: USDA (FCS)
Milestones: Project reports starting March 1996

ADDRESSING SPECIAL NEEDS IN RURAL AREAS

All but absent in academic and policy debates of the 1980s was any mention of homelessness in rural areas. In part, it reflects the geography of relief: rural people who exhaust all local alternatives are apt to move to urban areas because that is where emergency services are likely to be found. In part, too, it reflects the distinctive character of rural homelessness: efforts to cope with residential instability in rural areas--doubling-up, moving frequently, occupying substandard housing, illegally siting trailers--by their nature mask the severity of hardship. There are few spaces (such as shelters) where literally homeless people congregate. In effect, these makeshift arrangements to solve homelessness in rural areas render it more hidden in the process. (Fitchen, 1992--page 50, *The Federal Plan to Break the Cycle of Homelessness*).

Priority: Home! Addressing the Special Needs in Rural Areas Subgroup Action Steps

Priority: Home! The Federal Plan to Break the Cycle of Homelessness contained two recommendations on the special needs in rural areas. The following are the Federal Plan recommendations, current Federal activities in support of the recommendations, and additional implementation activities proposed by the subgroup.

Federal Plan Recommendation #2 A - Increase Housing Subsidies and Fight Discrimination

Current Initiative:

· Recognizing the needs of rural communities, the budget request increases the Rural Housing and Community Development Service Section 521 rental assistance budget by \$64 million for FY '96 to alleviate rent burden in RECD-subsidized rental housing in rural areas. Rental assistance enables tenants to hold their rent to 30 percent or less of their income. RECD's budget for rental assistance has not kept pace as the need for it has increased. At present, in RECD subsidized rental housing, there are more than 90,000 families paying more than 30 percent of their income for rent. In addition, there are more than 22,000 vacant units that could house more than 60,000 people, if they were made affordable with rental assistance.

Federal Plan Recommendation #3 C - Improve Access to Mainstream Programs

Current Initiative:

· The Housing and Community Development Act of 1992 directed RECD to lease inventory property to nonprofit or public groups to use as transitional housing for the homeless which RECD had been doing since 1990 with its "non-program" inventory. (These are units not generally suitable for re-use under the 502 program.) This legislation directed the use of both program and non-program units for the homeless, but still have priority for use of inventory units for re-sale under 502 or for rental purposes. RECD now has 127 units under lease to nonprofits for prevention of homelessness.

Lead Agency:	RECD/USDA
Participating agencies:	FEMA, HHS, HUD, Labor, VA, USDA/FNCS and others.
Milestones:	Ongoing. Continue with established partnerships and be open to forming new partnerships as situations require.

- Analyze major reports, evaluations, and studies of Federal homeless assistance programs identified in Action Step 2 to identify significant findings and key issues for attention of policy makers and program administrators. Index by program category and major sub-groups.

Lead Agency: ICH, in conjunction with member agencies, to determine possible source(s) of funds for consultant to conduct analysis.

Milestones: To be determined following completion of lists and summaries described in recommended action step #2.

- Conduct an evaluation of the three year Homeless Demonstration program that began in September 1991 to determine the effectiveness of removing homeless people from transit facilities and the impact of providing outreach services such as shelter, job training, transportation and mental health/substance abuse treatment to those homeless people who congregate in transit facilities. This evaluation will include the results of the local evaluations of the three project demonstrations (Baltimore, New York, and San Francisco) and the interaction between the various participants (e.g. Federal and local government officials, homeless advocacy groups, transit officials, local vendors, etc.). Finally, this evaluation will identify key issues for attention of policy makers and program administrators.

Lead Agency: DOT/Federal Transit Administration

Milestones: Final Report will be completed June 1995

GSA -- General Services Administration

HHS -- Health and Human Services

HHS/ACF -- Administration for Children & Families

HHS/ASL -- Assistant Secretary for Legislation

HHS/ASPE -- Assistant Secretary for Planning and Evaluation

HHS/BPHC -- Bureau of Primary Health Care

HHS/CMHS -- Center for Mental Health Services

CMHS/ACCESS -- Access to Community Care and Effective Services & Supports

CMHS/PATH -- Projects for Assistance in the Transition from Homelessness

HHS/FQHC -- Federally Qualified Health Centers

HHS/HCFA -- Health Care Financing Administration

HHS/HRSA -- Health Resources and Services Administration

HHS/NIDA -- National Institute on Drug Abuse

HHS/NIMH -- National Institute of Mental Health

HHS/SAMHSA -- Substance Abuse and Mental Health Services Administration

HIV -- Human Immunodeficiency Virus

HOME -- HUD Affordable Housing Program

HOPWA -- Housing Opportunities for Persons with AIDS

HUD -- Housing and Urban Development

HUD/CDBG -- Community Development Block Grants

HUD/ESG -- Emergency Shelter Grants

SSI -- Supplemental Security Income

SRO -- Single Room Occupancy

TA -- Technical Assistance

TB -- Tuberculosis

USDA -- U.S. Department of Agriculture

USDA/FCS -- Food And Consumer Services

USDA/FmHA -- Farmer's Home Administration

USDA/FNIC -- Food and Nutrition Information Center

USDA/RECD -- Rural Economic and Community Development

VA -- Department of Veterans Affairs

WIC -- Women, Infants and Children

Katherine L. Meredith

05/20/98 04:33:53 PM

Record Type: Record

To: Mary L. Smith/OPD/EOP@EOP
cc: Francis S. Redburn/OMB/EOP@EOP, David M. Zavada/OMB/EOP@EOP,
George_A. Ferguson@hud.gov @ Inet
Subject: Homeless Recommendations Table

Mary,

Attached is the completed table on the 1993 Priority: Home! recommendations. George Ferguson of ICH and I filled the table in based on an August 1995 draft report on the Implementation of the Priority: Home! Report and knowledge of any further updates since that time. We were very brief in describing the status of the recommendations, so please let me know if you would like more information about any of the recommendations.

I am sending you a copy of the August 1995 draft implementation report through interoffice mail. This will give you additional backup information for everything on the table. I am also sending you an October 1997 update HHS completed on the recommendations, a report on the Head Start program, and the HHS "Outcasts on Main Street" report.

I will be out of the office until Tuesday, May 26th. George can be reached at 708-0614 x4517.



DPCREC.W

Thanks,

KM

Outcasts on Main Street
Implementation Report

**A Summary of Federal Efforts to End Homelessness
among Persons with Serious Mental Illnesses**

**Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
Rockville, MD**

December 1995



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Substance Abuse and Mental
Health Services Administration
Rockville MD 20857

DEC 15 1995

Dear Colleague:

Outcasts on Main Street: Implementation Report documents the significant steps taken by the Federal Government in implementing the recommendations contained in *Outcasts on Main Street: Report of the Federal Task Force on Homelessness and Mental Illness*, published in March 1992. The Task Force on Homelessness and Mental Illness, convened by the Interagency Council on the Homeless in May 1990, developed 58 recommendations for comprehensive legislative, administrative, and regulatory changes to improve the lives of homeless persons with serious mental disorders. Since the Task Force report was published, many of the recommended changes have been implemented.

The success in implementing the recommendations is remarkable given the changes in Government that began soon after the Task Force report was published. A significant change was the transfer of implementation oversight from the National Institute of Mental Health to the Center for Mental Health Services (CMHS), a component of the newly created Substance Abuse and Mental Health Services Administration. While CMHS played a facilitating role, implementation would not have occurred without the commitment of other Federal departments and agencies toward meeting the goals and objectives set forth by the Task Force. The Federal Government can be justly proud of the accomplishments of these collective and coordinated efforts.

This implementation report helps to gage our accomplishments and remind us that there is still work to be done. It is critical that we remain committed to ending homelessness in America.

Sincerely yours,

Bernard S. Arons, M.D.
Director
Center for Mental Health Services

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INTRODUCTION

The Federal Task Force on Homelessness and Severe Mental Illness announced a national action plan, *Outcasts on Main Street*, in March 1992 to help end homelessness among persons with serious mental illnesses. Calling it "unacceptable that our most vulnerable and disabled citizens live in the most precarious and threatening life situations," the report outlined a comprehensive Federal effort to help States and local communities develop integrated systems of treatment, housing, and support services for the target population.

This implementation report documents the significant steps taken by Federal departments and agencies since the release of the Task Force report. These efforts have been led by the Interagency Council on the Homeless and the three agencies that comprise its leadership—the Department of Health and Human Services (which, through the Center for Mental Health Services, had primary responsibility for implementation of the Task Force recommendations), the Department of Housing and Urban Development, and the Department of Veterans Affairs. Each of these departments, as well as the departments of Justice, Labor, Transportation, Agriculture, and Education, organized its efforts to focus on one or more of the Task Force's four primary goals:

- promoting services integration;
- expanding housing options and alternative services;
- improving outreach efforts and access to existing programs; and
- generating and disseminating knowledge and information.

To help achieve these goals, the Task Force proposed 58 legislative, administrative, and regulatory changes at the Federal level and made recommendations to States and local governments to encourage their leadership efforts. A discussion of the responses to the Task Force's four primary goals is presented in the first four sections of this report. The last section lists the 58 Federal action steps and their current implementation status.

While a number of agencies have developed or enhanced their own programs to promote systems integration, expand housing options, improve outreach efforts, and disseminate information, many have also begun working together to address the needs of the target population in a coordinated, comprehensive manner. Such collaboration at the Federal level signaled the seriousness of the problem of homelessness among persons with serious mental illnesses and the depth of the Federal commitment to helping States and communities address the needs of this very vulnerable population.

Together, the efforts described in the pages that follow have begun to increase both the range of options and the accessibility of services available to meet the housing and support needs of homeless persons with serious mental illnesses.

Yet a great deal remains to be done. The Federal government reaffirmed its commitment to improve the lives of homeless persons with mental illnesses with the publication of *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*, released by the Interagency

Council on the Homeless on May 17, 1994. Developed in response to a May 19, 1993, executive order directing the Interagency Council on the Homeless to construct a single comprehensive and coordinated strategy, the Federal Plan reconfirms the importance of thoroughly addressing the needs of homeless persons with serious mental illnesses. Although the Federal Plan replaces *Outcasts on Main Street* as the Federal plan of action, it continues the commitment to homeless persons with serious mental illnesses begun under the Task Force.

The Federal Plan emphasizes a continuum of care strategy and the need for an integrated system of services and housing. Coordination and cooperation between Federal, State, and local governments; nonprofit housing agencies, education services, and support services providers; advocates; and currently and formerly homeless persons and families are reinforced as critical to success.

The unprecedented level of collaboration at the Federal level, begun through the work of the Task Force, will continue as agencies move to implement the recommendations in the Federal Plan. Each individual agency will bring to the table its particular expertise, and together they will continue to pave the way for improved communication and cooperation among providers of mental health, housing, and support services at the State and local level. The ACCESS program (Access to Community Care and Effective Services and Supports) -- the result of extensive interagency collaboration and committed to reforming systems that respond to this population -- will provide the foundation upon which to build a more widespread response of integrated services and housing.

HHS

HHS

**ICH Federal Plan
UPDATE
October 7, 1997**

Additional comments on other HHS activities may be forthcoming

Increased Funding

Beginning in FY 96, HHS and HUD entered into a collaborative initiative to develop model service programs for multiply-diagnosed homeless people. This collaborative effort is designed to develop and evaluate innovative programs for the integration of medical, substance abuse, mental health services, and other support services with housing assistance for homeless people with HIV/AIDS and a serious mental illness and/or alcohol or other drug abuse problems. Over \$11 million was awarded to nine community-based organizations by HHS and/or HUD. All nine grantees will engage in local project evaluations as well as participate in a national multi-site evaluation.

As part of the Crime Prevention Bill, HHS (ACF) has initiated a Street Outreach program designed to reduce exposure of street youth to street sex and other dangers. Most grantees are runaway shelters and programs.

[omit original note, page 3, on rhy consolidation-- not current]

HHS (HRSA) funded the development of the Health Care for the Homeless Clinicians' Network in 1994 to engage clinicians from many disciplines and regions of the country in peer support, education and information sharing. HRSA continues to support the Network, which has grown to over 260 member clinicians who provide hands-on care to homeless individuals.

HHS (HRSA) provided grant support and technical assistance to 20 Health Care for the Homeless (HCH) grantees to pilot test outcome measures in HCH programs. Preliminary findings based on a range of program-identified outcome measures will be available in early 1998.

A new 3-year HHS program, CMHS/CSAT Collaborative Program to Prevent Homelessness, is documenting and evaluating interventions to prevent homeless among individuals with serious mental illnesses and those with co-occurring substance use disorders who are formerly homeless or at-risk for homelessness, and who are engaged with the mental health and/or substance abuse treatment system. Eight projects are currently evaluating their homelessness prevention interventions.

Another new 3-year HHS program, CMHS Cooperative Agreements to Evaluate Housing Approaches for Persons with Serious Mental Illness, will conduct an evaluation study that

examines the effectiveness of different housing approaches for persons with serious mental illnesses, examining impacts on days housed, services accessed, services received, and consumer satisfaction.

Program Improvements

Improved Data

HHS and HUD have collaborated with the University of Pennsylvania (UPenn) to develop a software package for service providers in a community to share information, track the use of services and better plan service delivery for homeless persons. The software, Automated National Client-specific Homeless Recording (ANCHoR), has been beta tested in multiple communities over the past 18 months and will be available later this year.

[Page 4, "Improved Data", next to last bullet, **REVISE TO READ:**]

HHS is restructuring its national Head Start Program Information Report (PIR) system to include information on homeless children. In addition, a newly developed Head Start Family Information System (HSFIS) is being implemented. The housing status of children is determined and recorded in HSFIS at the time of enrollment. In HSFIS "homelessness" is a potential selection criteria designated for use by local programs. Homelessness, once determined, is tracked and addressed as part of a child's and family Service Plan.

HHS's ACCESS grants (Access to Community Care and Effective Services and Supports) enter their final funding year in late FY 97. Three annual cohorts of client data each demonstrate marked improvements in clients' quality of life - days stably housed, employment, psychiatric functioning, health status, and drug abstinence all show gains. Community measures of system integration show the integration communities implementing a range of effective strategies and showing greater change toward integration on some measures, when compared to the "control" communities.

HHS's (CMHS/CSAT) Collaborative Demonstration Program for Homeless Individuals was completed in Fall 1996. It documented and evaluated interventions to treat co-occurring serious mental illnesses and substance use disorders in an adult homeless population. Support was found for an integrated approach, of concurrently treating both the psychiatric and substance use disorders within a single agency, and for approaches that link treatment with support services addressing such other real-life problems as housing, child care, income, and legal issues. A final program report is being developed.

Provision of Technical Information and Other Assistance

HHHS and **HUD** sponsored a Community Team Training Institute on Homelessness to bring together ten high-level officials from each of five communities to create an action plan to better share information, integrate services, and devise funding strategies to coordinate and provide more effective services to homeless persons with multiple disabilities in their community. Follow-up to this conference will include technical assistance, the creation of a self-instructional curriculum so that other communities may replicate this process on the local level, as well as an evaluation of the effectiveness of this strategy. The evaluation will compare the five communities with five matched non-participating communities.

HHHS (NCCAN) recently published two volumes entitled, "Strengthening Homeless Families." One is an annotated resource guide and the other is a coalition-building guide. Both will help shelter staff to enhance their understanding of child abuse and neglect; to create temporary housing environments that support and strengthen families; and to build collaborative, community-based approaches to preventing child abuse and neglect. The *Resource Guide* provides an overview of the multiple needs of homeless families and children and provides examples of programs that can help address these needs. The *Coalition Building Guide* is designed as a self-guided planning tool that will assist shelters and community-based agencies to plan, develop, and implement collaborative services to foster systemic change within the community. [To order free copies of these publications or other resources related to child maltreatment, call the NCCAN Clearinghouse at 800-FYI-3366 or 703-385-7565.]

HHHS (HRSA) is supporting the development, printing and distribution of a guidebook for the development of homeless health services. The guidebook will be published by the Health Care for the Homeless Council and will be available to interested providers in late 1997.

HHHS (HRSA) is contracting with the American Medical Students Association Foundation to provide guidance to health professions students on how to find short-term and long-term training opportunities in Health Care for the Homeless programs.

HHS (CMHS) convened a **housing experts meeting** in January 1996 to identify "best practices" in mental health relevant to managed care settings. In April 1997, **HHHS** and **HUD** cosponsored and convened a two-day **Safe Havens experts meeting** attended by approximately 200 people to develop consensus regarding essential elements and "best practices" in low demand, safe haven residences for individuals with serious mental illnesses and co-occurring substance use disorders. Approximately 200 people attended the two-day meeting.

In June 1997, **HHS** (CMHS) and the Interagency Work Group on Discharge Planning, CMHS coordinated the by-invitation-only **Working Conference on Discharge Planning** to identify the critical elements in discharge and aftercare planning and collect and achieve consensus on "best practices" as examples of effective discharge planning. A conference proceedings is being developed.

In September 1997, HHS (CMHS) and the National Technical Assistance Center for State Mental Health Planning, National Resource Center on Homelessness and Mental Illness, and the Texas Department of Mental Health and Mental Retardation sponsored the "National Executive Training Institute: Developing State-Level Partnerships between Housing and Mental Health Agencies." Institute goals included: (1) helping State team member participants use knowledge gained during the training institute, as well as their own experience and expertise, to develop an action plan for creating or enhancing access to affordable housing for mental health consumers in their home states, and (2) assisting the National Association of State Mental Health Program Directors in advancing a housing policy reflective of the needs of mental health consumers.

Miscellaneous Actions

Dr. Marsha Martin joined HHS earlier this year as a Special Assistant to the Secretary. Dr. Martin has served as a past chair of the Interagency Council on the Homeless and as the Coordinator of Homeless Programs at the Department of Veterans Affairs. Dr. Martin will convene a regular meeting with homeless advocacy groups and will bring a renewed focus on homeless issues to HHS.

In March 1997, *Psychiatric Services* published a special section on services for homeless persons that featured HHS's (CMHS) ACCESS (Access to Community Care and Effective Services and Supports) systems integration demonstration program. The articles provide an overview and updated information on the ACCESS program's approach to creating and evaluating integrated service systems for homeless persons with mental illnesses and the commitment and level of effort necessary to address systems level barriers to service utilization. Another analysis of ACCESS data shows that communities with higher levels of system integration at baseline were superior at accessing housing for homeless persons with mental illnesses and at keeping clients in housing for longer periods. This article, a ground-breaking finding in the systems integration literature, has been submitted for peer review.

ADAPTING HEAD START FOR HOMELESS FAMILIES

**Kerry Traylor
Lorelei Brush
Shirah Cohen**

PREPARED UNDER CONTRACT FOR:

**Office of the
Assistant Secretary for Planning and Evaluation,
U.S. Department of Health and Human Services**

BY:

**Pelavin Associates, Inc. and
Urban Institute**

APRIL 12, 1993

EXECUTIVE SUMMARY

As an enormously successful and comprehensive child development program, Head Start is, in many ways, uniquely qualified to serve homeless families and children. In fact, over 500 Head Start agencies, or approximately one-quarter of the total, reported that they were serving the homeless in their 1991 and 1992 Program Information Reports (PIR). Moreover, several grantees have pioneered the development of homeless child development programs through the use of Head Start Innovation or Family Support Project grants.

However, in its July 1990 report on the social service needs of homeless families, Macro Systems, Inc. stated that:

Preschool programs, including Head Start, are not serving the majority of homeless preschool-age children because of lack of capacity and because hours of operation and program performance incentives regarding attendance and followup tend to exclude homeless children.¹

This study led to interest from the Interagency Council on the Homeless in an exploration of what Head Start could do to encourage grantees to serve more homeless children and their families.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) commissioned the Urban Institute and Pelavin Associates to conduct a task order that would examine policy options.

This report is the culmination of that work.

Since the present study was begun, the Clinton Administration has taken office and has focused increased attention on the Head Start program. A major expansion of Head Start is planned, and concerns have developed about the quality of services delivered by some grantees.

¹ Macro Systems, Inc. *Homeless Families with Children: Programmatic Responses of Five Communities. Volume I: Cross-Site Comparisons and Findings.* Washington, DC: Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, May 1991, vi.

The Administration on Children and Families (ACF), which manages Head Start at the Federal level, has initiated a comprehensive review of the program and its future directions. An important component in this review will be an examination of ways to make the program more responsive to families and communities. Addressing the needs of homeless families is one element of responsiveness to community and family needs.

Study Objectives

The specific purposes of this task order were to:

- Examine critically the ability of Head Start programs to meet the needs of families living temporarily in emergency shelters; and
- Identify adaptations to the standard Head Start options which could assist grantees in serving homeless families more easily and effectively.

Study Methodology

In accomplishing our study's objectives, we first performed a review of the literature concerning homeless children and families' needs and extant programs or models designed to serve them. We next conducted telephone discussions with 33 providers of child development programs, both inside and outside of Head Start, and a few advocacy groups. Our telephone discussions provided us with a general understanding of Head Start's current capacity to provide services to the homeless and the remaining barriers grantees felt existed to effective service provision. Third, we conducted site visits to three sites (Bucks County, Pennsylvania; Chicago, Illinois; and Portland, Oregon/Seattle, Washington) to examine their services for the homeless in-depth.

The policy issues, proposed Head Start program modifications, and topics for technical assistance in this report reflect what we have learned about the needs of homeless children and families and about the current state of Head Start's efforts to serve those needs.

Critical Issues in Serving the Homeless

One of the objectives of this report was to identify the barriers that prevent grantees from serving more homeless clients in a highly effective manner. Through our telephone discussions and site visits, we discovered that barriers could be grouped into three categories: issues regarding Head Start regulations and Performance Standards; issues of funding and resources; and issues related to grantees' needs for technical assistance.

Issues Regarding Head Start Regulations and Performance Standards

Some Head Start regulations and Performance Standards are perceived as impediments to serving homeless families by grantees:

- **Average daily attendance (ADA).** Since many grantees feel that an ADA of 85 percent is an unreasonable expectation for this transient and high-risk population, they do not attempt to serve them at all.
- **Immunizations and health screenings.** Some grantees feel they cannot comply with Head Start's health policies for the homeless due to families' transience, the lack of medical providers who will serve the homeless, and families' difficulty in keeping medical appointments.
- **Parental participation.** Homeless parents usually lack free time, transportation, and the child care they need to attend Head Start functions.
- **Family needs assessments.** Some grantees would like partner social service agencies with case management responsibilities for homeless families to prepare family needs assessments but are unsure whether Head Start would allow this.
- **Program Information Report (PIR) enrollment data.** Grantees may not understand — or be able to justify to Regional Offices — that they can use alternative months for the report of enrollment data, not only November and May as listed on the form.

- Complexity of Head Start application. Grantees may not understand that Head Start does not set requirements for the length and complexity of the application, that they can simplify applications, and that they should provide assistance to families who need it.
- Bilingual classroom staff. Since they are enrolling newly arrived immigrants from so many different countries, grantees in some areas may find it difficult to provide bilingual staff or staff who are aware of all children's cultures.

Funding Issues

Grantees feel that homeless service is more costly per slot than regular service and that they lack the additional funding to serve this population. They mentioned the need for additional resources to provide: (1) extended hours of service; (2) more experienced counseling and case management staff; (3) additional transportation services; (4) emergency resources such as food, clothing, and medications; and (5) facility expansion and renovation. Although they recognize they may need to solicit wrap-around funds from other sources, multiple funding sources can create problems of fund management and regulatory complexity.

Technical Assistance Issues

Many of the Head Start staff we interviewed need technical assistance in order to learn how they can successfully deliver services to homeless children. For instance:

- Infant and toddler care. Many grantees have been unable to find a way to serve infants and toddlers and see this as a major barrier to serving the homeless.
- Interagency coordination. Many grantees could use technical assistance to learn about the most efficient mechanisms for coordinating interagency support.
- Staffing. Homeless families are a challenging population that create heavy demand on staff time and often require additional staff expertise and training.
- Classroom environment and developmental curriculum. Grantees may require assistance in developing appropriate program activities and therapeutic exercises for homeless children.
- Choice of program option. Grantees may need guidance concerning the kind of program option they should establish for homeless families, and the advantages or disadvantages of each choice.

Grantees feel that Head Start's Regional Resource Centers (RCs) should provide increased training and technical assistance in these areas.

Potential Policy Actions

Both our telephone interviews and site visits suggested that adaptations of policies and new approaches may be needed to improve the ability of grantees to serve the homeless. Below we outline some policy options that could address each of the three major categories of issues that grantees feel are impediments to homeless service provision: Head Start regulations that are perceived as inappropriate or inflexible, lack of adequate program funding, and needs for various kinds of technical assistance and training.

Additional Policy Guidance and Clarification

In this section, we suggest that:

- **PIR data.** Federal Head Start staff could obtain a more complete picture of the services offered to homeless families and the perceived barriers to service provision by adding several questions to the rotating section of the annual Program Information Report (PIR).
- **Information dissemination.** The National Office could provide further training and written guidance to all regional staff about the intent of Head Start guidelines for working with the homeless. National Office staff could also communicate its regulatory intent directly to grantees through a one-day national workshop on homeless service provision, preceding the annual National Head Start Association meetings.
- **New "program."** Another possibility would be to implement a new Homeless Program to encourage grantees to serve a larger number of homeless children and families. This new program would be similar in nature to the Migrant and Indian Programs, in that it would be expected to offer comprehensive Head Start services, with certain well-defined differences. However, Federal management of the new programs would still occur through the Regional Offices and the Migrant and Indian Programs.

Funding Mechanisms for Homeless Service Provision

Because of the complexity of homeless families' needs, service provision to this population is more expensive, and grantees are struggling to locate additional funding for recruitment, new enrollment slots, transportation, more experienced staff, emergency provisions, extended service hours, and infant and toddler care. A number of steps might be taken to address these issues:

- **National survey.** Head Start could design a survey of grantees to ascertain estimates of the number of homeless families served, the services provided to this population, and the costs associated with these services. Survey questions could also be used to obtain some idea of the size of the unserved Head Start-eligible homeless population.
- **National workshop.** Head Start could design a one-day national workshop for grantees on funding services for the homeless.
- **Demonstration program.** A demonstration grant program could be used to determine whether homeless families are best served through a home-based, separate center-based, or integrated mainstream center-based option.
- **New program account.** A new Homeless Program could be funded through a new program account in a manner similar to the introduction of Program Account 26 for children with disabilities: grantees could apply for monies from this program account to fund all additional services required by the homeless population.
- **Funding linkages.** Since wrap-around funds add complexity to the process of fund management and regulatory compliance for local grantees, Head Start's Federal staff could begin an initiative to create agreements at a national or state level for the funding of program services by multiple sources.

Technical Assistance for Grantees

Since grantees feel the need for training and technical assistance in methods of serving the homeless, we identify ways that Federal staff at the national and regional levels and Resource Center staff could take a more active role in the provision of this assistance:

- **National Office.** Staff could make sure that the findings of each data-gathering effort, such as PIR questions, a national survey, and new program evaluations, are disseminated through information memoranda, technical assistance manuals, and presentations at national and regional meetings.

- **Regional Office.** Program Specialists could assist grantees in understanding the flexibility in Head Start regulations. They could also assist and encourage grantees to apply for new homeless service funds.
- **Resource Center.** One Resource Center staff member in each region could be assigned the responsibility of providing in-person assistance to grantees on topics of homeless service.

Technical Assistance Topics for Improving Head Start Services to Homeless Children

Technical manual(s) could be prepared for grantees that provide examples of the critical elements of effective homeless service provision. The manuals should be based on detailed case studies of Head Start grantees and outside providers who are currently serving the homeless through innovative programs. Case studies should address program objectives, client characteristics, concrete service delivery mechanisms, and program outcomes. Suggestions for models of service delivery and technical guidance would be advantageous in each of the following areas: community needs assessments; recruitment and outreach; interagency coordination; therapeutic program development; choice of program option and location; medical immunizations and health screenings; fund-raising and fund management; staff development; and record-keeping and follow-up.

In conclusion, there are a large number of options for Head Start in its goal to improve services for homeless children and their families. The program can make a lasting difference for this population. However, Head Start's efforts need to be strongly supported by other adequately funded and effective programs that target the full range of barriers to homeless families' self-sufficiency. Interagency cooperation at the local and the national level will prove a key to success.

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210 738-3382

NCHV MEMBERSHIP APPLICATION

Annual Dues = \$100

Type of Membership (check one):

- ☐ organizations which provide or intend to provide services to homeless veterans
- ☐ corporations (nonprofit or for profit) which support efforts to assist homeless veterans
- ☐ units of federal, state, or local governments which support efforts to assist homeless veterans
- ☐ individuals which support efforts to assist homeless veterans

Organization Name: _____

Executive Director/Contact Person: _____

Address: _____

Telephone: _____

FAX: _____

Email: _____

Brief mission statement or purpose of organization and the population served:

DONATIONS

If you would like to make a tax deductible contribution it will be used to aid NCHV in its mission.

Send and make check payable to:

NCHV
333 1/2 Pennsylvania Ave., SE
Washington, DC 20003-1148

MEMBER BENEFITS

Homeless Veteran Information

Trends, data, surveys from varied sources.

Legislative Information

Legislative alerts and position analysis effecting homeless veterans and nonprofits.

Management

Technical Assistance in nonprofit management issues.
Sample bank of forms and procedures.

Networking

Membership directory.
Annual membership meeting and conference of homeless veteran providers.
Nonprofit association connections.

Resource Development

Funding information from government, corporations, foundations.
Research guidance.
Proposal development guidelines.

Bimonthly newsletter

"Members Only" monthly briefing



**NATIONAL
COALITION
for
HOMELESS
VETERANS**

333 1/2 Pennsylvania Ave., SE
Washington, DC 20003-1148
(202) 546-1969 Fax (202) 546-2063
Toll-free: 1 800 VET-HELP
Fax 888 233-8582

Email: nchv@nchv.org

Website: <http://www.nchv.org>

Executive Director: Linda Boone

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Washington, DC

MISSION

*To provide legislative advocacy, public education
and technical assistance for service providers of
homeless veterans.*

OUR BEGINNING

The National Coalition *for* Homeless Veterans (NCHV) was established in 1990 by leaders of various community-based, nonprofit homeless veteran service providers. In 1993 NCHV opened its Washington, DC office to serve as a liaison between homeless veteran service providers, homeless veterans, Congress, Executive Branch agencies, other community-based organizations and the general public. Today, as in the past, NCHV remains steadfast to its original goal of informative representation, and the ongoing elimination of homelessness within the veteran community.

ACCOMPLISHMENT HIGHLIGHTS

Stimulated and assisted the National Coalition for the Homeless to produce 1991 report, *"Heroes Today, Homeless Tomorrow?: Homelessness Among Veterans in the United States"*.

Provided technical assistance to the Resolution Trust Corporation in property disposition to veterans.

Held National Stand Down Training Conference in November 1993.

Assisted in drafting and passing legislation to implement the VA Homeless Veterans Grant and Per Diem Program.

Provided technical assistance for the Personnel Adjustment Education Training Program subpart XLVI, of the National Defense Authorization Act for FY93.

Developed and completed, *"Report To The Nation"* a report providing reasonable estimates of homeless veterans in America in May 1994.

Created through FEMA at the national level, a StandDown Pilot to provide \$75,000 in funds to local Stand Downs in 1995.

Influenced inclusion of homeless veteran language into the National Institute of Mental Health, PATH program.

Obtained grant for *Americorp* volunteers to assist homeless veteran providers.

CURRENT FOCUS

Advocacy

- Stimulate supporters to assist in public policy initiatives to support prevention and reduction of veterans in a homeless condition.
- Educate Congress, Federal agencies and policy makers of the needs of homeless veterans.

Public Education

- Publish articles, surveys, press releases.
- Provide speakers for conferences, meetings, press conferences, hearings.
- Continue national public education and solicitation campaign.

Technical Assistance

- Bi-monthly newsletter.
- Annual meeting and conference.
- 1 800 VET-HELP for homeless veterans and homeless veteran providers.

Homeless Vets

DEPARTMENT OF VETERANS AFFAIRS

-- Reaching Out to Help Homeless Veterans --

About a third of the adult homeless population has served their country in the armed services. On any given day, as many as 250,000 veterans are living on the streets or in shelters, and perhaps twice as many experience homelessness over the course of a year. Many other veterans are considered at risk because of their poverty, lack of support from family and friends, and precarious living conditions in cheap hotels or in overcrowded or substandard housing.

Although veterans who served in combat do not appear to face any higher risk of homelessness than those without combat experience, the number of homeless Vietnam veterans today is greater than the number of U.S. servicemen who died during the Vietnam war, and a small number of Desert Storm veterans are also showing up in the homeless population.

Almost all homeless veterans are male (about two percent are female), and the vast majority are single. Homeless veterans tend to be older and more educated than homeless non-veterans. But, similar to the general population of homeless adult males, about 40% of homeless veterans suffer from mental illness and (with considerable overlap) slightly more than half suffer from alcohol or other drug abuse problems. About 10% suffer from post traumatic stress disorder (PTSD). More than 50% are African-American or Hispanic.

Homeless veterans are eligible for a variety of benefits, health care, and other support services from regular or mainstream VA programs. Using conservative estimates, these VA programs annually direct several billion dollars of assistance to hundreds of thousands of at-risk and homeless veterans. A September 1995 one day survey of VA inpatients in VA hospitals, nursing homes, and domiciliaries revealed that nearly one quarter of VA's inpatients were homeless or at risk of being homeless. A 1996 survey showed similar results. Thousands more might be homeless if they were not receiving economic benefits.

To supplement the homeless assistance from its mainstream programs, VA offers an array of special programs and initiatives specifically designed to help homeless veterans live as self sufficiently and independent as possible. In fact, VA is the only Federal agency that provides substantial hands-on assistance directly to homeless persons. Although VA's assistance is limited to veterans and their dependents, VA's major homeless-specific programs constitute the largest integrated network of homeless treatment and assistance programs in the country.

VA Mainstream Program Assistance

Inpatient Health Care. Each year, VA hospitals and other facilities provide about one million episodes of inpatient care to veterans, including tens of thousands of homeless veterans. This inpatient care provides at least a temporary alternative to shelters or the streets -- and often serves as a starting point for more extensive rehabilitation. A one day survey of VA inpatients indicated that nearly one-fourth were homeless at time of admission or faced homelessness at discharge.

Discharge Planning. VA's Social Work Services Homeless Coordinators help homeless and at-risk veterans leaving VA inpatient care avoid homelessness by providing referrals to VA and non-VA community care and housing and employment assistance, ensuring receipt of available benefits, linking up the vets with family and friends, and providing post-discharge follow-up.

Outpatient Health Care. VA health facilities also annually provide over 40 million clinic stops of outpatient health care, including basic medical care, alcohol and substance abuse treatment, mental health care, vocational rehabilitation, referrals, and counseling. Many of the assisted veterans are homeless or at risk. VA's 203 Readjustment Counseling Service Vet Centers offer special outpatient social services, counseling, and referrals to war zone veterans, and their Homeless Veteran Coordinators serve over 10,000 homeless veterans each year.

VBA Benefits. The Veterans Benefits Administration annually provides more than \$17 billion in VA pensions and benefits to about four million veterans -- many of whom are homeless or at risk, or would be without the benefits. To reach more homeless veterans, special homeless coordinators at VBA's 58 Regional Offices annually make over 3,000 visits to homeless facilities and over 3,500 contacts with non-VA agencies working with the homeless, and provide over 12,000 homeless veterans with benefits counseling and referrals to other VA programs. VBA has also instituted new procedures to reduce the processing time for homeless veterans' benefits claims.

Special VA Homeless Assistance Programs & Initiatives

VA's specialized homeless treatment programs have grown and developed since they were first authorized in 1987 more than 250,000 veterans have been treated under these programs during the past ten years. The programs strive to offer a continuum of care that includes:

- aggressive outreach to those veterans living on the streets and in shelters who otherwise would not seek assistance;
- clinical assessment and referral to needed medical treatment for physical and psychiatric disorders, including substance abuse;
- long-term transitional assistance, case management and rehabilitation
- employment assistance and linkages with income supports, and;
- supported permanent housing.

HCMI Program. VA's 71 Homeless Chronically Mentally Ill Veterans program sites (located in 31 states) provide extensive outreach, physical and psychiatric health exams, treatment, referrals, and ongoing case management to homeless veterans with mental health problems (including substance abuse). As appropriate, the HCMI program places homeless veterans needing more intensive treatment into one of its roughly 125 contracted community-based facilities. The program serves over 19,000 homeless veterans each year, with over 3,000 receiving residential treatment. The average length of stay in community-based residential care is 72 days, and the average cost per day is approximately \$38.00. Eleven Health Care for Homeless Veterans (HCHV) outreach teams provide similar HCMI-type assistance to another 3,700 veterans, but without the residential care component.

Homeless Dom's. VA's 35 Domiciliary Care for Homeless Veterans program (located in 26 states) sites provide biopsychosocial treatment and rehabilitation to homeless veterans. Treatment takes place in approximately 1,500 dedicated beds at VA medical center domiciliaries. These homeless dom's annually provide residential treatment to over 3,000 homeless veterans with health problems. The average length of stay is 130 days.

CWT/TR. In VA's Compensated Work Therapy/Therapeutic Residence program, disadvantaged at-risk and homeless veterans live in one of 48 community-based supervised group homes while working for pay in a VA Compensated Work Therapy program (also known as Veterans Industries). Veterans in the CWT/TR program work about 32 hours per week, with average earnings of \$580 per month. Veterans pay an average of \$142 per month toward maintenance and upkeep of the residence. The average length of stay is 136 days.

HUD-VASH. In this joint Supported Housing program with the Department of Housing and Urban Development, VA staff at 29 VAMCs provide ongoing case management and other needed assistance to homeless veterans in permanent housing supported by 1300 specially-designated HUD rental assistance vouchers. HUD has recently made an additional 700 vouchers available. VA will dedicate case management staff at 11 new sites and expand staffing to accommodate additional vouchers at 9 sites.

Drop-In Centers. These programs provide a daytime sanctuary where homeless veterans can clean up, wash their clothes, and participate in a variety of therapeutic and rehabilitative activities. Linkages with longer-term assistance are also available. VA currently operates nine drop-in centers

SSA-VA Joint Outreach. At eleven sites, the Social Security Administration and VA's HCMI and Homeless Dom staff coordinated outreach and benefits with SSA staff to increase the number of veterans receiving SSA benefits and otherwise assist in their rehabilitation. In this demonstration project, both applications and benefit awards increased significantly and the processing time has decreased dramatically.

Acquired Property Sales for Homeless Providers. This program makes properties VA obtains through foreclosures on VA-insured mortgages available for sale to homeless provider organizations at a discount of 20 to 50 percent, depending on time on the market. Some of these properties are now available for lease, as well. One hundred twenty properties have been leased or sold at a discount as a result of this initiative.

Comprehensive Homeless Centers. VA's Comprehensive Homeless Centers (CHCs) place the full range of VA homeless efforts in a single medical center's catchment area and coordinate their administration within a centralized framework. With extensive collaboration with non-VA efforts, VA's CHCs in Anchorage, Brooklyn, Cleveland, Dallas, Little Rock, Pittsburgh, San Francisco and West Los Angeles work to create a comprehensive continuum of care to reach out to homeless veterans and help them escape homelessness.

Homeless Providers Grant and Per Diem Program. This four year old program allows VA to provide grants and per diem to assist public and non-profit entities establish and operate new supportive housing and supportive services to purchase vans to do outreach and provide transportation and for mobile medical clinics for homeless veterans. In its first four years of operation this program has awarded nearly \$21 million to 101 projects in 36 states and the District of Columbia.

VBA-VHA Special Outreach and Benefits Assistance. Under a provision of Public Law 102-590, VHA is funding eleven Veterans Benefits Counselors. These specially funded staff provide outreach, benefits counseling, referral and additional assistance to veterans applying for VA benefits. This special initiative is in addition to the VBA's ongoing efforts to assist homeless veterans.

VA -- Partnership with National Service Corporation. VA previously worked under a grant from the Corporation for National Service. Under the grant AmeriCorps members worked with local VA Medical Centers, Regional Benefits Offices and community based groups in Houston and Los Angeles renovating housing, doing street outreach, helping to find employment and assist in providing ongoing case management to homeless veterans. More than 40% of the AmeriCorps members recruited in these cities were veterans themselves. A national initiative with LA Vets continues with significant VA involvement with "the Collaboration for Homeless Veterans."

VA Assistance to Stand Downs. VA programs and staff have actively participated in each of the over 200 Stand Downs and assistance fairs for Homeless Veterans run by local coalitions in various cities during the past three years. In wartime stand downs, front line troops are removed to a place of relative safety for rest and needed assistance before returning to combat. Similarly, peacetime stand downs give homeless veterans 2-3 days of safety and security where they can obtain food, shelter, clothing, and a range of other assistance, including VA-provided health care, benefits certification, and linkages with other programs. A survey of sites from 1994-1996 indicates that more than 75,000 veterans and their family members have received assistance as a result of Stand Down efforts across the nation.

VA Surplus/Excess Property for Homeless Veterans Initiative. With support of GSA and DoD, VA's Office of Acquisition and Material Management and Mental Health Strategic Health Care Group have initiated a program to distribute Federal personal property such as hats, gloves, socks, boots, sleeping bags, furniture and other items to homeless veterans and homeless veteran programs. In less than three years this "Hammer Award" initiative has distributed more than \$20 million worth of surplus goods and has more than \$8 million in inventory.

Community Homelessness Assessment, Local Education Networking Groups (CHALENG) For Veterans. VA continues to hold homeless meetings at each VA medical center. This effort is not only providing needed information about the needs of homeless veterans but is bringing all relevant agencies and organizations together in each medical center's catchment area to energize new community-wide efforts to improve assistance to homeless veterans and develop new strategies. CHALENG for Veterans meetings have had more than 6,000 persons participate at the local level and will continue to be held for the foreseeable future.

Program Monitoring and Evaluation VA has built a strong monitoring and evaluation system to evaluate all of its homeless programs. The Northeast Program and Evaluation Center (NEPEC) at VAMC West Haven, CT provides important information about veterans served, the therapeutic and cost effectiveness of the specialized programs. This evaluation information is vital to assist program managers determine new directions to pursue in order to expand and improve services to homeless veterans.

Program Growth. VA directed almost \$90 million to its homeless assistance programs in FY 1997.

Direct Leases with Service Providers on Medical Center grounds. A directive to all Medical Center directors was sent out from Undersecretary of Health, Dr. Kenneth W. Kiser in March 1995 urging each facility to review their sites and if there is underutilized space to allow providers to use the sites for services for the homeless. VA already has several direct lease agreements and anticipates more may be signed.

Partnerships with Others. Despite everything described here, VA does not have the resources to assist every homeless veteran. Ending homelessness among veterans, or all homelessness, will take a combined effort by Federal, State, and local government, the private sector, and voluntary efforts. Toward this end, VA has developed numerous partnerships at the local level with public and private agencies and nonprofit organizations, including veterans service organizations.

More Information Regarding VA Homeless Assistance Efforts

To obtain more information about VA homeless programs and initiatives in your area, please call 1-800-827-1000 or your local VA Medical Center or Regional Office.

You may call Peter H. Dougherty, Coordinator, Office of Homeless Initiatives, Office of Intergovernmental Affairs 202.273.5774 for additional information about national initiatives.

Homeless
vets

VA Homeless Providers Grant and Per Diem Program

Summary of Funding FY 1994 Through FY 1997

In FY 1994, VA initiated The Homeless Providers Grant and Per Diem Program to assist public and non-profit organizations in providing transitional services to homeless veterans.

During the last four rounds of funding, more than 450 applications were received, requesting approximately \$150 million to acquire, renovate, or construct supportive housing or service center facilities for homeless veterans or to purchase vans for outreach and transportation. In FY 94 through FY 97, 101 grants were awarded to 84 non-profit or state or local government agencies in 21 VISNs in 36 states and the District of Columbia. Total VA funding for these projects was over \$20 million. When these projects are completed, approximately 1,700 new community-based beds will be available for homeless veterans. Additionally, under this funding, 14 homeless veterans service centers will be established; 20 vans will be purchased by entities to conduct outreach or provide transportation for homeless veterans; and four mobile service center units will provide medical care and/or counseling services for homeless veterans with limited access to treatment.

- 66 programs were awarded monies for acquiring and/or renovating facilities;
- 8 programs received a grant for new construction of a building;
- 3 programs were awarded funds to acquire an already renovated facility; and,
- 24 programs were awarded funds, either in conjunction with the above projects or separately, to purchase vans or mobile service center units for outreach and/or transportation.

Although there is overlap in the following categories, the approximate distribution of services that will be available as a result of grant funding for housing can be described as creating:

- over 100 beds for homeless veterans needing short term housing;
- 9 beds exclusively for elderly homeless veterans;
- over 75 beds for the homeless veteran with a serious mental illness;
- at least 50 short term pre-treatment beds;
- over 1,000 transitional/supportive housing beds;
- approximately 100 long term beds;

- over 50 single room occupancy (SRO) units;
- more than 50 transitional beds exclusively for homeless female veterans;
- at least 15 beds for the homeless terminally ill veteran;
- more than 100 beds for homeless veterans and their families;
- more than 100 beds for veterans with substance abuse problems or dually diagnosed;
- at least 15 beds in a supportive housing project especially for veterans who are physically challenged and homeless.

Grant funding for service centers, exclusive of housing, will provide the following:

- 3 outpatient service centers that provide linkages with social security, job services, and VA reintegration projects;
- 4 drop-in centers that help engage veterans in primary level interventions;
- a day shelter for up to 100 homeless veterans that provides community referral and entry to an emergency shelter program;
- a drop-in center for emergency dental and eye care services for homeless veterans;
- a day center to train homeless veterans for community employment; and,
- 4 mobile service units to provide medical treatment and/or counseling for the rural or hard to reach homeless veteran.

The projects funded to purchase vans will be using the vehicles for expanding outreach efforts and to provide transportation for homeless veterans to VA and community services.

GRANT AND PEH DIEM CENSUS

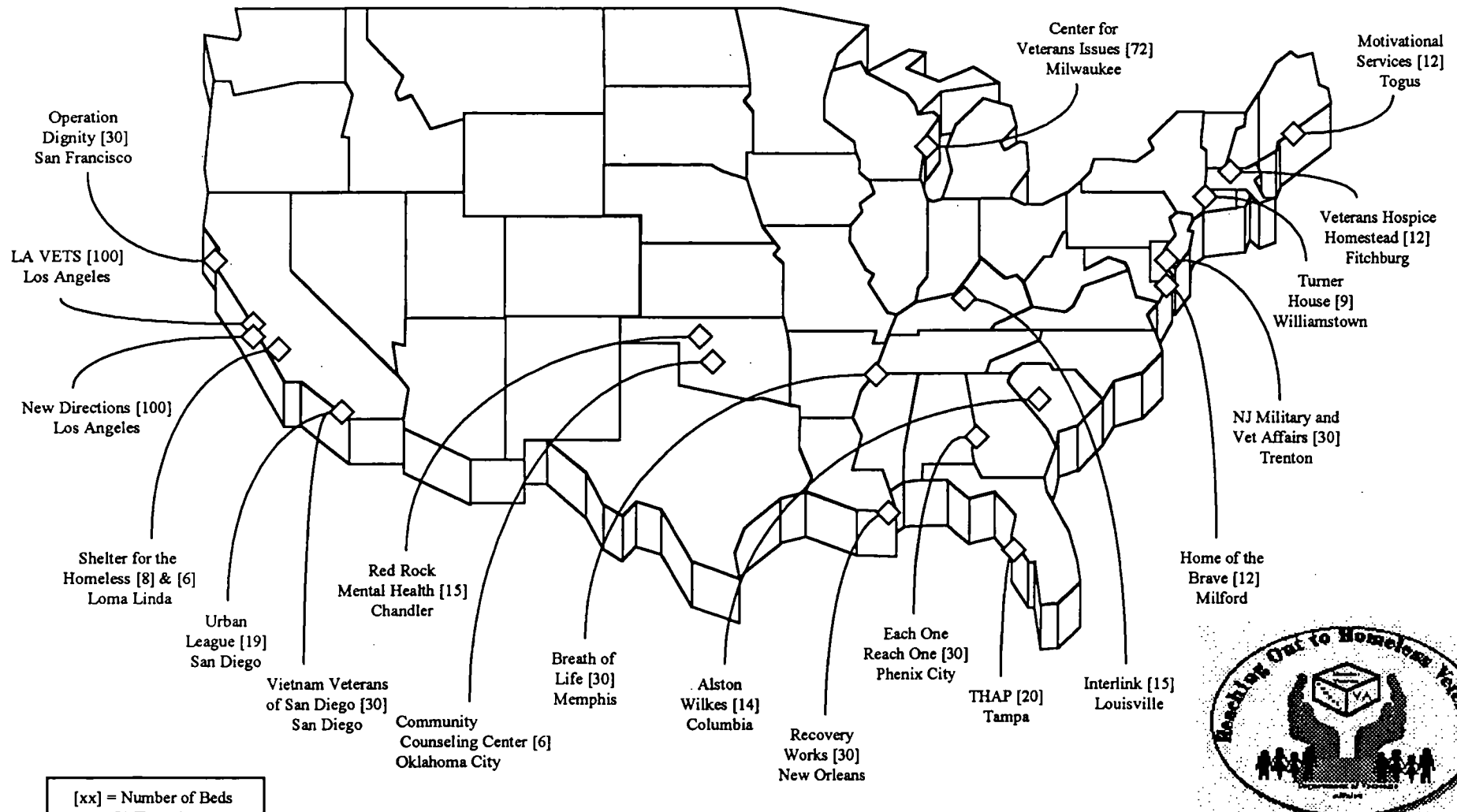
SEPTEMBER 1997

SITE	CODE	BEGIN DATE GPD	PROGRAM CENSUS 8/31/97	ADMIT PROGRAM SEPT	DISCH. FORM P SEPT	PROGRAM CENSUS 9/30/97	% BEDS OCCUPIED IN GP'D	TOTAL BEDS AVAIL.	INTAKE FORMS SEPT	CAL YR 97 INTAKE TO DATE	CAL YR 97 FORM P TO DATE
ALBANY	500	Aug-96	5	0	3	2	22.2	9	1	6	6
COATESVILLE	542	Jun-97	44	6	4	46	92.0	50	6	54	8
COLUMBIA	544	Nov-96	15	4	4	15	88.2	17	4	25	23
LOUISVILLE	603	Jul-96	9	1	1	9	90.0	10	7	64	30
LOMA LINDA	605	Oct-95	9	0	0	9	75.0	12	0	3	3
MEMPHIS	614	Mar-97	28	6	6	28	93.3	30	6	92	66
NEW ORLEANS	629	Jul-96	24	14	11	27	84.4	32	10	74	93
OKLAHOMA	635	Jun-96	3	1	0	4	20.0	20	0	6	7
PERRY POINT	641	Jan-97	15	2	4	13	76.5	17	2	46	33
PHILADELPHIA	642	Aug-95	29	1	1	29	90.6	32	1	20	19
SAN FRANCISCO	662	Jul-96	32	6	8	30	100.0	30	6	51	59
SAN DIEGO	664	Dec-96	28	4	1	31	83.8	37	4	27	11
TAMPA	673	Jan-97	21	2	1	22	91.7	24	2	36	12
TUSKEGEE	680	Jul-97	17	21	16	22	100.0	22	21	55	35
W. LOS ANGELES	691	Jun-97	57	61	24	94	71.2	132	61	153	57
MILWAUKEE	695	Mar-96	59	26	21	64	88.9	72	124	303	165
TOTAL			395	155	105	445	81.5	546	255	1015	627
AVERAGE			24.69	9.69	6.56	27.81	79.24		15.94	63.44	39.19
STND DEV			16.93	15.67	7.60	23.71	24.08		32.43	74.23	42.36

* DATA FOR THE PREVIOUS MONTH WAS NOT RECEIVED BY THE CLOSE OF THE REPORTING PERIOD

VA's Homeless Providers Grant/Per Diem Program

Current Per Diem Facilities (1/98)



**Homeless Providers Grant and Per Diem Program
Award Summary
Sorted by: VISN**

Award Year	Organization Name	City	State	VISN	Description of Program	SH	SS	Van	Total Project Cost	VA Cost of Project	Approx. Complet Date	Plng Grnd Open Date Y/N/?
94	Central MA Shelter for Homeless Veterans	Worcester	MA	1	Provide outreach and transportation services in the community			X	\$30,000	\$19,500	11/2/94	
94	Turner House Living Center for Veterans	Williamstown	MA	1	Renovate former tavern to house 9 elderly homeless veterans in a rural setting	X			\$318,600	\$207,090	5/5/96	Yes (C)*
94	Veterans Benefits Clearinghouse	Roxbury	MA	1	Provide outreach and transportation services in the community			X	\$29,200	\$18,980	1/2/96	
94	Veterans Hospice Homestead	Leominster	MA	1	Acquire a home to provide a hospice for 15 terminally ill homeless veterans	X			\$182,655	\$118,728	4/4/97	Yes
94	Veterans Transition House	New Bedford	MA	1	Provide outreach and transportation services in the community			X	\$12,000	\$7,800	4/20/95	
94	Vietnam Era Vets Association	Providence	RI	1	Provide outreach and transportation services in the community			X	\$17,500	\$11,375	11/1/94	
94	Vietnam Veterans Assistance Fund	Pawcatuck	CT	1	Acquire and renovate a home to create 15 transitional housing beds for homeless females and a furniture bank	X			\$265,000	\$172,250	11/2/96	Yes w/95 project
94	Vietnam Veterans Workshop	Boston	MA	1	Renovate a floor in an existing building to provide a vocational/job training center for homeless veterans		X		\$160,000	\$104,000	8/1/97	TBA
95	Motivational Services, Inc.	Augusta	ME	1	Acquire and rehabilitate a house for 3-6 mentally ill homeless veterans with an attached "furniture bank"	X			\$70,234	\$32,370	3/3/97	Yes
95	Veterans Assistance Office	Rutland	VT	1	Rehabilitate a facility to provide 19 supportive housing beds and a service center to assist homeless veterans	X	X		\$93,500	\$60,775	7/1/97	Yes
95	Veterans Benefits Clearing House, Inc.	Roxbury	MA	1	Acquire and rehabilitate a building to provide supportive housing for up to 10 veterans and establish a service center	X	X		\$545,000	\$359,450	12/5/97	Yes

**Homeless Providers Grant and Per Diem Program
Award Summary
Sorted by: VISN**

Award Year	Organization Name	City	State	VISN	Description of Program	SH	SS	Van	Total Project Cost	VA Cost of Project	Approx. Complet Date	Plng Grnd Open Date Y/N/?
95	Vietnam Veterans Assistance Fund	Pawcatuck	CT	1	Construct two 3- bedroom apartments for physically disabled veterans and families	X			\$255,000	\$127,958	3/30/98	Yes
96	Hope Corporation	Worcester	MA	1	Acquire and renovate ahouse to create 12 beds for homeless veterans	X			\$180,200	\$108,388	2/4/99	TBA
96	Shiloh Baptist Community Development Center	Bridgeport	CT	1	Acquire and renovate a 3 story bldg to create a 29 bed transitional living center and establish a Veterans/Community Industries workshop	X	X		\$829,000	\$500,000	10/9/98	TBA
97	Area Congregations Together/Community Care center	Derby	CT	1	Provide 6 beds exclusively for homeless veterans in a community shelter - vets participate in HCHV programs at VAMC W. Haven	X			\$10,000	\$6,000	5/1/98	TBA
97	Vietnam Veterans Workshop	Boston	MA	1	Rehabilitate space in existing service center to provide dental and eye care services to homeless veterans		X		\$365,903	\$159,203	1/5/98	TBA
97	Nickerson Community Center	Providence	RI	1	Rehabilitate a residence to create 18 transistional housing beds for homeless veterans	X			\$324,650	\$208,818	3/30/99	TBA
94	St. Mary's Hospital	Rochester	NY	2	Provide health care services and outreach via medical mobile unit to homeless veterans in a rural setting		X	X	\$155,000	\$100,750	10/26/94	
95	Society of St. Vincent dePaul	Buffalo	NY	2	Acquire and rehabilitate a building to provide a multi-services center in collaboration with community agencies		X		\$508,000	\$369,000	5/2/97	Yes
96	Veterans Outreach Center, Inc.	Rochester	NY	2	Acquire and renovate a building to provide 20 beds of supportive housing	X			\$561,300	\$364,845	11/30/98	TBA
94	Black Veterans for Social Justice	Brooklyn	NY	3	Provide outreach and transportation services in the community			X	\$19,000	\$12,350	11/1/94	

**Homeless Providers Grant and Per Diem Program
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Award Year	Organization Name	City	State	VISN	Description of Program	SH	SS	Van	Total Project Cost	VA Cost of Project	Approx. Complet Date	Plng Grnd Open Date Y/N/?
94	NJ Department of Military and Veterans Affairs	Trenton	NJ	3	Rehabilitate a building on grounds of a former state hospital to create 30 transitional housing beds	X			\$437,000	\$284,050	7/24/95	Yes w/95 project
94	Suffolk Co United Vets Halfway House Project	Patchogue	NY	3	Provide outreach and transportation services in the community			X	\$35,000	\$22,750	4/21/95	
95	New Era Veterans	Bronx	NY	3	Acquire and equip a mobile medical service unit to provide outreach and supportive services		X		\$198,500	\$129,025	10/24/96	Yes (C)*
95	NJ Department of Military and Veteran Affairs	Trenton	NJ	3	Renovate a building and detached houses to provide 67 beds for homeless veterans and provide job/trng development	X			\$536,357	\$330,720	9/12/97	Yes
96	Salvation Army of Greater New York	New York	NY	3	Construct a kitchen for 87 bed transitional housing program located on VAMC Northport grounds		X		\$19,400	\$12,610	1/9/98	TBA
97	New Era Veterans	Bronx	NY	3	Acquire and equip a mobile medical service unit to provide outreach and supportive services for homeless veterans in the Northport VAMC area		X		\$200,050	\$130,033	3/6/98	TBA
94	Impact Services Corporation	Philadelphia	PA	4	Provide outreach and transportation services in the community			X	\$21,000	\$13,650	10/26/94	
94.00	Peoples Place	Milford	DE	4	Provide outreach and transportation services in the community			X	\$22,000	\$14,300	12/1/94	
94	Western Pennsylvania Veterans Development Center	Johnstown	PA	4	Acquire and renovate a school building to house 50 homeless veterans and provide outpatient svcs/job trng to an add'l 100 vets in a small community setting	X	X		\$567,892	\$369,130	7/15/96	No
95	Black Vietnam Era Veterans	Pittsburgh	PA	4	Acquire and renovate multiple housing units to provide 20 beds for homeless male veterans and their children/families	X			\$408,362	\$230,000	5/7/98	Yes

**Homeless Providers Grant and Per Diem Program
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Award Year	Organization Name	City	State	VISN	Description of Program	SH	SS	Van	Total Project Cost	VA Cost of Project	Approx. Complet Date	Ping Grnd Open Date Y/N/?
95	Home of the Brave	Milford	DE	4	Acquire and rehabilitate a home to provide supportive housing for 12 homeless veterans in a rural setting	X			\$215,000	\$139,750	5/15/96	Yes(C)*
96	JWV East Boros, Post # 718	Pittsburgh	PA	4	Acquire and renovate townhome units to create 50 transitional beds for homeless veterans	X			\$2,883,880	\$450,000	11/30/99	TBA
96	PA American Legion Housing for Homeless Vets	Harrisburg	PA	4	Acquire a house in Philadelphia to provide a 3 bed transitional housing program for homeless veterans enrolled in VA CWT program	X			\$42,000	\$27,300	11/6/97	TBA
96	Phila Veterans Multi-Service & Education Center	Philadelphia	PA	4	Renovate a bldg on VAMC Coatesville grounds to provide a transitional living program for 50 veterans from dom and inpatient trmt services	X			\$107,841	\$70,096	4/4/98	TBA
96	Phila Veterans Multi-Services & Education Center	Philadelphia	PA	4	Renovate 3rd & 4th floors of office bldg to provide full-service drop-in/service center for homeless veterans in Phila area		X		\$592,013	\$285,000	11/20/98	TBA
94	City of Baltimore - Mayor's Office of Homeless Services - Maryland Hmils Veterans, Inc.	Baltimore	MD	5	Renovate several buildings to provide 83 SRO units, 120 transitional beds with a VA clinic, and 80 emergency beds with a day center and job/trng development	X			\$3,750,409	\$2,006,709	11/11/98	Yes
95	Access Housing, Inc.	Washington	DC	5	Renovate 1st flr of vacant bldg as a service ctr to provide drop-in svcs in coord with community providers		X		\$250,000	\$130,000	5/29/98	Yes w/96 SRO proj
96	Access Housing, Inc.	Washington	DC	5	Acquire and renovate a vacant apartment building to create 30 transitional housing beds (SRO)	X			\$990,000	\$400,000	5/29/98	Yes w/95 Svc Ctr proj
96	Potomac Highlands Support Services	Petersburg	WV	5	Convert and renovate Unit 311 of the Old Domiciliary, VAMC Martinsburg WV, into a 32 bed apartment transitional living complex	X			\$170,000	\$110,450	7/24/98	TBA
95	Alston Wilkes Society	Columbia	SC	7	Acquire and rehabilitate a former medical office building to provide supportive housing for 14 chronic homeless veterans	X			\$425,000	\$276,250	5/15/97	Yes (C)*

**Homeless Providers Grant and Per Diem Program
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Award Year	Organization Name	City	State	VISN	Description of Program	SH	SS	Van	Total Project Cost	VA Cost of Project	Approx. Complet Date	Plng Grnd Open Date Y/N/?
95	Each One-Reach One, Inc.	Phenix City	AL	7	Acquire and rehabilitate a former nursing home facility to provide 90 beds for veterans and their families	X			\$291,530	\$168,495	11/1/97	Yes
96	NSSFNS Veterans Programs/Harris House	Atlanta	GA	7	Renovate 2 apartment complexes, (24/2 bdrm units), to provide transitional housing for homeless male/female veterans and set aside 12 apts for veterans w/families	X			\$1,998,305	\$400,000	9/9/98	TBA
97	North Charleston Community Interfaith	Charleston	SC		Acquire and rehabilitate a small apartment complex to create 32 transistional housing beds for homeless veterans	X			\$367,500	\$165,000	8/7/98	TBA
95	Mental Health Assoc. of Dade County	Miami	FL	8	Acquire and rehabilitate three homes to provide 22 supportive housing beds for homeless veterans	X			\$639,059	\$415,388	6/6/98	Yes
95	Tampa-Hillsborough Action Plan (THAP), Inc.	Tampa	FL	8	Acquire and rehabilitate a building to provide 20 supportive/ transitional housing beds with multi "track" treatment	X			\$387,015	\$251,560	5/3/97	Yes(C)*
96	Community Partnership for Homeless	Miami	FL	8	Construct 2nd phase of Homeless Assistance Center in Homestead, FL; 300 new emergency and 200 transitional beds are planned/ 45 temp and 50 transitional beds for vets	X			\$5,000,000	\$483,750	6/30/98	TBA
94	Alpha Omega Vets Svcs for Hmls Veterans	Memphis	TN	9	Provide outreach and transportation services in the community			X	\$26,000	\$16,900	4/5/95	
94	Interlink Counseling Services	Louisville	KY	9	Acquire and renovate a 15 bed transitional housing project	X			\$266,261	\$173,070	4/30/96	Yes (C)*
94	Transition, Inc.	Newport	KY	9	Provide outreach and transportation services in the community			X	\$21,176	\$13,764	12/21/94	
95	Base Camp, Inc.	Nashville	TN	9	Provide outreach and transportation services to homeless veterans and their families in the community			X	\$22,000	\$14,300	12/11/95	

**Homeless Providers Grant and Per Diem Program
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Award Year	Organization Name	City	State	VISN	Description of Program	SH	SS	Van	Total Project Cost	VA Cost of Project	Approx. Complet Date	Prog Grnd Open Date Y/N/?
95	Breath of Life Seventh Day Adventist Church	Memphis	TN	9	Acquire and rehabilitate an office building to create a veterans transitional center with 50 beds for veterans and their families	X			\$495,595	\$200,000	4/18/97	Yes (C)*
94	Joseph House	Cincinnati	OH	10	Renovate an apartment bldg to provide trans'l housing for 8-10 chronically mentally ill veterans and a day drop-in lounge	X			\$139,480	\$90,662	8/22/97	Yes (C)*
95	City of Battle Creek	Battle Creek	MI	11	Rehabilitate city donated houses to provide supportive housing for 15 dual diagnosed homeless veterans	X			\$271,300	\$176,345	11/4/96	Yes (C)*
97	Plymouth Housing Commission/ Michigan Veterans Foundation	Detroit	MI	11	Rehabilitate building to create the "Detroit Veterans Service Center," to serve homeless veterans. Adjacent is a new 104-bed facility built with a \$1.8 HUD Special Purpose Grant.		X		\$663,500	\$385,020	10/30/98	TBA
97	Horizon House	Indianapolis	IN	11	Rehabilitate a former office building to create a service center for homeless veterans		X		\$400,000	\$248,000	11/6/98	TBA
94	Center for Veteran's Issues	Milwaukee	WI	12	Acquire and renovate a building to provide over 70 trans'l housing beds for hmils vets, job trng and allow co-location of multiple services(HVRP,SSA)etc	X	X		\$708,313	\$276,790	9/13/95	Yes (C)*
94	Chicago Vietnam Veterans Family Assistance Program	Chicago	IL	12	Provide outreach and transportation services in the community			X	\$23,000	\$14,950	1/9/98	
94	Chicago Vietnam Veterans Family Assistance Program	Chicago	IL	12	Acquire and renovate 2 sites to provide 30 SRO units for homeless veterans and their families	X			\$1,166,195	\$706,785	1/9/98	TBA
94	Veterans for Housing, Inc.	Chicago	IL	12	Provide outreach and transportation services in the community			X	\$22,801	\$14,821	11/1/94	
94	Wisconsin Dept. of Veterans Affairs	Madison	WI	12	Provide outreach and transportation services in Milw and King communities			X	\$19,018	\$12,362	9/28/95	

**Homeless Providers Grant and Per Diem Program
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95	Wisconsin Dept. of Veterans Affairs	Madison	WI	12	Rehabilitate the first floor of a vacant State Veterans Home building to provide supportive single room occupancy units for 26 veterans in a rural area	X			\$222,868	\$144,864	2/20/98	Yes
96	Inner Voice, Inc.	Chicago	IL	12	Renovate Agency's facility to create 15 bed transitional beds for homeless veterans	X			\$86,400	\$47,450	7/24/98	TBA
97	Wisconsin Dept. of Veterans Affairs	Madison	WI	12	Rehabilitate a cottage to create a 30 bed transitional housing facility in a rural area	X			\$380,000	\$195,520	9/4/98	TBA
96	Central Community Housing Trust	Minneapolis	MN	13	Acquire and renovate a facility to create 29 SRO units for homeless veterans	X			\$832,521	\$541,000	5/8/98	TBA
96	Rosebud Sioux Tribe	Rosebud	SD	13	Construct a service center on the reservation to provide a central place for the provision of supportive services in a safe and secure environment		X		\$482,973	\$313,943	6/5/98	TBA
96	Standing Rock Sioux Tribe	Fort Yates	ND	13	Relocate and renovate 2 houses in McLaughlin ND to create 16 transitional beds for homeless veterans enrolled in VA programs at the Fort Mead division.	X			\$297,800	\$142,800	10/30/98	TBA
96	Catholic Charities of Omaha, Inc.	Omaha	NE	14	Construct 20 bed transitional supportive housing unit for chronically/chemically dependent veterans to be known as "Campus of Hope"	X			\$855,362	\$325,000	6/24/99	TBA
94	Salvation Army Veterans Program	St. Louis	MO	15	Provide outreach and transportation services in the community			X	\$25,064	\$16,292	11/1/94	
96	Missouri Veterans Leadership Program	St. Louis	MO	15	Renovate a building to create 10 new transitional housing beds	X			\$241,150	\$156,748	6/30/98	TBA
94	Great Plains Improvement Foundation	Lawton	OK	16	Provide outreach and transportation services in the community			X	\$17,000	\$11,050	10/20/94	

Homeless Providers Grant and Per Diem Program

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94	Red Rock Mental Hlth Center	Oklahoma City	OK	16	Provide outreach and transportation services in the community			X	\$29,500	\$19,175	4/15/95	
94	Red Rock Mental Hlth Center	Oklahoma City	OK	16	Renovate a house to provide up to 15 transitional beds for homeless veterans, especially chronic mentally ill	X			\$203,977	\$132,585	7/15/95	Yes (C)*
95	Community Counseling Center	Oklahoma City	OK	16	Rehabilitate a building to provide supportive housing with 6 to 12 beds	X			\$39,796	\$25,867	10/31/96	Yes (C)*
95	Recovery Works, Inc.	New Orleans	LA	16	Rehabilitate a building to provide supportive housing for up to 32 homeless veterans with chronic substance abuse	X			\$200,000	\$130,000	7/1/96	Yes (C)*
97	UNITY for the Homeless	New Orleans	LA	16	Rehabilitate an apartment building to create a residential substance abuse treatment program with 50 beds	X			\$450,000	\$274,000	6/30/98	TBA
95	American GI Forum	San Antonio	TX	17	Acquire and renovate a building to create a veterans service center that will provide a variety of services through collaboration with community		X		\$600,000	\$390,000	12/2/97	Yes
97	Community Partnerships for the Homeless	Austin	TX	17	Acquire and renovate a building to create a 16 bed transitional housing facility for homeless veterans	X			\$297,000	\$115,000	11/13/98	TBA
97	Esperanza En Escalante	Tucson	AZ	18	Construct three building clusters to provide 15 beds for "disabled" homeless veterans	X			\$388,000	\$200,000	2/5/99	TBA
97	Colorado Veterans for Housing, Inc.	Denver	CO	19	Acquire and rehab a office building and an apartment complex to create a service center and 12 beds of transistional housing for homeless veterans	X	X		\$571,733	\$337,301	11/30/98	TBA
96	Housing Authority/ City of Walla Walla	Walla Walla	WA	20	Acquire and renovate a facility to provide supportive housing and vocational rehab for 12 homeless veterans	X			\$599,620	\$350,000	3/13/98	TBA

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96	Seattle Indian Center	Seattle	WA	20	Purchase a medical mobile health and outreach unit		X		\$40,304	\$26,221	10/24/97	TBA
97	Tahana Whitecrow Foundation	Salem	OR	20	Acquire and renovate a five acre residence to create 10 dorm style transitional housing beds for homeless veterans	X			\$288,000	\$115,000	10/12/98	TBA
94	Operation Dignity	Oakland	CA	21	Acquire and renovate building to create 30 short term treatment beds in addition to emergency housing	X			\$825,000	\$500,000	7/1/96	Yes (C)*
95	Vietnam Veterans of California, Inc.	Sacramento	CA	21	Acquire site and construct a facility to establish 30 beds for homeless veterans with a focus on single adults	X			\$1,135,000	\$300,000	8/21/98	Yes
96	Vietnam Veterans of California, Inc.	Sacramento	CA	21	Acquire and rehabilitate a former rest home to establish a 12-bed transitional housing project for homeless veterans in Eureka, F157 CA	X			\$213,000	\$125,000	2/24/98	Yes
97	Swords to Plowshares	San Francisco	CA	21	Rehabilitate a former military housing on Treasure Island to create 154 beds for homeless veterans	X			\$481,505	\$290,382	9/30/99	TBA
94	Homeless Outreach Program	Los Angeles	CA	22	Provide outreach and transportation services in the community			X	\$29,042	\$18,877	11/11/94	
94	Shelter for Homeless, Inc.	Westminster	CA	22	Acquire and renovate a four unit apt for transitional housing for mentally ill homeless veterans to provide 6-12 beds	X			\$174,436	\$113,383	9/21/95	Yes (C)*
94	The Salvation Army	Los Angeles	CA	22	Provide outreach and transportation services in the community			X	\$23,068	\$14,994	3/10/95	
95	LA Vets	Inglewood	CA	22	Establish a facility for job development and long term transitional housing beds (300 new beds will be available)	X			\$3,566,530	\$427,500	4/18/97	Yes (C)*

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95	New Directions, Inc.	Los Angeles	CA	22	Rehabilitate a vacant building - leased on VAMC grounds to provide 156 supportive housing beds for veterans	X			\$5,335,000	\$575,000	7/1/97	Yes (C)*
95	San Diego Urban League, Inc.	San Diego	CA	22	Acquire and rehabilitate a building to provide supportive housing for 19 homeless veterans	X			\$583,000	\$360,750	10/10/96	Yes (C)*
95	Shelter for the Homeless, Inc.	Westminster	CA	22	Acquire and rehabilitate a facility to provide 12-16 supportive beds for homeless veterans and their families	X			\$180,534	\$117,346	5/1/96	Yes (C)*
95	The Key Foundation	Las Vegas	NV	22	Acquire addl single family housing units to increase supportive housing beds from 22 to 52 (scattered housing plan thru-out city)	X			\$558,000	\$357,724	1/2/96	Yes (C)*
95	Vietnam Veterans of San Diego	San Diego	CA	22	Acquire and rehabilitate a facility to provide 33 supportive housing beds for male and female homeless veterans	X			\$2,556,000	\$130,000	4/24/98	Yes
96	LA Vets Initiative, Inc.	Los Angeles	CA	22	Renovate bldg units on closed Long Beach CA Navy housing site to create 104 bed substance abuse residential treatment facility	X			\$552,252	\$357,000	12/31/98	TBA
96	Vietnam Veterans of San Diego	San Diego	CA	22	Acquire and renovate a house to provide a 14 bed transitional facility to be known as "Veterans Village and Sober Living Center"	X			\$327,569	\$195,569	4/11/97	Yes (C)*
97	LA Veterans Initiatives, Inc.	Inglewood	CA	22	Rehabilitate a former hotel to create 56 transitiional housing beds for homeless veterans	X			\$2,196,000	\$328,000	2/4/99	TBA
97	New Directions	Los Angeles	CA	22	Create classroom space in a building on the grounds of West LA VA Medical Center grounds to provide training to homeless veterans		X		\$44,190	\$28,724	5/29/98	TBA

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97	LA Family Housing Corporation	North Hollywood	CA	22	Rehabilitate a residence to create 30 transitional housing beds for homeless veterans	X			\$306,000	\$154,700	10/16/98	TBA

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Facsimile Cover Sheet

US Department of Veterans Affairs

To: Thomas L. Freedman - Mary L. Smith &
David Hochshield

Fax No: 456-~~833~~ 7431

From: Peter H. Dougherty
Director, Homeless Veteran Programs (075D)
US Department of Veterans Affairs
810 Vermont Avenue, NW,
Washington, DC 20420
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Voice No: 202-273-5774

Transmitting this cover page plus (5) page(s).

Comments: Here is a modified plan that looks to addressing the unmet needs of homeless veterans. It is a very balanced plan that I think you will find if approved would do create a real opportunity to end homelessness among our nation's veterans.

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Completing the Promise Breaking the Cycle of Homelessness for America's Veterans

Increase Outreach to Homeless Veterans:

- 1. Outreach** - Dedicated staff at all VA Medical Centers would mean that more than **100,000 veterans would be seen and interviewed by VA clinicians in outreach activities over a three year term.** The additional staff (150 FTEE) would, on average, spend half their time on outreach activities thereby seeing an additional 10,200 additional veterans each year or more than 30,000 veterans over the three year demonstration.
- 2. Stand Downs** - at as many as 100 sites across the country each year there are events that bring homeless veterans together with community based and state and local government service providers, VA health care and benefits staff and a host of others prepared to assist them and their families with housing, health care, employment, legal, education, transportation or other barriers preventing them from reintegrating back into the social mainstream. We estimate that these events with modest financial support could support these one-stop service delivery programs for homeless veterans. There is a targeted White House project to assure that all veterans at the Millennium will have a safe place to go to and will have be able to secure treatment as we enter the new millennium. This initiative could be targeted to that effort. Between 25,000 and 50,000 veterans could attend these Millennium Stand Downs. **Over the three year period between 50,000 and 100,000 veterans could be engaged in first step recovery activities.**
- 3. Excess military and civilian clothing** - VA, with GSA and DoD assistance, provides excess property to veterans who are homeless. Generally this consists of boots, hat, coats, pants, shirts and other excess military personal clothing items. Sometimes sleeping bags, blankets and other items are also available. A current inventory lists over 220 items is being distributed to community events [such as stand downs, community-based veteran homeless service providers, to Vet Centers and other VA targeted homeless programs] This Hammer Award winning program has distributed more than \$35 million of property to homeless veterans during the past four years. A significant new initiative to add donated civilian clothing (much more appropriate for veterans attempting to return to work) and donated furniture and equipment could assist thousands of homeless veterans and community based homeless veterans service providers. **70,000 - 125,000 veterans would be assisted by this initiative over a three year period.**

Increase community based residential care and services:

- 1. 31,000 veterans could be housed over three years in high quality community based settings** By having 150 additional FTEE each VA medical center would, for the first time have dedicated staff with community based contract money available including \$2 million for demonstration sites for new women veterans. These new dollars could ensure that more than 19,000 additional veterans are provided residential care over three years.
- 2. Nearly 20,000 veterans additional could be serviced over three years by community based programs** by increasing per diem by \$7 million for new grantees, providing \$5 million for non grant recipients and using \$2.5 million in new funds in years two and three. Average cost per veterans is estimated to be \$1440
- 3. The psychological break to being homeless among veterans is to be gainfully employed.** VA offers Compensated Work Therapy (CWT) to address this need. This program offers many veterans with significant barriers to employment, particularly homelessness, with job readiness, job hardening, experiences. At present this medical care program results in some veterans being able to move directly into competitive work in the community (approximately 3,500 annually) with nearly 10,000 who need additional skills development and training. An additional \$2.0 million annually would allow ten significant new program activations and ten significant program augmentations of CWT sites and expand programs that could place more formerly homeless veterans in competitive employment. **More than 6,000 veterans could benefit from this initiative over three years.**

Collaboration with others

The missing (Federal) links to help homeless veterans.

- 1. HVRP - the Homeless Veterans Reintegration Program** (administered and funded by DOL VETS) provides small grants to community based non-profit organizations who work directly with homeless veterans. Currently this program receives \$2.5 million and has 22 operating sites. If funding is provided in the amount of \$12.5 million, (an increase of \$10.0 million) we believe one or more projects could be awarded in 3/4's (37) of the states. (Up to 100 grantees could be funded - **up to 45,000 veterans could be served with up to 30,000 placed back on to employment rolls** over the three year period.

- 00/12/00 10:10
2. **Veteran representation on HUD's local planning boards.** There is a strong need to have a veterans advocate at the local level since there is no existing mechanism to assist veterans at the national level to ensure that the needs of homeless veterans are addressed locally.
 3. VA has, for more than 4 years, conducted meetings with strong participation from the veterans community to looking into the services available locally for homeless veterans (catalogue/list the current resources), identify the unmet needs and develop local action plans to address those unmet needs. This meeting and report (called "CHALENG for Veterans") occurs at each VA medical center across the country and is filled with local resource information and unmet needs of veterans in that area. A targeted way to get that information to HUD's local planning process should be initiated. **IF HUD used the "CHALENG for Veterans" Report it would significantly ensure that the needs of homeless veterans are being looked at in the local continuum of care plans.** As with any reporting system, the weight each community would give to this information may vary, however, it is important for this information to be considered.
 4. **HUD-VASH** - Long term housing has been identified as one of the top unmet needs of veterans for several years in our CHALENG report. Each VA employees [generally a social worker] case manages approximately 30 voucher recipients. A number, believed to be up to 500 HUD Section 8 vouchers are expected to expire in the near future. All current vouchers for veterans should be held and more vouchers should be offered for seriously mentally and physically ill veterans who have been homeless. If thirty additional sites were added to the present list and 1,800 future vouchers would be added, there would be a total annual VA staff investment of \$4.0 million, **1,800 veterans would have long-term housing** which will reduce their dependence on VA health care system. [HUD costs associated with this proposal are unknown.]
 5. **AmeriCorps** -- Military service and civilian voluntary service are found to be highly compatible under the Corporation of National Service's "Collaboration for Homeless Veterans." LA VETS is a National Direct grantee from the Corporation and operates a highly effective program with approximately 90 full-time members. Approximately 40% of those members are veterans and many of those veterans have formerly been homeless. A near tripling of full-time members to 250 (nationwide) could mean operating programs in at least 20 states and provide outreach and coordinating community resources with VA health care for at least 50,000 veterans who are homeless.

Program Monitoring and Evaluation

1. Monitoring and evaluation of VA's homeless programs has been rigorous since its inception more than ten years ago. With all the additional programs and sites suggested and to ensure a quality review with reliable information that is both understandable and comparable to existing program monitoring an additional \$0.5 million annually for the North East Program and Evaluation Center (NEPEC) is needed. NEPEC's high quality standards of review are unmatched under any existing homeless program system in the country and is the best protection to ensuring that the highest quality evaluation is conducted.

FINAL COSTS/SUMMARY:

Impact on Lives

Over 3 years, more than 250,000 veterans will be seen, provided clinical care, including contract residential care and care provided under per diem, job preparation and job referral. Tens of thousands will, as a result of this increase intervention, be healthier and happier thereby reducing out nation's health care costs appreciably.

If 40,000 veterans are returned to work, by year three and make \$1,000 per month, the economy will be enriched with \$480 million in paid wages and even at an overall tax contribution of 15%, a contribution of \$72 million in the total tax revenues could be achieved.

Estimate of Veterans Impacted by Program Area Over a Three Years Period

	Existing and New	New Only
Outreach	100,000	30,000
Stand Downs	105,000	37,000
Clothing Distribution	31,000	19,000
Contract Care	42,000	30,000
Per Diem	40,000	9,000
CWT	45,000	30,000
HVRP	25,000	15,000
AmeriCorps		
TOTAL	388,000	170,000

6/22

	Year 1	Year 2	Year 3
Outreach and Community Contract Clinical Care	27	27	27
New Grants	12	12	12
Per Diem for Grantees	7	7	7
Per Diem for Non-Grantees	5	5	5
Compensated Work Therapy	2	2	2
Stand Downs	2.5	2.5	2.5
Excess Property Distribution	0.5	0.5	0.5
Program Monitoring	0.5	0.5	0.5
Ongoing efforts		5	10
TOTAL by YEAR	56.5	61.5	66.5
ADD'L Funding - Other Agency Collaborations			
HUD-VASH (VA costs only)	1	2	3
HVRP	10	10	10
TOTAL by YEAR	11	12	13

Facsimile Cover Sheet

US Department of Veterans Affairs

To: Thomas L. Freedman - Mary L. Smith &
David Hochshield

Fax No: 456-~~855~~ 7431

From: Peter H. Dougherty
Director, Homeless Veteran Programs (075D)
US Department of Veterans Affairs
810 Vermont Avenue, NW,
Washington, DC 20420
Fax No: 202-273-9472
Voice No: 202-273-5774

Transmitting this cover page plus (5) page(s).

Comments: Here is a modified plan that looks to addressing the unmet needs of homeless veterans. It is a very balanced plan that I think you will find if approved would do create a real opportunity to end homelessness among our nation's veterans.

Completing the Promise Breaking the Cycle of Homelessness for America's Veterans

Increase Outreach to Homeless Veterans:

- 1. Outreach** - Dedicated staff at all VA Medical Centers would mean that more than **100,000 veterans would be seen and interviewed by VA clinicians in outreach activities over a three year term.** The additional staff (150 FTEE) would, on average, spend half their time on outreach activities thereby seeing an additional 10,200 additional veterans each year or more than 30,000 veterans over the three year demonstration.
- 2. Stand Downs** - at as many as 100 sites across the country each year there are events that bring homeless veterans together with community based and state and local government service providers, VA health care and benefits staff and a host of others prepared to assist them and their families with housing, health care, employment, legal, education, transportation or other barriers preventing them from reintegrating back into the social mainstream. We estimate that these events with modest financial support could support these one-stop service delivery programs for homeless veterans. There is a targeted White House project to assure that all veterans at the Millennium will have a safe place to go to and will have be able to secure treatment as we enter the new millennium. This initiative could be targeted to that effort. Between 25,000 and 50,000 veterans could attend these Millennium Stand Downs. **Over the three year period between 50,000 and 100,000 veterans could be engaged in first step recovery activities.**
- 3. Excess military and civilian clothing** - VA, with GSA and DoD assistance, provides excess property to veterans who are homeless. Generally this consists of boots, hat, coats, pants, shirts and other excess military personal clothing items. Sometimes sleeping bags, blankets and other items are also available. A current inventory lists over 220 items is being distributed to community events [such as stand downs, community-based veteran homeless service providers, to Vet Centers and other VA targeted homeless programs] This Hammer Award winning program has distributed more than \$35 million of property to homeless veterans during the past four years. A significant new initiative to add donated civilian clothing (much more appropriate for veterans attempting to return to work) and donated furniture and equipment could assist thousands of homeless veterans and community based homeless veterans service providers. **70,000 - 125,000 veterans would be assisted by this initiative over a three year period.**

Increase community based residential care and services:

- 1. 31,000 veterans could be housed over three years in high quality community based settings** By having 150 additional FTEE each VA medical center would, for the first time have dedicated staff with community based contract money available including \$2 million for demonstration sites for new women veterans. These new dollars could ensure that more than 19,000 additional veterans are provided residential care over three years.
- 2. Nearly 20,000 veterans additional could be serviced over three years by community based programs** by increasing per diem by \$7 million for new grantees, providing \$5 million for non grant recipients and using \$2.5 million in new funds in years two and three. Average cost per veterans is estimated to be \$1440
- 3. The psychological break to being homeless among veterans is to be gainfully employed.** VA offers Compensated Work Therapy (CWT) to address this need. This program offers many veterans with significant barriers to employment, particularly homelessness, with job readiness, job hardening, experiences. At present this medical care program results in some veterans being able to move directly into competitive work in the community (approximately 3,500 annually) with nearly 10,000 who need additional skills development and training. An additional \$2.0 million annually would allow ten significant new program activations and ten significant program augmentations of CWT sites and expand programs that could place more formerly homeless veterans in competitive employment. **More than 6,000 veterans could benefit from this initiative over three years.**

Collaboration with others The missing (Federal) links to help homeless veterans.

- 1. HVRP - the Homeless Veterans Reintegration Program** (administered and funded by DOL VETS) provides small grants to community based non-profit organizations who work directly with homeless veterans. Currently this program receives \$2.5 million and has 22 operating sites. If funding is provided in the amount of \$12.5 million, (an increase of \$10.0 million) we believe one or more projects could be awarded in 3/4's (37) of the states. (Up to 100 grantees could be funded - **up to 45,000 veterans could be served with up to 30,000 placed back on to employment rolls over the three year period.**

2. **Veteran representation on HUD's local planning boards.** There is a strong need to have a veterans advocate at the local level since there is no existing mechanism to assist veterans at the national level to ensure that the needs of homeless veterans are addressed locally.
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TOTAL by YEAR	11	12	13

MEMORANDUM

TO: Tom Freedman, Mary Smith
FROM: David Hochschild
DATE: August 6, 1998
RE: What can be done for homeless veterans

Most Americans would agree that the nation owes a special debt to homeless veterans. But one reason that more has not been done may be that this population is almost completely out of the public eye. Most Americans have no idea that there are 250,000 homeless veterans, one third of all homeless people in the country. Surprisingly few articles have been written about the predicament of homeless vets and what can be done to help them. So the administration needs to insure that any future actions will both help the veterans in a substantive way while keeping the national spotlight focused on the issue. Some options:

- **Create an Assistant Secretary for Homeless Veterans Affairs at the VA.** The position would be along the lines of the one now being proposed for Native Americans at HHS. The population is certainly large enough and the problem severe enough to warrant this.
- **Create a bi-partisan blue ribbon commission to study the issue.** Give them a six month mandate to produce an up-to-date approximation of the homeless veterans population, uncover and examine the nation's most successful programs dealing with homeless vets, and make recommendations as to how the government can better coordinate and target its efforts.
- **Have the President discuss the problem in the State of the Union.** The President could acknowledge the work that has been done so far to help homeless veterans and outline the job ahead. There is an article in American Legion magazine profiling a Vietnam vet who, with the help of the VA, turned his life around from being a homeless alcoholic to being healthy and employed - perhaps the kind of person who might be acknowledged during the speech.

The idea of a national summit on homeless veterans would be a good one except that it was just done last year when the VA convened the National Summit on Homelessness Among Veterans. To no one's surprise, the top priority areas were found to be jobs, preventing homelessness, housing, substance abuse and mental health treatment.

Important information about the homeless veteran population:

- The VA puts the total number at 250,000 although up to 500,000 may become homeless for a period at some point during the course of the year
- 98% are male
- Racial composition: 51% white, 37% black, 6% hispanic
- 45% suffer from mental illness

- 73% are dependent on alcohol or drugs
- 85% have either a substance abuse or a psychiatric problem
- 50% are Vietnam vets (the number of homeless Vietnam vets is greater than the number of servicemen who died during that war)
- 75% served in the military for two years or more.

Honorable Discharges

When we met with Marsha Martin (Special Assistant to the HHS Secretary) in June, she mentioned that one potential problem in dealing with homeless veterans was that most of them received a less than honorable discharge making them ineligible for certain VA benefits. However, the only study that I found regarding the discharge status of homeless veterans shows that this is not the case. A study of 1200 homeless veterans in 1997 by the International Union of Gospel Missions found that 71% reported receiving an honorable discharge, 17% received a general discharge, 7% received a medical discharge and only 5% received a dishonorable discharge. So it does not present a problem for the VA to continue to be the primary service provider for homeless vets.

McKinney Act

Homeless veterans are eligible for all the benefits that other homeless people are. Most of these programs are funded through the McKinney Act. The GAO reports that for fiscal years 1987 to 1993, Congress appropriated \$4.2 billion for McKinney Act programs, allocating these funds primarily for emergency food and shelter programs and longer term housing programs. The GAO estimates that 27% of the funds have been allocated to other, mostly demonstration and research, programs dealing with physical and mental health care, education and job training.

McKinney Funds are administered through five federal departments and one agency (Labor, Education, HHS, VA, HUD and FEMA). The McKinney Act established the Interagency Council on the Homeless to oversee programs and coordinate the funds and services. The Council consisted of the heads of all 12 Cabinet departments and various other federal agencies and maintained its own administrative staff. No funds were appropriated for the Council in fiscal year 1994, after which time the administration transferred its responsibilities to a working group on homelessness within the DPC.

An overview of homeless services funded by the McKinney Act:

Service Provided	Department or Agency
Emergency Community Services Homeless Grant Program (EHP)	HHS
Emergency Food and Shelter Program (EFSP)	FEMA
Emergency Shelter Grants	HUD
Rural Homeless Housing Assistance (RHHA)	HUD
Safe Havens	HUD
Section 8 Moderate Rehabilitation Program for Single Room Occupancy Dwellings for Homeless Individuals (SRO)	HUD
Shelter Plus Care (S+C)	HUD
Supportive Housing Program (SHP)	HUD
Research Demonstration Projects for Alcohol and Drug Abuse Treatment of Homeless Persons (ADAT)	HHS
Community Mental Health Services Demonstration Projects for Homeless Individuals Who are Chronically Mentally Ill (CMHS)	HHS
Domicillary Care for Homeless Veterans (DCHV)	VA
Health Care for the Homeless (HCH)	HHS
Health Care for the Homeless Children Demonstration Program (HCHCDP)	HHS
Health Care for Homeless Veterans (HCHV)	VA
Homeless Families Support Services (HFSS)	HHS
Projects for Assistance in Transition from Homelessness (PATH)	HHS
Homeless Veterans Reintegration Projects (HVRP)	Labor
Job Training for the Homeless (JTH)	Labor
Adult Education for the Homeless (AEH)	Education
Education for Homeless Children and Youth (EHCY)	Education



The National Alliance to End Homelessness
1518 K Street, NW, Suite 206, Washington, DC 20005
phone: 202-638-1526; fax: 202-638-4664; naeh@naeh.org

FAX COVER SHEET

To: Thomas L. Freedman

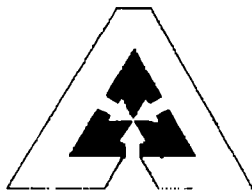
Fax number: 456-7431

From: Nan P. Roman

Number of pages (including cover): 2

Remarks:

Please see attached.

**THE NATIONAL ALLIANCE TO END HOMELESSNESS, INC.**

December 16, 1998

Thomas L. Freedman
Special Assistant to the President and
Senior Director for Policy Planning
Domestic Policy Council
1600 Pennsylvania Ave. NW
Washington, DC 20500

Nan P. Roman
Vice President for
Policy and Programs

Nan
Dear Mr. Freedman:

As you may know, the Welfare to Work Grant Program, an important initiative of the current Administration, is scheduled to expire at the end of this fiscal year. We seek your help in an important opportunity to make this program more responsive to the needs of homeless people.

The Department of Labor, in the proposal for reauthorization that was part of its FY 2000 budget request, suggested changes to make the program more effective. One was to recognize homelessness as a barrier to employment, thus including homeless people as part of the preferred target group for the program. This change would make the program far more useful than it is now for homeless people.

Unfortunately, we are informed that the initial response to this proposal by Domestic Policy staff was negative. It was argued that existing programs for homeless people are sufficient. Since there are no existing programs focusing on the employment needs of homeless people, this response apparently assumes that HUD should continue funding any homeless-oriented employment programs.

We understand that this matter has not reached a final decision. We hope that you can intervene to ensure that the ongoing problem of HUD's funding of non-housing services can be fully aired. Please let me know if you want to discuss this matter further.

Sincerely yours,

Nan P. Roman
Vice President for Policy and Programs

*Tan - here's an opportunity
to get some homeless service
dollars from DOT so HUD can
do housing.
Can you help?
Nan*

Conference Background

NCHV's Third Annual Conference and Membership Meeting on *Shaping America's Agenda for Homeless Veterans* gives community-based homeless veterans service providers the opportunity to learn from national leaders and each other of current events impacting homeless veterans programs.

They will share program ideas, work on potential solution strategies, and help shape the homeless veterans' public policy agenda.

Registration Information

Hotel: Radisson Barcelo Hotel Rates \$120.00 Single
2121 P St., NW, Washington, DC 200 \$120.00 Double
202.293-3100 Fax: 202.331-9719 + 13% tax
+ \$1.50

Each person is responsible for making their own reservations directly with the Hotel. **Deadline: February 7, 1999.**

NCHV Conference and Annual Meeting

Registration:

Registration includes 2 lunches, breaks and 2 receptions.

\$150.00 for members/\$200.00 for non-members.

10% discount for each additional registrant from same organization (\$135/\$180)

Registration Deadline: February 7, 1999

Name/s: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Please send check and Conference Registration form to:

NCHV 1999 Conference

333 1/2 Pennsylvania Ave., SE, Washington, DC 20003

Questions? Telephone 1-800-VET-HELP E-mail: nchv@nchv.org

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Thomas L. Freedman
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

National Coalition for Homeless Veterans
333 1/2 Pennsylvania Ave. SE
Washington, DC 20003
202.546-1969 Fax: 202.546-2063
<http://www.nchv.org> e-mail: nchv@nchv.org

National Coalition for Homeless Veterans 1999 Annual Conference and Membership Meeting

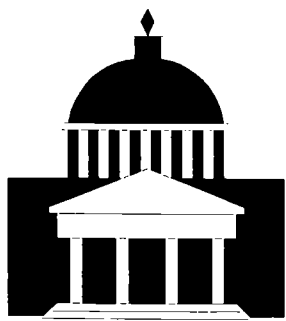
SHAPING AMERICA'S AGENDA FOR HOMELESS VETERANS



March 10-12, 1999

Radisson Barcelo Hotel
2121 P St. NW
Washington, DC
202.293-3100

Linda Boone, Executive Director
National Coalition for Homeless Veterans
333 1/2 Pennsylvania Ave. SE
Washington, DC 20003
202.546-1969 Fax: 202.546-2063



Wednesday, March 10, 1999

- 7:30 a.m.-4 p.m. Registration**
- 9:00-9:30 a.m. Welcome--Tim Cantwell, President, NCHV**
- 9:30 a.m.-noon Building a Multi-Organization Service System to Serve Homeless Veterans**
- Smith Jenkins, Jr., Director, VISN 22, Department of Veterans Affairs, Southern California
 - Jerry Miller, Assistant City Manager, Long Beach, CA.
 - Angela Coron, Manager, Bureau of Social Services, Long Beach, CA.
 - Jeffery N. Wilkins, M.D., Medical Director, West Los Angeles VA Medical Center
- 12:00n-1:30 p.m. Lunch**
- Keynote: Al Batraes, Ph.D., MSSW, Chief, Readjustment Counseling Service, Department of Veterans Affairs
- 2:00-3:00 p.m. Legislative Issues for 106th Congress**
- Preparation for Hill Visits
- 3:30-4:45 p.m. Annual Membership Meeting**
- 5:00-7:00 p.m. Reception and Exhibits**

Thursday, March 11, 1999

- 7:30 a.m.-4 p.m. Registration**
- 9:00-10:15 a.m. Employment Issues**
- Al Borrego, Ph.D., Assistant Secretary, Veterans' Employment and Training Services, Department of Labor
 - Cliff Toulson, Assistant Administrator, Office of Veterans Affairs, Small Business Administration
 - W. Kenneth Yancey, Jr., Executive Director, SCORE Association
- 10:30 a.m.-12:00n Housing--New Models**
- Frank Falkowski, Western New York Veterans Housing Coalition, Buffalo, NY
 - Ralph Cooper, Veterans Benefits Clearing House, Roxbury, MA
 - Tom Lyons, New England Shelter for Homeless Veterans, Boston, MA
 - Carlos Martinez, American GI Forum, San Antonio, TX
 - David Stacey, Albany Housing Coalition, Albany, NY
 - Tim Cantwell, Westside Residence Hall, Inglewood, CA
- 12:00n-5:00 p.m. Hill Visits**
- Individually or in teams
 - Round Tables with Legislators and Committee Staff
- 5:00-7:00 p.m. Capitol Hill Reception Meet with Legislators, Staff**
- Awards**
- Honor Congress Members and Staff who have worked to pass legislation favorable to homeless veterans.

Friday, March 12, 1999

- 7:30 a.m.-noon Registration**
- 8:30-9:00 a.m. DVA Homeless**
- Peter H. Dougherty, Coordinator, Homeless Programs, Department of Veterans Affairs
- 9:00-9:45 a.m. Minority Veterans**
- Lt. Col. Willie L. Hensley, Director, Center for Minority Veterans, Department of Veterans Affairs
 - Thomas H. Wynn, Center for Veterans Issues, Ltd., Milwaukee, WI
- 10:00-10:45 a.m. Women Veterans**
- Joan A. Furey, Director, Center for Women Veterans, Department of Veterans Affairs
 - Linda Spoonster Schwartz, Chair, Advisory Committee on Women Veterans, DVA
 - Tara O'Connell, Director, Central Massachusetts Shelter for Homeless Veterans
- 11:00-11:45 a.m. Incarcerated Veterans**
- John Chreno, Administrator, Corrections Programs, Federal Bureau of Prisons
 - Wayne Miller, Chair, Veterans Incarcerated Committee, Vietnam Veterans of America
 - Donald Little, Office of Guidance and Counseling, New York State Department of Correction Services
- 12:00n-1:30 p.m. Awards Lunch**
- Honor individuals and organizations that have exhibited extraordinary support on the part of homeless veterans.
 - Keynote: Anthony Principi, Chair, Veterans Transition Commission

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Homeless
vets

Facsimile Cover Sheet

**Department of Veterans Affairs
Coordinator
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 (2) pages.

Comments: Here is a more detailed
description of what we would
do with new funding -
- added clarification under
our Grants + Per Diem Program.

Current estimates indicate that, on any given night, there are over 700,000 homeless individuals living on the streets or in emergency shelters in the United States. Approximately 250,000 homeless adults are veterans.

The Department of Veterans Affairs (VA) is the only federal agency that provides direct care to our nation's homeless population: specifically to homeless veterans. The Under Secretary for Health has declared treatment and support services for homeless veterans to be the Veterans Health Administration's (VHA) Fifth Mission.

For more than a decade, VHA has developed, refined, monitored, and evaluated a national network of programs that offers a full continuum of care for homeless veterans. This includes: 1) outreach; 2) referral to medical and mental health treatment; 3) case management; 4) residential care in community-based programs supported through grants, per diem payments and contracts; 5) assistance with income support; and 6) assistance with permanent housing.

No single agency or organization can meet the complex needs of homeless veterans. VA expanded the range of services available to homeless veterans through alliances with other federal agencies, Veterans Service Organizations, state and local governments and non-profit organizations. VA's most successful efforts involve partnerships with other service providers.

The \$50 million identified for homeless veterans programs will allow VA to spend \$39 million to extend its successful initiatives to all VA medical centers and to additional communities throughout the nation. This funding increase will provide the following:

- **Expand VA's Homeless Providers Grant and Per Diem Program:** This programs allows VA to provide funds to non-VA organizations (non-profits and state and local governments) to develop community-based supportive housing and service centers for homeless veterans. Once projects are completed, VA can provide per diem payments to help offset operational expenses. VA expects to spend \$11 million additional dollars in FY 2000 for the Grant and Per Diem Program. Approximately \$7 million will be targeted for the grant component of the program and will allow for the creation of 700 new community-based beds. Also, for the first time, VA will be able to offer \$4 million for per diem payments to qualified organizations that have not received grants. With the FY 2000 grant awards, it is expected that over 4,700 community-based beds will have been supported for activation through the Grant and Per Diem Program from 1994-2000. It is also anticipated that 2,000 of the beds funded by grants will be operational in FY 2000.
- **Expand Outreach and Community-Based Contract Residential Care:** An additional \$19 million will allow all VA medical centers to provide outreach, case management and contract residential care to homeless veterans throughout the nation. It is expected that new staff specializing in homeless veterans services will treat an additional 12,000 homeless veterans in FY2000 and approximately 4,000 of these homeless veterans will be placed in contract, community-based residential treatment.
- **Homeless Women Veterans Programs:** VA expects to spend approximately \$2.4 million to support 10 new special outreach, case management and community-based residential care programs for homeless women veterans. Homeless women veterans are often difficult to find, do not realize that they are eligible for VA treatment, are reluctant to seek VA care, and are faced with additional issues such as child care. This new initiative will focus on outreach to homeless women

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veterans, provide contract residential care for them in community-based programs and, through case management and collaboration with other service providers, assist them with needed support services. These 10 new programs are expected to serve over 1,500 homeless women veterans in FY2000.

- **Compensated Work Therapy Programs:** VA expects to spend \$2.3 million to establish 10 new Compensated Work Therapy Programs to serve homeless veterans. Through supported employment, these therapeutic work programs will provide homeless veterans with new skills and work habits needed to, once again, become successfully employed. It is expected that these new CWT programs will be able to provide therapeutic work opportunities for over 5,000 homeless veterans in FY 2000.
- **Stand Down 2000:** At sites across the country there are special events called stand downs, that bring homeless veterans together with community-based service providers, state and local government agencies, and VA health care and benefits staff. Homeless veterans and their families receive help with housing, health care, employment, legal issues, and other barriers that prevent them from reintegrating into the social mainstream. VA will use \$1.5 million to support the continuation and expansion of these one-stop service delivery programs. These events will ensure that veterans have a safe place to begin treatment as we enter the new millennium. Approximately 100,000 veterans are expected to attend 200 Millennium Stand Downs.
- **Excess equipment and clothing:** VA, with GSA and DoD assistance, has developed a national program that provides excess clothing, blankets and other personal property to homeless veterans. This "Hammer Award" program has distributed more than \$35 million in excess property to homeless veterans during the past four years. This new initiative will add donated civilian clothing (more appropriate for veterans attempting to return to work), furniture and equipment to assist 20,000-40,000 homeless veterans each year. VA expects to spend \$500,000 for this initiative in FY 2000.
- **Program monitoring and evaluation:** VA's homeless programs have participated in VA's Northeast Program Evaluation Center's (NEPEC's) comprehensive monitoring and evaluation procedures since 1987. All new programs and sites will be evaluated using the same procedures to ensure a quality review that will be both understandable and comparable to existing programs. This national evaluation ensures that care for homeless veterans is of the highest quality. VA will use approximately \$550,000 to augment current monitoring and evaluation efforts
- **Multi-Family Transitional Housing :** This new program, authorized under PL 105-368 will begin implementation in FY'2000. Program calls for up to 15 loans in five years. Congressional sponsors have said that they expect this program will create up to 5,000 units of housing for homeless veterans.

VA expects to spend a total of \$31 million in FY 2000 for the Grant and Per Diem Program. Approximately \$7 million will be targeted for the grant component of the program and will allow for the creation of 700 new community-based beds. The remaining \$24 million will provide support for 4381 community-based beds for homeless veterans through per diem payments. In FY 2000 the grant and per diem program will provide residential support services for 20,000 homeless veterans.

Approximately 250,000 homeless adults are veterans. My budget proposal will allow VA to extend its successful homeless programs to every VA medical center and to work with hundreds of community-based service providers throughout the nation. We will provide more than 25,000 homeless veterans with high quality residential treatment programs and be able to reach out to more than 100,000 each year.

Homeless
vets

Mary Smith
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- **Homeless Women Veterans Programs:** VA expects to spend approximately \$2.4 million to support 10 new special outreach, case management and community-based residential care programs for homeless women veterans. Homeless women veterans are often difficult to find, do not realize that they are eligible for VA treatment, are reluctant to seek VA care, and are faced with additional issues such as child care. This new initiative will focus on outreach to homeless women veterans, provide contract residential care for them in community-based programs and, through case management and collaboration with other service providers, assist them with needed support services. These 10 new programs are expected to serve over 1,500 homeless women veterans in FY2000.
- **Compensated Work Therapy Programs:** VA expects to spend \$2.3 million to establish 10 new Compensated Work Therapy Programs to serve homeless veterans. Through supported employment, these therapeutic work programs will provide homeless veterans with new skills and work habits needed to, once again, become successfully employed. It is expected that these new CWT programs will be able to provide therapeutic work opportunities for over 5,000 homeless veterans in FY 2000.
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- **Program monitoring and evaluation:** VA's homeless programs have participated in VA's Northeast Program Evaluation Center's (NEPEC's) comprehensive monitoring and evaluation procedures since 1987. All new programs and sites will be evaluated using the same procedures to ensure a quality review that will be both understandable and comparable to existing programs. This national evaluation ensures that care for homeless veterans is of the highest quality. VA will use approximately \$550,000 to augment current monitoring and evaluation efforts.

Current estimates indicate that, on any given night, there are over 700,000 homeless individuals living on the streets or in emergency shelters in the United States. Approximately 250,000 homeless adults are veterans.

The Department of Veterans Affairs (VA) is the only federal agency that provides direct care to our nation's homeless population; specifically to homeless veterans. The Under Secretary for Health has declared treatment and support services for homeless veterans to be the Veterans Health Administration's (VHA) Fifth Mission.

For more than a decade, VHA has developed, refined, monitored, and evaluated a national network of programs that offers a full continuum of care for homeless veterans. This includes: 1) outreach; 2) referral to medical and mental health treatment; 3) case management; 4) residential care in community-based programs supported through grants, per diem payments and contracts; 5) assistance with income support; and 6) assistance with permanent housing.

No single agency or organization can meet the complex needs of homeless veterans. VA expanded the range of services available to homeless veterans through alliances with other federal agencies, Veterans Service Organizations, state and local governments and non-profit organizations. VA's most successful efforts involve partnerships with other service providers.

The \$39 million identified for homeless veterans programs will allow VA to extend its successful initiatives to all VA medical centers and to additional communities throughout the nation. This funding increase will provide the following:

- **Expand VA's Homeless Providers Grant and Per Diem Program:** This program allows VA to provide funds to non-VA organizations (non-profits and state and local governments) to develop community-based supportive housing and service centers for homeless veterans. Once projects are completed, VA can provide per diem payments to help offset operational expenses. VA expects to spend \$11 million additional dollars in FY 2000 for the Grant and Per Diem Program. Approximately \$7 million will be targeted for the grant component of the program and will allow for the creation of 700 new community-based beds. Also, for the first time, VA will be able to offer \$4 million for per diem payments to qualified organizations that have not received grants. With the FY 2000 grant awards, it is expected that over 4,700 community-based beds will have been supported for activation through the Grant and Per Diem Program from 1994-2000. It is also anticipated that 2,000 of the beds funded by grants will be operational in FY 2000.
- **Expand Outreach and Community-Based Contract Residential Care:** An additional \$19 million will allow all VA medical centers to provide outreach, case management and contract residential care to homeless veterans throughout the nation. It is expected that new staff specializing in homeless veterans services will treat an additional 12,000 homeless veterans in FY2000 and approximately 4,000 of these homeless veterans will be placed in contract, community-based residential treatment.