

Recent Efforts to Address Homelessness

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The past decade was characterized both by an increased awareness of the problem of homelessness and by new responses on the part of advocates, service providers and governments. As homelessness became a highly visible problem in many cities and towns early in the 1980s, churches, synagogues, and other local nonprofit organizations initially led the way in the development of an emergency system to address unmet needs. Despite these pioneering efforts at the local level, it soon became apparent that those efforts would be inadequate to address the steadily growing demands, for shelter and emergency services.

In 1983, emergency funds were made available through the Emergency Food and Shelter (EFS) Program of the Federal Emergency Management Agency (FEMA) to augment these local efforts. By the mid-1980s, however, it was clear that short-term relief alone would not suffice. With the addition of more funds from the Federal government through the Emergency Shelter Grants Program at HUD, Emergency Assistance funds from HHS, and ultimately a broader array of targeted programs delivered by leaders in Congress through the Stewart B. McKinney Homeless Assistance Act, homelessness assistance grew from a patchwork quilt of local relief efforts to include a significant commitment of Federal resources.

1. Local Initiatives

"The McKinney Act provides primarily emergency relief, addressing the immediate survival needs of homeless persons; it does not provide, and was not intended to provide, long-term solutions to homelessness; and unless comprehensive long-term relief is quickly provided, the homeless population will continue to grow."

Beyond McKinney, Maria Foscarinis

National Law Center on Homelessness and Poverty

The 1980's were remarkable for the tenacity, ingenuity, and sheer willpower of grassroots organizations nationwide to stem the tide of homelessness. These groups and the homeless people involved deserve principal credit for increasing public sensitivity and awareness of homelessness. The number of shelters serving homeless individuals and families increased from an estimated 1,900 in 1984 with a bed capacity of 100,000 to 5,400 shelters in 1988 with total bed capacity of 275,000. In 1990 the Census Bureau identified over 6,664 emergency shelters, 1,009 shelters for abused women and 788 shelters for runaway or neglected children. Similar increases were reported in the emergency food network: soup kitchens, food pantries, food banks and commodity distribution sites.

Because independent not-for-profits and the faith community took the lead in the provision of emergency services, mechanisms for coordination were initially in "emergency mode" and thus, community partnerships and integrated planning were not well developed. Coalitions of service providers came together essentially to discuss advocacy efforts, not coordinated program development or funding at the local level. Providers began to recognize the need for such coordination and strategic community planning; they simply could no longer do it alone. While community partnerships were encouraged by some programs, such as FEMA's EFS⁶ program without broader community-wide efforts, as well as real access to additional resources, such long-term planning was difficult for the not-for-profit providers and local government members to achieve on their own.

By the end of the decade, nearly everyone agreed that lasting solutions to homelessness lay not in expanding the supply of emergency shelters, but in long-term programs and social structures that work to reduce poverty.

⁶ EFS Local Boards are required to have local government officials serve on Local Boards along with private not-for-profits.

2. State Efforts

Although a number of States developed and administered programs specifically targeted to meet the needs of homeless people (especially families), most States relied on funding from mainstream programs to address the problem. A number of States developed homelessness prevention programs which included funds to prevent evictions or foreclosures, and to meet other expenses that would otherwise threaten housing security. Some States focused on coordination and integration of homelessness-related programs and established State-level interagency councils to ensure effective and integrated service delivery. But without new resources, most had no alternative but to rely heavily on such charitable organizations as churches, synagogues, missions, and a host of non-for-profit groups, for assistance.

State funding increased from 1987 to 1991, and a few States made large contributions to local efforts. But funding within most States for homeless-targeted assistance remains quite modest. In 1991, 27 States reported that each had appropriations of less than \$5 million each specifically targeted to assist homeless people for the entire State.

3. The Evolution of the Federal Role

The first direct aid for crisis homelessness from the government was created in 1983 in response to problems caused by high unemployment due to the recession of the early 1980's. Administered by the Federal Emergency Management Agency, \$100 million was appropriated for the Emergency Food and Shelter Program (EFS). The EFS program is a unique, public-private partnership. It combines Federal resources with national and local not-for-profit organizations. From 1984 to 1987, an additional \$325 million was appropriated for the same purpose. In 1983, the United States Department of Agriculture's Temporary Emergency Food Assistance Program (TEFAP) was first funded. Other assistance for crisis homelessness in the early 1980's came from the HHS Emergency Assistance Program and the HUD Community Development Block Grant Program. Although such programs were not specifically directed toward relief of homelessness, emergency services and shelters were eligible activities.

It was not until the historic passage of the Stewart B. McKinney Homeless Assistance Act in 1987 that Congress and the Federal Government formally assumed a role in addressing homelessness. The McKinney Act represents the successful persistence, despite a reluctant Administration, of both dedicated members of Congress including, but not limited to, Congressmen Henry Gonzalez, Bruce Vento, Stewart B. McKinney, and Senators Alan Cranston and Edward Kennedy, and of homeless and housing advocates and advocacy organizations, to provide policy direction and direct resources to respond to the needs of those most desperate in society. Since that time, and as more was learned about the root causes of homelessness, additional McKinney programs have been created, and McKinney funding for targeted homeless

assistance has increased dramatically, from \$490 million in FY 1987 to nearly \$1.2 billion in FY 1994.

Combined, the more than twenty McKinney Act grant assistance programs can fund activities which provide homeless men, women, and children with emergency food and shelter, surplus goods and property, transitional housing, some supportive housing, primary health care services, mental health care, alcohol and drug abuse treatment, education, and job training. These various McKinney grant programs and authorities are administered by five different departments -- HUD, Health and Human Services, Veterans Affairs, Labor, and Education -- and one agency, FEMA. HUD currently administers nearly 70 percent of the McKinney Act funds.

Most McKinney grant programs provide funds through competitive and formula grants for a variety of research and demonstration projects as well as basic support for ongoing emergency and transitional assistance. However, the McKinney Act does provide some variation on distribution of assistance. For example, FEMA's assistance is available only through local boards which administer their funds. In VA's McKinney Act programs, VA personnel provides hands-on outreach and rehabilitation to homeless veterans.

In addition to the McKinney Act funding programs, assistance to homeless individuals and families is available through numerous non-McKinney programs and the McKinney Title V Surplus Property Program. Nearly a dozen of these programs are specifically targeted to homeless persons. In addition, there are programs that while not specifically targeted to address the needs of homeless people, can be used in developing comprehensive assistance programs which serve homeless people. For example, the Farmer's Home Administration which operates mainstream housing programs that provide vital homelessness prevention assistance to rural areas.⁷ Other Federal programs, such as Title I of the Elementary and Secondary Education Act, include provisions to facilitate the delivery of educational services to homeless children. The Administration's proposal for the reauthorization of Title I in fiscal year 1995, currently being considered by Congress, would provide \$7 billion in education and support services for disadvantaged children, many of whom are homeless or at-risk for becoming homeless. The Administration's reauthorization proposal includes specific language stating that activities funded from Title I must also serve homeless children. The decisions on how to spend the non-targeted funds are often the responsibility of the recipient States and localities. Individual service providers must apply directly to the appropriate State or local government agency, not the Federal government, for the funds.

The following two charts list the McKinney programs and summarize their recent funding history.

⁷FmHA programs provide both single and multi-family housing for low-and very low-income households and, through an agreement with the Federal Emergency Management Agency, makes available single family inventory property to shelter residents in major disaster areas. Under the Clinton Administration, FmHA has also begun to lease single-family properties to not-for-profit and public bodies for transitional housing for homeless individuals and families.

MCKINNEY ACT PROGRAMS

HOUSING AND URBAN DEVELOPMENT:

Supportive Housing Program
Innovative Homeless Initiatives
Shelter Plus Care Program
Section 8 Mod-Rehab for Single-Room Occupancy
Emergency Shelter Grants Program
Rural Homelessness Assistance/ Safe Havens

HEALTH AND HUMAN SERVICES:

Health Care for the Homeless Program
Projects for Assistance in Transition from Homelessness
Substance Abuse/Mental Illness Demonstration
Family Support Centers Program
Emergency Community Services Homeless Grant Program

FEDERAL EMERGENCY MANAGEMENT AGENCY:

Emergency Food and Shelter Program

LABOR:

Job Training for the Homeless Demonstration Program
Homeless Veterans Reintegration Projects

EDUCATION:

Education for Homeless Children and Youth Grant Program
Adult Education for the Homeless Program

VETERANS AFFAIRS:

Health Care for Homeless Veterans Programs
Domiciliary Care for Homeless Veterans Program

GSA, HHS, HUD, DOD:

Title V Surplus Property Program

TARGETED HOMELESS ASSISTANCE PROGRAMS¹

(Budget Authority in Millions of Dollars)

	FY 1993	Pres. Bud.	FY 1994 Enacted	FY 1995 Pres. Bud.
McKinney Act Programs				
HUD:				
Supportive Housing	150.0	320.0	334.0	
Shelter Plus Care	266.6	273.7	123.7	
Section 8 SRO	105.0	107.8	150.0	
Emergency Shelter Grants	50.0	51.4	115.0	
Supplemental Assistance (SAFAH)				
Innovative Homeless Initiatives		200.0	100.0	
Homeless Assistance Grants:				1120.0
Emergency Food and Shelters				130.0
Subtotal HUD	571.6	952.9	822.7	1250.0
HHS:				
Health Care for the Homeless	58.0	58.0	63.0	63.0
PATH	29.5	29.5	29.5	29.5
Substance Abuse/Mental Illness Demos	21.4	21.4	21.4	
Family Support Centers	6.9	6.9	7.4	7.4
Emergency Community Services	19.8	19.8	19.0	
Subtotal HHS	135.6	135.6	140.3	99.9
FEMA:				
Emergency Food and Shelters	129.0	123.0	130.0	
Labor:				
Job Training	12.5	12.5	12.5	5.1
Veterans Reintegration Project (non-add)	(5.1)	(5.1)	(5.1)	(5.1)
Education:				
Homeless Children Education Grants	24.8	25.5	25.5	30.0
Adult Literacy	9.6	10.0	9.6	9.6
Subtotal Education	34.4	35.5	35.1	39.6
Veterans Affairs:				
HoHomeless Chronically Mentally Ill Veterans	22.2	28.3	28.8	28.8
Domiciliary Care for Homeless Veterans	22.3	23.4	27.6	27.6
Subtotal VA	44.5	51.7	56.4	56.4
Interagency Council on the Homeless	0.9	0.9	0.0	0.0
Subtotal McKinney Act Programs	928.5	1312.1	1197.0	1451.0
Non-McKinney Act Programs				
HUD: HUD-VA Supported Housing ⁹	19.1			
HUD: Sec. 8 Voucher Setaside ¹⁰				
HUD: New Sec. 8 Voucher Setaside ¹¹				514.2
HHS: Consolidated Mental Health Demos				45.8
HHS: Community Support	24.4	24.4	24.4	
HHS: Runaway & Homeless Youth ¹²	35.1	35.1	36.1	68.6
HHS: Runaway Youth (Drugs)	14.6	14.6	14.5	
HHS: Run. Youth/Transitional Living	11.8	11.8	12.2	
HHS: NIH Research on Homeless	12.9	12.8	13.7	14.3
USDA/F&CS: Soup Kitchens	32.0	32.0	40.0	50.0
VA: Comp. Work Therapy/TR	0.4	0.4	0.4	0.4
VA: HUD-VA Support Housing ⁹	2.0	2.1	2.1	2.1
VA: Comprehensive Services			8.0	8.0
Subtotal Non-McKinney Act Programs	152.3	133.2	151.4	703.4
Targeted Homeless Total	1080.8	1445.3	1348.4	2154.44

- 1 Table includes budget authority specifically to homeless persons. It does not include an estimate of the portion of mainstream Federal assistance provided to the homeless (e.g., through programs like Food Stamps or AFDC) or the value of surplus Federal equipment, food, and real property provided to homeless individuals and families.
- 2 FY 95 President's budget proposes a reorganization of the HUD McKinney programs under a single account.
- 3 FY 95 President's budget proposes a new "Consolidated Mental Health Demos" account (non-McKinney). The new account would include funds previously provided under the Substance Abuse/Mental Illness Demo and the Community Support program. Homeless demonstration projects would be continued as a high priority.
- 4 Included as a consolidated request for Family Support Discretionary Activities.
- 5 FY 95 President's budget proposes consolidating this program into Community Service Block Grant in FY 95. States would be required to make a plan for and give priority to the most vulnerable populations, including homeless people.
- 6 FY 95 President's budget proposes administration of this program within HUD, instead FEMA. The Program would be funded under the "Homeless Assistance Grants" account.
- 7 FY 95 President's budget requests resources for the Veterans Reintegration Project within the job training demo program. In addition, the mainstream JTPA program has been modified to focus more on disadvantaged groups, including the homeless population.
- 8 FY 94 VA/HUD appropriations bill provided no separate appropriation for the Council. FY 94 Council activities will be staffed and funded with HUD, and the Council will continue as a working group of the Domestic Policy Council.
- 9 HUD funding level represents estimated cost of 750 Section 8 rental vouchers set aside by HUD for the Department of Veterans Affairs to use in providing supported housing to homeless veterans with mental illness or substance abuse problems. VA funding level provides clinical support and case management in the permanent housing.
- 10 Funding is from Section 8 vouchers set aside in 1992 for homeless persons with disabilities. The vouchers are to be used to provide rental assistance to 4,750 disabled homeless households annually for five years.
- 11 Funding is from Section 8 rental vouchers to be set aside in FY 1995-99 for homeless persons. The vouchers are to be used to provide rental assistance to 15,000 homeless households annually for five years.
- 12 FY 95 President's budget proposes consolidating the three runaway and homeless youth programs into a single authority.

4. Evaluation of the McKinney Programs

"The challenge ahead of us is putting all the pieces together to create a comprehensive system of housing, services and care."

Andrew Cuomo, Assistant Secretary, HUD

The Stewart B. McKinney Homeless Assistance Act of 1987 has been the major Federal vehicle specifically targeted to help homeless individuals and families. The McKinney Act programs have provided assistance in the following areas: emergency food and shelter, transitional and permanent housing, primary health care services, mental health, alcohol and drug abuse treatment, education and job training. These programs have heretofore provided the foundation for all Federal assistance, and were structured to begin to build a partnership with States, localities and not-for-profit organizations.

The majority of funding has been directed toward housing, often with supportive services, followed by food and nutrition assistance and emergency shelter aid. Funds were also available for health care, mental health and supportive services for homeless individuals and families, often through demonstration projects. In the area of housing assistance, HUD, in cooperation with HHS and VA, has successfully developed supportive housing programs with local governments and not-for-profit organizations. Through its research and services demonstrations, HHS has helped to expand knowledge of innovative approaches (e.g. outreach and case management services), in working with the most severely disabled among the homeless -- those with mental health and alcohol and other drug abuse problems. The Department of Veterans Affairs has successfully developed outreach, health and domiciliary care programs for homeless veterans which have increased our understanding of the unique needs of homeless veterans. In fiscal year 1994, over 84 percent of McKinney funds were distributed to and through these three agencies.

Similarly, we have learned from programs administered by the Departments of Education and Labor which are designed to meet the educational and training needs of homeless children and adults. Through the education programs, access to education has increased for homeless children, literacy instruction, basic and life skills remediation have become more readily available for homeless adults. Job training and outreach programs sponsored by the Department of Labor have helped to demonstrate a variety of successful entrepreneurial and traditional approaches to train, retrain and better prepare adults -- veterans and non-veterans alike -- for the workplace.

The McKinney programs were a very important first step because they provided urgently needed "assistance to protect and improve the lives and the safety of the homeless." Much has been learned, and the time has come to go beyond these initial efforts.

Many evaluations and audits of the individual and collective impact of various McKinney Act programs have been conducted by the General Accounting Office (GAO) and Federal agencies. The evaluations generally have been positive, suggesting that the McKinney and non-McKinney assistance programs have had a positive local impact. For example, a recent HHS Inspector General report indicated that local providers, who had benefitted from the available funding, felt that McKinney Act programs had contributed greatly to the expansion of local services for homeless people.

Nevertheless, providers have also voiced serious concern about the fragmented nature of the McKinney assistance programs. One of the leading recommendations from the HUD/ICH Interactive Forums was to consolidate homeless assistance grant programs in order to decrease regulations and paperwork on all levels, provide for increased flexibility and innovation and to reward coordination. While critical in establishing local emergency services networks, the programs have not supported the development of coordinated or long-term solutions to homelessness and could be better used to improve access by homeless people to mainstream programs that primarily serve to non-homeless individuals and families. To address the problem in-depth, providers also express that better access to "mainstream" programs to assist low-income people is needed, such as affordable housing and improved services for persons with severe and persistent mental illnesses and/or substance abuse disorders.

Similarly, VA's ongoing monitoring and evaluation of its specialized programs for homeless veterans found that the health care and transitional assistance the programs initially provided could not keep many homeless veterans from falling back into homelessness after leaving veterans' programs. VA determined that successful rehabilitation required new linkages with supplementary employment, income, and housing assistance.

5. Stocktaking: Unfinished Work

"It is clear that we, in the Government, must re-evaluate our response to homelessness. We must initiate and institute programs and policies aimed at prevention, while at the same time, reducing the number of homeless individuals and families."

Representative Lucien Blackwell (D-PA)

As the national homelessness relief effort enters its second decade, soup kitchens, outreach teams, and shelters remain its signature institutions. Few significant changes have occurred in the mainstream institutional apparatus; instead, a parallel system of services and targeted housing has been brought into existence. It is important to understand why this has happened.

In the 1980s homelessness took shape as a continuing "emergency." The short-term benefits of that designation were considerable. Public resources, even those in chronically short supply, were redirected to meet the needs of a newly "privileged" class. We rediscovered that

certain operational liabilities of government--in particular, the slow pace and cumbersome machinery of its bureaucracies--could be gotten around by relying upon community-based, not-for-profit providers as distribution vehicles. Some were established agencies; others were newly created in response to local scarcity. Flexibility and a quick response took precedence over the standard determination of competence and eligibility. In some places, even practices that had traditionally been part of the hard work of coping with poverty--"doubling up" were reinterpreted as deserving homeless assistance.

Emergency assistance measures may have proliferated but the ledger of unfinished work remains daunting:

1. Street Homelessness: Despite more than \$4.2 billion in homeless program appropriations between 1987 and 1993, the problem of homelessness persists. In many American cities and towns, large numbers of men and women still bed down in the streets each night; in some areas their makeshift dwellings have achieved a size and complexity not seen since the "Hoovervilles" of the 1930s (Balmori and Morton, 1993). Municipal coroners continue to log street deaths due to exposure. Street begging has proliferated, with some communities retaliating with a strong police presence and anti-panhandling laws. Park benches have been "homeless proofed"; public libraries have found ways to exclude homeless people from use of their facilities. Although the general public sometimes construes the actions of "street" homeless people as a threat, with rare exceptions, their concerns seem to relate more to a sense of decline in quality of life, rather than any actual danger posed.

2. The Role of Deinstitutionalization. The increase in homelessness among people with mental illnesses is often mistakenly attributed solely to deinstitutionalization. Although the bulk of deinstitutionalization occurred prior to 1980, most individuals currently homeless have experienced homelessness much more recently. A recent survey by the HHS Center for Mental Health Services indicates that the majority of homeless people with mental illness participating in this study had spent little time in state psychiatric hospitals and that the majority have been homeless for less than three years.

Deinstitutionalization was the result of a mental health policy that emphasized community-based care and living situations. It was accompanied by a diversion policy that continues today, which discouraged unduly restrictive admissions to State mental hospitals. However, adequate community-based mental health care and affordable housing are not available in many communities. As a result, individuals with mental illnesses are often at-risk of becoming homeless.

It is generally agreed that a return to institutional care in mental hospitals is not the solution to this disjuncture between the needs of persons with mental illnesses and the availability of community-based care. For example, Breakey et al., (1989) found that clinicians recommended psychiatric inpatient care for 17% of the homeless sample evaluated, but long-term

hospitalization for only 1% of the sample. In fact, the researchers concluded that "improving the accessibility and availability of community mental health services is more appropriate than advocating reinstitutionalization" (ibid).

Homeless persons with mental illnesses are a heterogenous population, with complex needs and varied services histories. Despite their unique situations and needs, they confront common difficulties in accessing the service delivery and housing systems. System fragmentation impedes access to treatment, entitlement programs, and other resources that could address their complex needs. The growing scarcity of affordable housing, particularly the loss of SROs, exacerbates the ability to successfully treat persons with mental illnesses in the community. Further, such persons are often the least able to compete for limited resources. Developing accessible integrated systems of care that link housing and services is critical to supporting these persons in their communities.

3. Substance Abuse: Available research and anecdotal information indicates a significant prevalence of both chronic alcohol and illicit drug use within this group. Treatment of homeless substance abusers, moreover, remains deficient, suffering from a serious shortage of treatment slots, treatment aftercare, or means to address the root causes of poverty. As a result, many treatment programs commonly discharge clients into circumstances that offer very limited opportunities for preventing relapse.

To effectively serve the poor and the homeless, treatment systems must greatly expand their capacities. The Administration's 1995 National Drug Controls Strategy proposes the creation of 140,000 new drug treatment slots for hard core drug users in FY 95, a portion of which would be available for homeless hard-core users. The proposed increases in FY 95 drug treatment, however, while a significant step forward, will not be able to meet the overall need for drug abuse treatment, including the need for treatment by the homeless. The situation can only be rectified by continuing to seek additional slots to cover the nation's estimated 2.5 million drug users that would benefit from treatment, by supporting programs that motivate users to enter treatment programs, and by continuing to improve the quality of treatment programs overall and by improved options once out of treatment.

4. Rural Homelessness: 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).

"Real rural development means getting more people here in Washington to understand the rural housing crisis. The evening news talk shows pictures of dilapidated tenements, packed city shelters, and people sleeping on heating grates. But their cameras don't focus on the 1.4 million substandard housing units in rural America -- the sheet-metal trailers with plastic wrap for windows and the overcrowded shacks with rotting floorboards."

USDA Secretary Mike Espy

5. Homeless Veterans: Roughly a third of the entire male adult homeless population are veterans, and as many as half of all homeless adult men have some kind of military service experience. Indeed, the number of homeless Vietnam veterans today is greater than the total number of military personnel that died in Vietnam. For the most part, veterans appear to become homeless for the same reasons non-veteran adults do. But combat-induced post-traumatic stress disorder is an additional risk factor among approximately ten percent of homeless veterans. The highest risk veterans are the members of the group of immediate post-Vietnam military service, whose higher incidence of homelessness seems to correlate with higher levels of mental illness and substance abuse among those entering military service at that time.

6. Precariously housed, at risk of homelessness: Recent research suggests that turnover rates in shelters may be much higher than previously understood. This strongly suggests that there exists a large reservoir of unmet needs--for example, the situation of 5.1 million American households who HUD estimates have "worst case" housing needs: renters whose incomes are below 50 percent of the area median and they pay more than 50 percent of their income on housing, live in severely substandard dwellings, or both. For that group to avoid homelessness in the future will mean considerably more attention to preventive measures--both formal and informal means of stabilizing otherwise precarious residential arrangements--than has been the case to date.

7. Prevention: 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 inmates in prisons and hospital patients are significantly less costly strategies than providing emergency food and shelter for homeless individuals and families.

8. A weary, restive public: Much talk about "compassion fatigue" aside, polls reveal a public that, while demoralized by the continuing spectacle of homelessness and bewildered by the apparent failure of efforts to relieve it, has yet to yield on the conviction that government could and should do more. Many would be willing to participate in the shared sacrifice needed to bring such efforts to fruition (Link, 1992). However, this is a public skeptical about

government's ability to address the situation successfully. The public's "compassion frustration" can only be addressed by demonstrable signs of achievement. At the same time, many view the homeless poor as victims of their own drug or alcohol use, and as undesirable liabilities in any neighborhood. The picture that emerges is a complex one: a public weary of wasted effort and funds, eager to see effective programs enacted, but unwilling to see their own homefronts despoiled by further experiments in half-measures and failures.

Not that anyone suggests that solutions will be easy to come by. Even among advocates for the homeless, a certain tentativeness may be detected. Few of them are keen to defend the right of anyone who wishes, no matter the soundness of that wish, to live on the street under circumstances that would have shamed a turn-of-the-century ragpicker. Our approach must help people help themselves in a relationship of mutual rights and responsibilities.

6. Summing Up: What We Know

"The Federal government must insure that when housing is provided to the homeless there is an accompanying array of supportive services. There needs to be a coordination of housing with job training, health care, child care, mental health care, substance abuse treatment, and other services necessary to assist homeless persons."

Congressman Henry Gonzalez (D-TX)

Thanks to the efforts of service providers, researchers, advocates--and most importantly, homeless people themselves--the government has learned a great deal about what works, for whom, and under what circumstances. What we know can be summarized as follows:

1. Outreach works, but it isn't easy. In the 1980s, quiet headway was made in engaging and rehousing homeless street people, even those at first considered "unreachable." Outreach is the initial and most critical step in engaging, connecting or reconnecting a homeless individual to needed health, mental health, social welfare, and housing services. The outreach process is often lengthy and the work arduous. (Outreach providers have reported that the length of time from initial contact to engagement can range from a few hours to as long as two years.) But given sufficient patience, consistency, and perseverance, almost anyone on the street can eventually be brought inside by skilled outreach workers, including formerly homeless people. The existence of safe havens is useful during the outreach process.

We have also learned what not to do. Among the factors that limit success of outreach are fixing a time limit on the outreach process, placing high demands on the homeless individual during the "engagement process", and inconsistency on the part of outreach workers. One additional problem is how to transfer the fund of trust painstakingly built up with homeless persons to often indifferent "mainstream" service providers.

2. Supportive housing works, but no one model will suffice. Equally impressive have been the achievements of supportive housing -- housing linked with supportive services. Rare at the outset of the decade, such projects and their good reputations are now well established. Especially noteworthy are the range of multiple dwellings that have proven successful, their ability to handle even traditionally "difficult" clientele (those suffering from both mental illness and substance abuse, for example), and their record of accomplishment even when located in "undesirable" neighborhoods (Center for Housing Studies 1994). There are numerous successful models across the nation mostly developed and operated by not-for-profit organizations. One Federal model is the HUD-VA Supported Housing partnership, where VA staff help to place homeless veterans with mental illness or substance abuse problems into permanent housing through the use of HUD Section 8 rental assistance vouchers, and then provide the support the veterans need to stay in that housing. Two innovations merit note here: the development of housing made "supportive" by the delivery (on-site or off, by contracted visiting clinical personnel) of appropriate services, with adjustable levels of intensity; and the development of "mixed" housing, where disability is not a fixed criterion of eligibility, and the fiscal viability of the project as a whole benefits from a diversified rental stream.

The task before us today is both to replicate those models that have been shown to work, and to explore the shortcomings of existing designs. The task of government is to facilitate this replication. The task before the provider community today is to develop and sustain a wide range of residential and housing opportunities for those individuals who may need them.

3. Creating a service system separate from the mainstream programs is inefficient and ineffective. The improvised character of early homeless relief efforts was a product of exigency, not a considered strategic response. In the absence of long term, comprehensive planning for affordable housing and other necessary measures, emergency assistance was the only politically and fiscally feasible source of assistance that localities could provide for homeless individuals and families. However, while some emergency shelter will always be necessary, government must aspire to more than simply multiplying stopgap measures. Over the past decade, it has become apparent that upgrading the emergency services system to full institutional status simply dodges the long-term structural issues. Mainstream programs must be adapted to meet the special set of demands created by homelessness. More aggressive effort is needed to remove barriers to homeless people receiving benefits and services from these programs.

4. Prevention is indispensable to reduce 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 wipes out 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, we have to ensure that currently homeless children do not become the next generation of the homeless adults.

5. Race matters and can no longer be ignored in efforts to end homelessness: Effective efforts to end homelessness will need to make explicit linkage with measures designed to overcome the effects of racism. Since the 1960s, urban researchers were as consistent in finding minorities (especially African-Americans), were over-represented among the homeless poor, as policy-makers were in ignoring that fact. Studies show, for example, that among adult males with below poverty line income, African-Americans are twice as likely as whites to become homeless (Rosenheck, 1994). Residential segregation remains a stark fact of life in many American communities, and is especially severe in the nation's largest cities (Massey and Denton, 1993). Persisting segregation in housing has been joined by an increase in school segregation for both African American and Latino students (Orfield, 1993). Effective policies addressing homelessness need to make an explicit linkage with measures to combat racism and inequality and its manifestations in housing, education, and employment practices. At the same time, this is not to suggest that race should be the definitive or exclusive lens through which poverty or displacement should be viewed.

6. Improving coordination and eliminating fragmentation in programs should be a top priority. Local service providers have repeatedly identified fragmentation and categorical funding as barriers to successful program integration and promoting access to services. Previous efforts to reduce the fragmentation of efforts to reduce homelessness and address its repercussions have met with limited success. There are, however, many successful models of comprehensive services linked with housing at the community level. What is needed are ways to develop these on a much larger scale. They must be strengthened before a comprehensive continuum of services and housing can be developed.

7. Program services for homeless people must comprise a "continuum of care." Through the creation of public/private partnerships, community-based integrated homeless service systems which include outreach, shelter and other emergency services, transitional and permanent housing, treatment and rehabilitative services and adequate aftercare services must be developed. The development of a "seamless" system of services and housing must be the goal. The system of services can be either a continuum of housing with various services, when needed, or a continuum of services in permanent housing, when needed.

"Each community has to ask itself: Who are the homeless? Why are they homeless? What are the solutions for our community?"

Thomas Kenyon, National Alliance to End Homelessness

8. Not-for-profit organizations have demonstrated the capacity to develop and deliver effective services and innovative approaches in partnership with each other and with other public and private providers. Since the 1980s, nonprofit and other charitable organizations have developed and delivered programs serving homeless people. However, they can only deliver these services when there are adequate monies and sound policies which support a well-coordinated system.

In addition to increased funding, flexibility, local coordination and planning and technical assistance must be available to support these efforts.

7. Policy Implications

"The Federal government must address the crisis of homelessness by moving beyond the band-aid response of the 1980s and attacking the root causes of homelessness: the lack of affordable housing, unemployment, and serious deficiencies in our health care system, particularly in the area of mental health and substance abuse treatment."

Fred Karnas, National Coalition for the Homeless

Government policy must provide more than emergency 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*. (Remediation is trying to remedy the problem after it has been created.) 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.

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 catchphrase 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.

Results of Federal Plan Questionnaire and Interactive Forum Workshops

Part III: Results of Federal Plan Questionnaire and Interactive Forums Workshops

Parts I and II of this Plan provide compelling evidence concerning the true nature and extent of homelessness in America. They also bring into focus the need to re-evaluate the role of government at all levels in cooperation with the private and business sectors, and homeless people themselves. To this end, this section of the Federal Plan, Part III presents recommendations from all of these parties for a renewed commitment by and role of the Federal government in responding to this crisis.

An extensive process was used to consult the with people who understand homelessness best: providers of homeless assistance, local officials and homeless and formerly homeless people themselves. Respondents were asked to address questions developed from the executive order and centered around the five problem areas previously identified by focus groups in 1990 and 1991: the cumbersome grant application process, lack of Federal and local program coordination, fragmentation in the delivery of services, inadequate funding levels for homeless assistance programs, and the severe shortage of affordable housing. The questions invited respondents to make recommendations for actions to be undertaken by the Federal government to break the cycle of homelessness and prevent future homelessness. Nearly 4,000 individual responses were made to four critical questions.

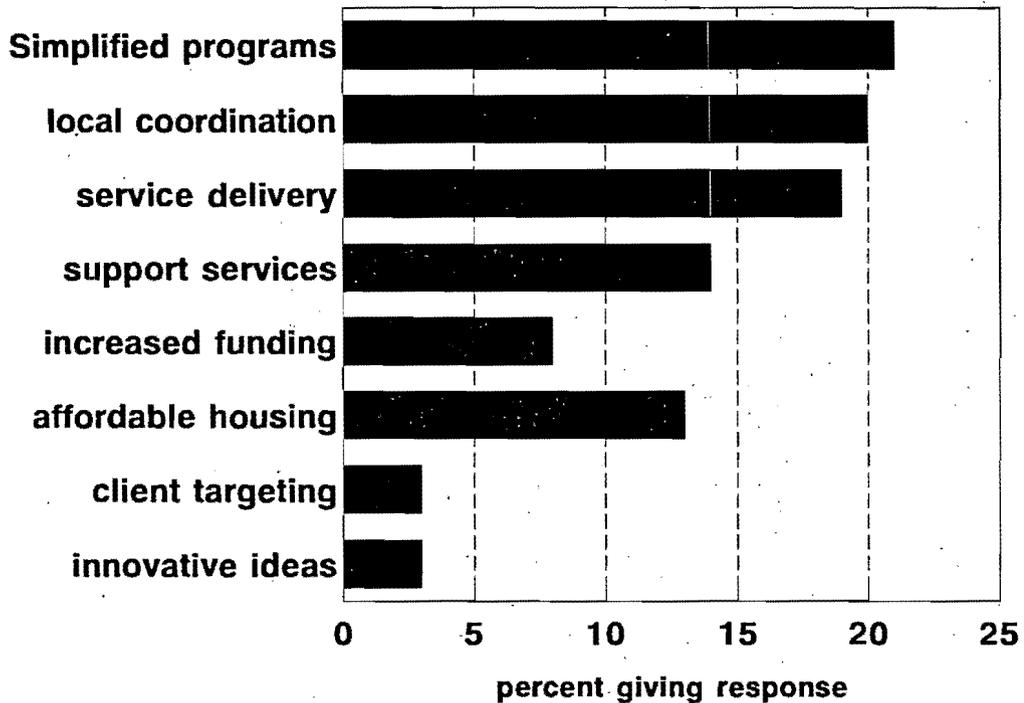
Respondents were asked to make recommendations for:

- Streamlining and consolidating existing programs, when appropriate;
- Redirecting current funding to provide links between housing, support, and education services;
- Promoting coordination and cooperation among grantees, local housing and support services providers, school districts, and advocates for homeless individuals and families; and
- Encouraging and supporting creative approaches and cost-effective local efforts, including tying current homeless assistance programs to permanent housing assistance, local housing affordability strategies, or employment. (See appendix B for sample questionnaire and responses).

More than 80 different responses on how to correct these problem areas were made to four questions outlined below. The following bar graph shows the frequency of these 80 recommendations divided into clusters by categories.

HOMELESS IMPROVEMENT RECOMMENDATIONS

Local suggestion from survey



SOURCE: Sample from HUD 1993 survey

The largest cluster (21%) consisted of recommendations to simplify and improve the homeless assistance programs. One of the leading recommendations under this category was to consolidate all the homeless assistance grant programs and establish one funding source and one application process for homelessness assistance. Other recommendations within this cluster suggested that program results be evaluated, that recipients be held accountable for results, and good performance be rewarded.

Secondly, respondents expressed the need for improved local coordination (20%). Among the suggestions were to: (a) have a coordinated multi-agency community plan for each locality, (b) provide for citizen review boards, and (c) consolidate provider services. A third important concern consists of recommendations to improve local service delivery (19%). These recommendations include providing a continuum of care to homeless persons, improving case management, providing social services and transportation services for shelters and other

facilities, and focusing on prevention. A fourth set of responses related to improved provision of specific types of services (14%), including services for battered women and children, better health care, treatment of substance abuse, training and employment programs and child care.

These results suggest a need for a combined Federal, State and local effort which moves from emergency responses toward long-range solutions that include more affordable housing, accessible and flexible funding, and better coordination and improved service delivery through a continuum of care. It also will be particularly important for this agenda to include specific measures for those who are at risk of losing their housing and becoming homeless.

Respondents were also asked to prioritize issues to be addressed in the Plan. Seven priority areas were consistently identified: (1) affordable housing, (2) addressing the needs of the working poor, (3) homelessness prevention, (4) mental health treatment services, (5) substance abuse treatment services (6) child care, and (7) families experiencing homelessness. The table below highlights these priority issues by type of organization and geographic location of respondents. It is clear from the results that a true consensus exists concerning the priorities to be addressed on a national level. It is worth noting that these priorities demonstrate a clear call for addressing prevention, which is listed as number three.

FEDERAL PLAN QUESTIONNAIRE RESULTS

Summary Table of High Priority Issues
(Only issues rates as 1 or 2 were included in the counts)

ISSUE	TOTAL % *		TYPE OF ORGANIZATION											
			Service Provider %		Advocacy Org. %		City/County Govt %		State Govt %		Federal Govt %		Other %	
	2004		1218		95		241		102		43		209	
AFFORDABLE HOUSING	1438	72%	866	71%	78	82%	180	76%	71	70%	20	47%	157	76%
WORKING POOR NEEDS	1410	70%	862	71%	69	62%	171	71%	67	66%	26	68%	162	78%
PREVENT HOMELESSNESS	1210	60%	723	69%	66	68%	164	64%	69	68%	20	47%	141	67%
MENTAL HEALTH NEEDS	999	50%	610	50%	43	46%	132	56%	56	54%	21	49%	99	47%
CHILD CARE NEED	983	49%	612	60%	35	37%	110	46%	50	49%	18	42%	112	64%
SERVING FAMILIES	988	48%	578	47%	42	44%	114	47%	48	48%	15	35%	122	68%
SUBSTANCE ABUSE NEED	1091	54%	672	56%	49	52%	134	56%	63	62%	19	44%	111	53%
POOR STATE SUPPORT	879	44%	566	46%	40	42%	85	35%	32	31%	11	26%	101	48%
DOMESTIC VIOLENCE	848	42%	524	43%	35	37%	98	40%	44	43%	14	33%	99	47%
CHILDREN AND YOUTH	845	42%	501	41%	41	43%	100	41%	48	47%	15	35%	104	50%
LESS PUBLIC SUPPORT	811	40%	514	42%	42	44%	72	30%	38	37%	12	28%	91	44%

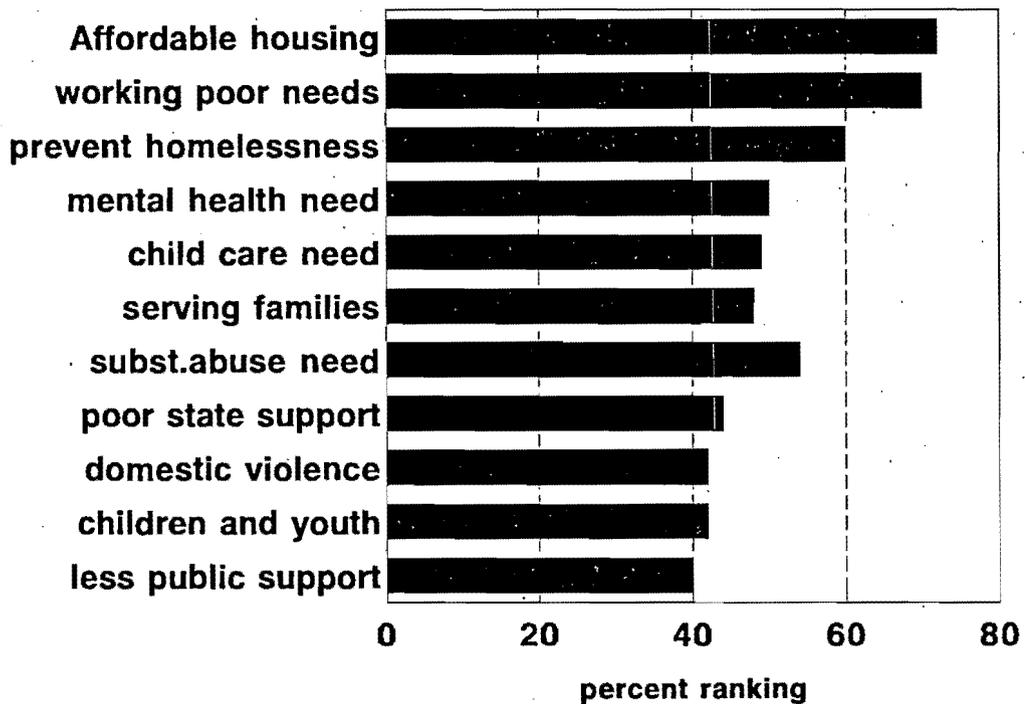
ISSUE	TOTAL % *		GEOGRAPHICAL CATEGORY							
			Large Metro Area %		Medium Metro %		Rural Area %		Other %	
	2004		888		658		434		119	
AFFORDABLE HOUSING	1438	72%	512	74%	479	73%	292	67%	82	69%
WORKING POOR NEEDS	1410	70%	491	71%	473	72%	293	68%	82	69%
PREVENT HOMELESSNESS	1210	60%	434	63%	406	62%	234	64%	76	63%
MENTAL HEALTH NEEDS	999	50%	376	56%	343	52%	182	37%	70	59%
CHILD CARE NEED	983	49%	384	53%	333	51%	178	41%	58	47%
SERVING FAMILIES	988	48%	359	52%	308	47%	182	42%	64	54%
SUBSTANCE ABUSE NEED	1091	54%	431	63%	360	56%	178	41%	71	60%
POOR STATE SUPPORT	879	44%	338	49%	279	43%	181	37%	50	42%
DOMESTIC VIOLENCE	848	42%	318	46%	275	42%	165	38%	44	37%
CHILDREN AND YOUTH	845	42%	315	46%	283	43%	143	33%	59	50%
LESS PUBLIC SUPPORT	811	40%	325	47%	255	39%	142	33%	44	37%

The Top Five Priorities have been denoted in **BOLD**

It is important to note that VA's ongoing monitoring and evaluation of its homeless assistance programs, including interviews with tens of thousands of homeless veterans, have shown a similar and persistent need for: 1) supported housing; 2) employment and income assistance; 3) prevention efforts; 4) increased access to substance abuse treatment and mental health care; and 5) assistance to the spouses and children of homeless veterans (which VA cannot, by statute, provide).

The following two bar graphs provide a closer look at the issues identified as priorities. While there may be some differences by region and occupational status, the overall results reveal a striking consistency of opinion.

PRIORITY HOMELESS ISSUES FROM SURVEY
 Top issues ranked 1st or 2nd priority



SOURCE: 1993 HUD national survey (N=2004)

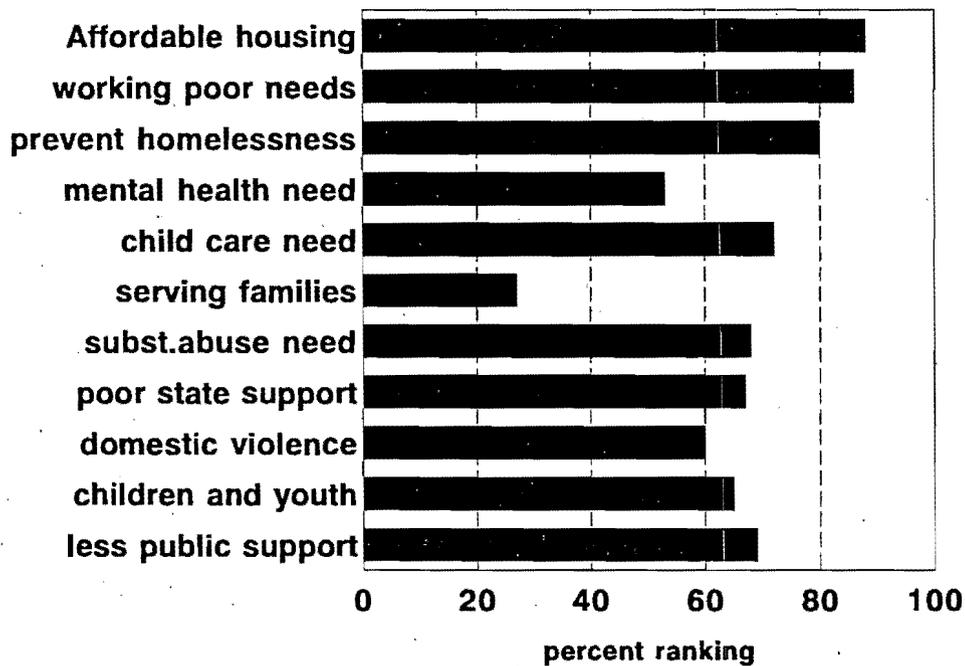
The above bar graph highlights the priority issues as identified by at least 50 percent of those who responded to the questionnaire. It is important to note that affordable housing, the needs of the working poor (income, health and child care, employment) and prevention of homelessness were identified as the top three priorities. This result is consistent with anecdotal information shared at the interactive forums which suggests that the provision of affordable housing should be the priority of the Federal government closely followed by prevention and on-

going efforts to meet the needs of the working poor, and others at-risk of homelessness.

Providing substance abuse and mental health treatment, closely followed by child care needs strongly suggests that the Federal government must examine ways to increase community-based treatment and supportive services to address homelessness as well as the needs of those individuals families most at-risk.

The following bar graph highlights the priorities of a sample of homeless people living in emergency shelters and transitional residences who were interviewed during the winter months of 1993/1994. The priorities identified are consistent with those highlighted by the total sample responding to the questionnaire. After affordable housing, meeting the needs of families and prevention emerge as the top priorities from the perspective of those who are currently homeless.

PRIORITY HOMELESS ISSUES FROM SURVEY OF HOMELESS PEOPLE
Top Issues ranked 1st or 2nd priority



SOURCE: 1993 HUD national survey

Additional information can be found in appendix C. While slight variations exist between the respondents, there is general consensus on the priorities and on which critical issues

the Federal government should seek to address immediately and the near future. The following section contains recommendations that address these priorities and concerns.

Recommendations for New Policy Initiatives and Agency Action Steps

Part IV: Recommendations for New Policy Initiatives and Agency Action Steps

Parts I and II of this document reviewed the scale, composition and causes of contemporary homelessness, and took stock of what we have learned in the past fourteen years. A synopsis of Federal efforts from the early 1980s was also provided. Part III summarized the results of extensive outreach and consultation with individuals and organizations on effective strategies to eradicate homelessness. Our focus shifts now to specific policy recommendations and action steps.

From the foregoing analysis, it should be clear that national trends in homelessness, rooted as they are in more persistent structures of poverty and lack of basic services, will not yield to a simple expansion of current programs. "More of the same" would serve only to perpetuate the same makeshift assembly of half-measures that hobbled the Federal response in the 1980s. At the same time, it should be equally clear that wholesale reform is at best an orienting ideal. Little sentiment currently exists for a renewed war on poverty.

Our task, then, is to develop a strategic plan that both properly addresses the problem of homelessness and remains mindful of political, budgetary and other constraints. Set forth below is an attempt to take the first steps in such an approach. We intend to build upon and coordinate our efforts with policy initiatives newly set forth at the Federal level under President Clinton's leadership. Our aim is to achieve the goal of "a decent home and a suitable living environment" for every American; it was also the goal of the 1949 Federal Housing Act -- the heart of the American dream.

This strategy recognizes that if we are truly to eradicate homelessness, we must address the causes of homelessness for both broad and sometimes overlapping groups of homeless people as discussed earlier in this plan: those in "crisis poverty" and those suffering from "chronic disabilities."

The recommendations offer a two-pronged strategy: (a) take emergency measures to bring those who are currently homeless back into our communities, workforce and families; and, (b) address the structural needs to provide the necessary housing and social infrastructure for the very poor in our society to prevent the occurrence of homelessness. A section entitled cross-cutting recommendations follows the long-term recommendations. The cross-cutting items are those recommended actions or policies, such as health care or welfare reform, throughout various agencies necessary to the success and enhancement of the major recommendations and which are

called for in Parts I, II and III of this Plan. Adoption of all of these policies can enable us to make homelessness a passing phase in our Nation's life rather than a constant companion.

"We will work together to develop and implement a new strategy to break the cycle of homelessness, ease the plight of those who are homeless and prevent others from facing this human tragedy."

HHS Secretary Donna Shalala

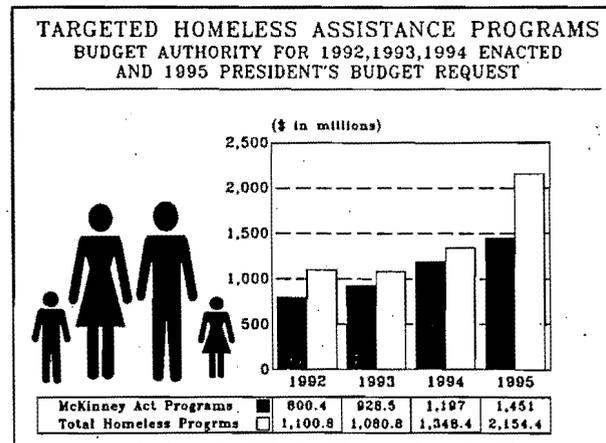
1. Assisting Those Now Homeless

Our major recommendations for immediate measures to serve those currently homeless, or in danger of becoming homeless, include: a) reorganize the McKinney assistance programs to ensure provision of all necessary housing and service assistance, relying upon a new relationship between the Federal, State and local governments, and not-for-profit providers; b) dramatically increase the McKinney Act budget, including permanent housing assistance; c) develop a system to more effectively serve the mentally ill indigent; d) make substance abuse services work; e) help persons living with TB and AIDS; and, f) improve the Earned Income Tax Credit by accelerating payments. Eventually, we should rely on long-term mainstream programs, rather than emergency-based measures, to promote community development.

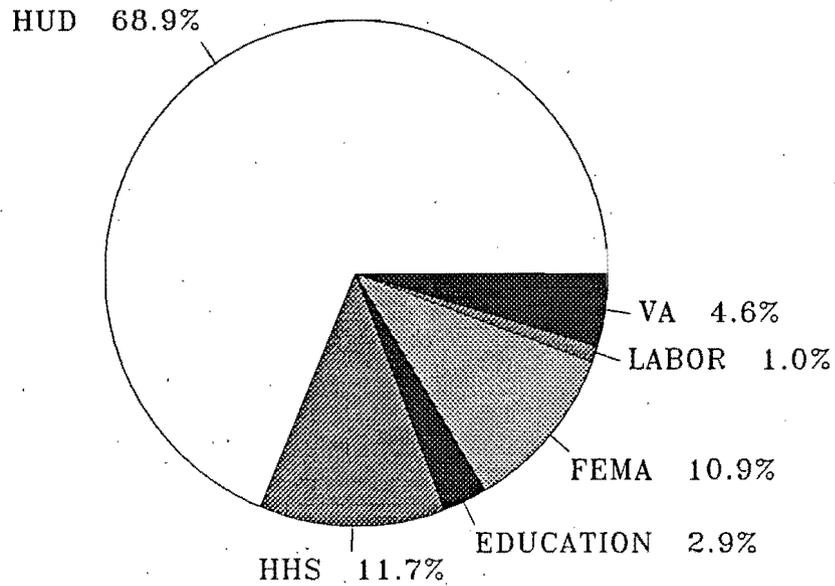
A. McKinney Reorganization

Since 1987, the programs and benefits authorized by the United States Congress under the Stewart B. McKinney Homeless Assistance Act have served as the foundation for all homeless assistance to States, cities and non-profit providers in their efforts to leverage substantial resources to help people who are homeless. As stated, more than twenty McKinney grant programs administered through six agencies were created to address the various symptoms of homelessness. As noted previously, the need to improve and simplify Federal Homeless assistance programs was one of the recommendations cited most frequently by respondents to the Federal Plan survey.

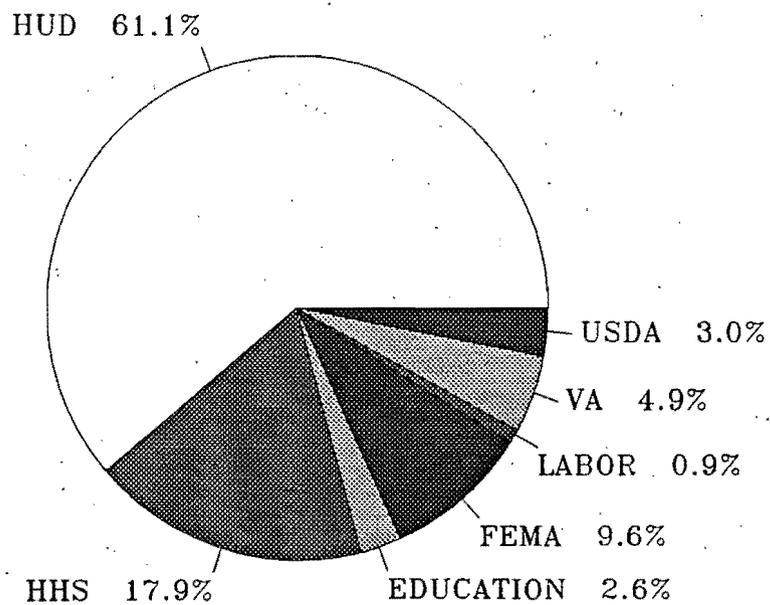
The dollar amount administered by agencies is presented on the following three charts.



COMPOSITION OF MCKINNEY ACT PROGRAMS
 BY AGENCY
 BUDGET AUTHORITY FOR 1994



TOTAL HOMELESS ASSISTANCE PROGRAMS
 COMPOSITION BY AGENCY
 BUDGET AUTHORITY FOR 1994



The McKinney grant programs, as currently organized, require providers of housing and services to apply to and interact with numerous agencies, and to take account of diverse guidelines, criteria and reporting requirements in order to secure funding for a single project. Time that could be more profitably spent on moving people to permanent housing is currently spent on navigating a fragmented patchwork of individual programs which evolved over time as the needs were detected rather than as a comprehensive system. As we have achieved a more accurate understanding of the causes and dynamics of homelessness -- crisis poverty and acute/chronic disabilities -- it has become clear that community-based efforts are needed to rein in existing homelessness and prevent future homelessness. Significant restructuring of the existing apparatus of assistance is in order.

The current homeless system across the country was not planned, but rather evolved as a result of uncoordinated efforts by different levels of government, not-for-profits and foundations. The result is a disjointed approach which provides for some needs while ignoring others.

While the resources, services and needs vary from state to state, all systems must be based on the same premise. To be effective, a homeless system must provide three distinct components of organization.

First, there must be an emergency shelter/ assessment effort which provides an immediate alternative to the street, and can identify an individual's or family's needs. The second component offers transitional or rehabilitative services for those who need them. Such services include substance abuse treatment, short-term mental health services, and independent living skills. Appropriate case management should be accessed to ensure that persons receive necessary services, for example, that children attend school regularly. The third and final component, and the one essential component for every homeless individual and family, is permanent housing or supportive housing arrangements.

While not all homeless individuals and families in a community will need to access all three components, unless all three components are coordinated within a community, none will be successful in combatting homelessness alone. We refer to this approach as a "continuum of care." Key to the success of the "continuum of care" is also a strong homelessness prevention strategy.

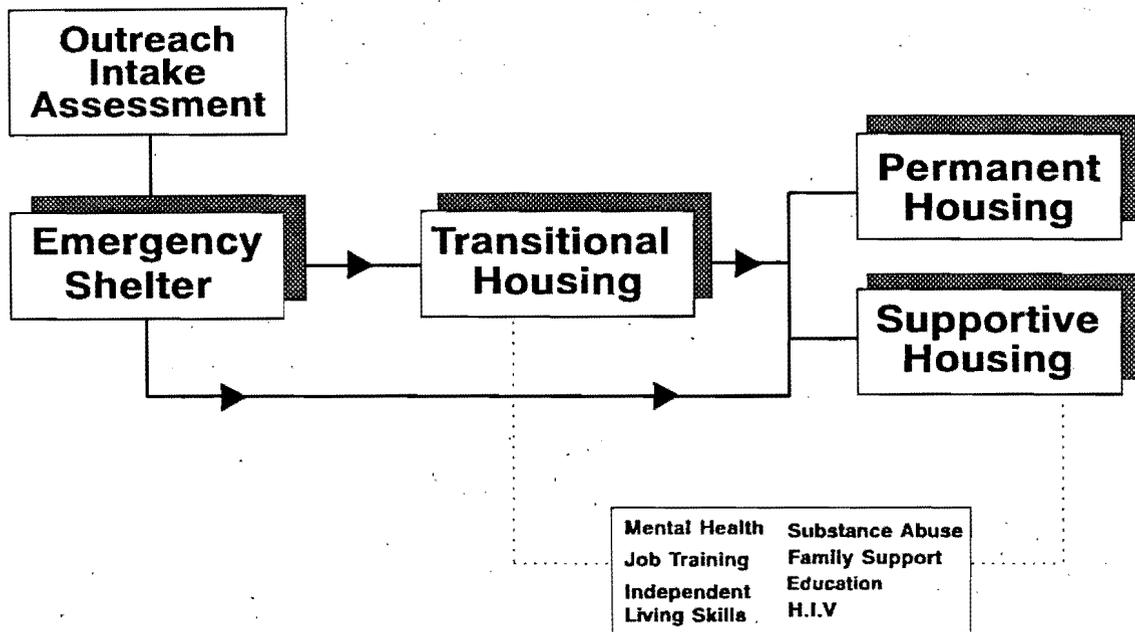
The Federal McKinney programs currently contribute to the scattered approach by offering twenty categorical programs administered by six agencies and accessed by different parties. We recommend a consolidation of some McKinney Homeless assistance programs under one Administrative structure with a single application process. Where applicable, local governments should be charged with the responsibility of coordinating resources and efforts and given the responsibility of ensuring access to mainstream programs and services. As part of this reorganization and reinventing government effort, the FY 1995 budget proposes to transfer the Emergency Food and Shelter program currently administered by FEMA to HUD. We further recommend that

linkages between some McKinney and mainstream programs be forged, including consolidations where necessary, with the result to target the added resources of the mainstream programs to the most needy.

This comprehensive approach to homelessness should be instituted and coordinated by localities. They are best suited to assess community needs and coordinate funding so that each stage of the continuum of care (emergency, transitional or permanent, with services as required) can be linked with other points along the continuum. Unlike not-for-profits providers, the locality can view the entire system in the jurisdiction to ensure that transitions from each stage can be smooth. Unlike the Federal government, the locality is intimately familiar with the needs of its neighborhoods. In non-metropolitan areas, because of the unique configuration of resources and service delivery as well as the nature of homelessness itself, it is expected that State and county governments will be primarily responsible for the development of the continuum of care. The strategy designed on the local level should provide the basis for Federal participation.

Under this rationalized system, not-for-profits would be able to devote time to what they do best: providing and delivering services. The experience of the past decade has shown that not-for-profits are generally more effective than local government at quickly and efficiently siting, constructing, and operating housing and supportive facilities for homeless people. With the government providing resources, not-for-profits could provide the services.

Continuum of Care



As illustrated in the flow chart above, a continuum of care begins with a point of entry in which the needs of a homeless individual or family are assessed. In most communities, the intake and assessment component is performed by an emergency shelter or through a separate assessment center. In order to reach and engage homeless persons living on the street, the homeless service system should include a strong outreach component.

Once a needs assessment is completed, the person/family may be referred to permanent housing or to transitional housing where supportive services are provided to prepare them for independent living. For example, a homeless person with a substance problem may be referred to a transitional rehabilitation program before assisted with permanent housing. Some individuals, particularly person's with disabilities, will require on-going supportive services once they move into permanent housing. The goal of the comprehensive homeless service system is to ensure that homeless individuals and families move from homelessness to self-sufficiency, housing, and independent living.

To begin moving toward the recommended streamlining of the McKinney Grant programs, HUD is currently working toward a restructuring of its McKinney programs. This proposal would rely on a single plan to establish and implement a continuum of care presented by the community to HUD for a single source of funding. The plan process would include participation by not-for-profits, homeless and formerly homeless people, and other interested community members. The program would be structured in such a way that if a comprehensive and acceptable plan is not submitted to HUD, providers could then appeal to a HUD competitive process for assistance. During the past year, HUD has worked with localities in developing the continuum of care strategy through the Innovative Homeless Initiative Program. In early 1993, Secretary Cisneros and District

of Columbia Mayor Sharon Pratt Kelly formed one such partnership called the D.C. Initiative. The D.C. Initiative partnership has included participation by many Federal members agencies of the ICH, local government agencies, not-for-profits, homeless persons, and others in developing a homeless system in D.C.

Implementation of this "continuum of care" model with HUD McKinney funds reorganized into the proposed HUD program as a "one-stop shop" would help move the existing panoply of homeless assistance programs with diverse rules and requirements toward a single, coordinated approach to dealing with homelessness. It would focus the efforts of the Federal government, States, localities and not-for-profits on the tasks at which each excels. We should also immediately explore further consolidation and reorganization across Federal departments, including consolidation with mainstream programs, where appropriate.

VA's recent restructuring of its direct-care homeless assistance programs provides an effective complement to this proposed restructuring of the McKinney grant programs. By developing and supporting expanded partnerships with local public and nonprofit providers, including veterans service organizations, VA is already working nationwide to create comprehensive continuums of care tailored to match the most pressing local needs of homeless veterans. Communities applying for McKinney Act grant funding should include coordination with VA's homelessness activities in the development of their overall continuum of care plans. By working with VA, local providers can make the best use of all available community resources to develop a comprehensive system of effective care and rehabilitation for both homeless veterans and non-veterans, alike.

However, a reorganization of current programs would still represent an emergency measure, intended to deal with the current crisis of homelessness. These emergency measures need eventually to be replaced by mainstream programs that deal with long-term community development. Localities would be expected to anticipate in the development of their continuum of care strategies the gradual phasing-out of all McKinney programs and their replacement by mainstream social service, human and community development programs that deal with the underlying issues of economic opportunity and affordable housing.

Performance-based Contracting: In accordance with the principles of "reinventing government," we must move beyond process to product by rewarding results rather than process. Through the new partnerships with governments and not-for-profits, Federal assistance will provide incentives for innovation and initiative among providers. The goal is not to fund bureaucracies but to move people into permanent living arrangements. 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, it will be expected that results are evidenced as the continuum of care and other necessary systems are put into place.

B. Double the HUD McKinney Homeless Assistance Budget.

There is a widely recognized need for increased funding. With the new, more effective organization of programs and restructured relationships, substantial new resources are a worthwhile investment. HUD's McKinney Budget for FY 1994 totaled \$823 million, 61 percent of the entire Federal McKinney homeless assistance funding. This amount represents a 42 percent increase from the 1993 funding level for HUD McKinney programs. We have recommended a doubling of the HUD homeless budget to \$1.7 billion and an increase the overall targeted Federal homeless assistance budget to \$2.15 billion. While the economic pressures are severe, this Federal commitment would signal a new priority and direction. The funds, while assisting more individuals directly, could catalyze a geometric increase by prompting better coordination and efficiencies on the local level. This large appropriation request includes 15,000 Section 8 vouchers to provide rental assistance to homeless households annually for five years. The funds would be used to help and enable communities to serve persons who are homeless through a continuum of care system with placement into permanent housing as the goal for all served. These recommendations have been accepted by President Clinton and are included in the FY 1995 budget proposal.

HUD is also exploring innovative financing techniques in partnership with the Federal National Mortgage Association (Fannie Mae). These initiatives would enhance HUD's ability to leverage Federal resources for McKinney homeless projects. For example, Fannie Mae could purchase mortgages or bonds backed by McKinney funds, Section 8, or other Federally granted obligations and thereby make available additional capital for project development. Such initiatives will increase the development capacity at the local level for transitional and permanent housing. Fannie Mae is exploring financing techniques to help spur development of low and moderate income housing in areas that would need it to provide the continuum of care.

C. Make Mental Health Services Work for the Poor.

The most visible and needy of the homeless population are the men and women with serious and persistent mental illness. They are among the most vulnerable and poorly served groups in our nation. Provision of adequate mental health treatment services ranked as a high priority need in the Federal Plan survey. In addition to their mental illness, many face problems of substance abuse, physical illness and the adverse consequences of poverty. They often have lost contact with their families, friends, or other forms of support that might guide them through difficult times. This group suffers most on the street and contributes to the public's sense of "compassion frustration." The solution does not want for experience or knowledge, but for funding. In truth, there is no consistent mental health system for the very poor.

As reviewed earlier, a decade of hard-won experience has taught us how to reach even the most disaffiliated living on the street and we have learned a great deal about working with homeless persons with mental illness. Outreach, combined with the availability of drop-in centers, "safe havens" (low-demand, non-threatening housing alternatives), and other "transitional" facilities have helped persuade some to leave the streets and begin the difficult return to a stable life in their communities. Recent innovations have made significant progress toward effective community-based treatment. Permanent, affordable housing with support services and supervision also is a proven and economical element critical to successful rehabilitation. Various demonstration programs have shown that supportive housing is not only a feasible alternative to more restrictive settings, but an effective homelessness prevention measure as well. Linking housing with mental health treatment and other services is necessary in order to provide persons with mental illnesses with the support needed to maintain housing, as well as ensure that homeless persons moving back to permanent housing are able to adjust to new demands.

Clearly, more can -- and must -- be done to move beyond demonstration projects and isolated instance of effective community systems to a national solution. We must expand access to an integrated continuum of care much further.

Primary responsibility for the operation and financing of mental health services has been and will continue to be with the states.⁸ A few states and communities have made significant progress, and others can learn from them. The Federal Government can and will help, but only states and cities and communities within them can establish the necessary integrated systems of care and housing.

In order to direct resources to this difficult-to-serve population, states and communities must be convinced that the cost of providing mental health and housing services is

⁸VA also provides mental health care to eligible veterans at over 150 VA medical centers nationwide.

minimal compared to the cost of not serving this population. This is the true cost. Studies in Minnesota and Washington State found that the hidden annual financial burdens (\$19,000 and \$22,000 per capita respectively) that acutely and chronically ill homeless people place on mainstream public support systems exceeds the cost of treating them outright for their illnesses (See Nuener & Schultz, 1985; Troyer & Merkel, 1986). Preliminary results from an HHS/NIAAA-funded longitudinal study currently underway in Washington State suggests the costs may be even higher. These costs associated with the cycle of homeless individuals going from the street to shelters to jail or hospitals and back to the street must be recognized.

We will focus our efforts on working with states and communities to develop integrated systems of support services and housing, developing incentives, requirements, and ways to assist them to address effectively the needs of homeless people with mental illness and those with such illnesses at risk of becoming homeless.

In this effort, we will explore ways to link currently required state mental health plans (which must include a component for outreach and services for homeless people with serious mental illness), health plans under the proposed Health Security Act, the plan required under the PATH program, the plan for the substance abuse block grant, and the comprehensive plan that will be required by HUD. The continuum of care plan should require the coordination of these programs for receipt of McKinney and other HUD funds. These plans and programs they relate to must be coordinated and address treatment, support services, and housing for persons with mental illness, especially those that are homeless and those that suffer from both mental illness and substance use disorders. We will also explore various alternative ways to help focus state mental health efforts on the most needy, including more targeting of Federal funds, tighter planning requirements, technical assistance, etc.

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

- We will use as building blocks for a more widespread effort, HHS's ACCESS Initiative which made grants in 1993 to help selected communities in nine states move to integrated systems of care and housing, and elements of VA's several programs that assist homeless veterans with mental illness.
- HHS, VA and HUD will work with State and local governmental health, mental health and housing agencies to coordinate Federal assistance, and to undertake actions to enhance state and community support through the development of a "continuum of care," that integrates housing and services. In doing so, States and communities will be encouraged to:
 - 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 service, including substance abuse treatment providers and providers in VA's mental health care system;
 - utilize the experience of the few states and communities that have developed integrated systems, and of some Federal programs, including HHS demonstration programs and VA's HCHV program;
 - link mental health and substance abuse treatment activities;
 - collaborate with local public and private housing providers and developers to establish joint initiatives and to encourage the development of affordable Single Room Occupancy housing, in particular; and,
 - consider the unique and severe needs of homeless children with developmental disabilities and serious emotional disturbances.
- States and localities must review and strengthen discharge and aftercare planning strategies to ensure appropriate linkages with housing and community-based care in order to ensure that supports necessary to avoid subsequent homelessness are in place. We will work with them on this.
 - HUD, HHS, VA and Justice 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 explore options for Federal, State and local incentives to encourage Federally funded hospitals, prisons, nursing homes and other institutions and community-based housing providers to develop necessary linkages to avoid discharging people who do not have a place to live.
 - Although a recent GAO report found that VA discharge planning staff are doing a good job given existing resource levels, VA recognizes the need to explore expanding their efforts in this area. 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.
 - HUD will evaluate the successes of some communities at developing SRO housing, and identify ways to create incentives for private developers to reinvest in this type of housing and develop linkages with support services.
 - Relevant Federal agencies will assess how their mainstream programs are serving this population, and identify ways to improve access and linkages, similar to the outreach efforts underway for the SSI program.

Health care reform also will play a significant role in this effort. The President's Health Security Act will finance a benefits package that must be provided without prior existing condition exclusions or life-time limits. It is also the only major health care reform proposal that explicitly continues VA's mental health care efforts. The availability under the Act of less restrictive, nonresidential treatment services such as partial hospitalization will encourage more community-based treatment, a weak link in the current treatment system.

In addition, the Act requires that states develop comprehensive health plans, including a mental health component, and it provides funding for development of community-based care systems. The provision of basic benefits package will allow States, as they develop their plans, to accelerate the development of comprehensive, community-based mental health (and substance abuse) services linked with housing. The availability of loans and grants for community-based ambulatory clinics and residential treatment centers will help reach the vision of community-based care. Further, the availability of resources to fund "enabling" services will ensure that services such as outreach and/or transportation are integrated into communities' plans.

D. Make Substance Abuse Services Work

Addressing the needs of homeless persons with substance abuse problems is at least as important and challenging a task as for homeless mentally ill persons.

Recent estimates suggest that as many as 2.5 million drug users could benefit from treatment. Most are addicted to cocaine, especially crack cocaine, often in combination with other illegal drugs and alcohol. We do not know the number of homeless that are drug- or alcohol-addicted, but studies suggest that 40 percent of the homeless have alcohol problems, and an additional 15-20 percent have problems with drugs. (HHS, 1992)

Although there have been demonstration projects and VA programs focusing on this population, more can and should be done, as documented by the large number of respondents to our survey who have identified this as a priority issue.

Little has been done to address the needs of the significant number--sometimes estimated at half of the substance abusing homeless population--with co-occurring mental health and substance abuse disorders; a population that is often shuttled ineffectively between the mental health and substance abuse treatment systems.

Ongoing or planned actions should be implemented to address some of these problems, at least in part:

- The Health Security Act includes coverage for limited inpatient treatment, intensive treatment in nonresidential community settings, and outpatient treatment for substance abuse. This important coverage will provide needed financing for treatment, and also free up resources from existing treatment programs to refocus on providing services for hard to reach populations, including the homeless.
- We recommend approval of the President's FY 1995 budget proposal to appropriate \$355 million for an initiative to reduce hard-core substance abuse and passage of the Administration's Crime Bill in 1994. This funding, coupled with anticipated resources from the Crime Bill, will allow an additional 140,000 hard-core users to receive treatment. Currently, the nation's drug treatment system has the capacity to treat roughly 1.4 million drug users, about 1.1 million fewer than the total in the need of treatment. Recognizing the severity of need, this funding is part of a long-term strategy to help the treatment system expand the delivery of services and reduce the gap between need and demand for treatment.

But, we need to build on these on these actions and ensure that the treatment system, related support services, and housing are linked and focused on the problems outlined above.

- It must be ensured that the approximate \$5.4 billion the Federal government provides to States and communities for drug abuse prevention and treatment is coordinated and targeted effectively in order to serve hard-core users and difficult-to-reach populations such as the homeless.
- Agencies should work with States and communities to develop effective treatment systems linked with housing and other community-based rehabilitative services and assistance. Special attention will be focused on innovative approaches to help people stay in treatment, education, training and employment programs which support transition to community living. As part of this systems development, the Federal government will work creatively to:
 - 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; and,
 - integrate treatment for persons with severe addictions into primary and managed health care systems.
- Finally, the Federal government should work with providers of service and treatment to increase knowledge of the substance abusing population--those who abuse alcohol, those who abuse drugs, and those who abuse both--and effective treatment intervention strategies. Because of the diversity within this population, a variety of approaches are necessary. VA should expand outreach efforts to help homeless service organizations by providing substance abuse treatment to clients who are veterans.

E. Persons Living with TB and AIDS

Housing is critical for people infected with tuberculosis (TB), HIV/AIDS, or both. The TB and HIV/AIDS epidemics have produced a special need for housing for people living with these diseases. In large metropolitan areas, it is estimated that 25-40 percent of the patients with active TB are homeless or precariously housed (NYC Office on AIDS Policy, 1994). Moreover, up to 50% of new TB patients are also HIV infected.

We believe that the only successful approach to controlling the TB epidemic is to assure that proper curative and preventive therapy is provided to all those with active TB disease and TB infection. High priority must be given to the prevention and control of TB among homeless people through detection, evaluation, and providing follow-up to homeless people with current symptoms of active TB and completion of an appropriate course of treatment by those diagnosed with TB. The provision of housing and a wide range of services to homeless patients is key to enhancing the completion of TB treatment for disease and infection.

We recommend that programs for people with TB, and/or HIV/AIDS be established and existing programs changed to provide:

- community-based client assessment to assure early identification of patients infected with these diseases,
- a range of permanent housing options, including respite care scattered-site housing, for homeless patients,
- intensive supportive services to this population, including Directly Observed Therapy (DOT), case management, access to primary health care, substance abuse treatment, mental health services, social services, TB support services and crisis intervention.

We recommend that funding for identification and detection of TB and treatment for AIDS be expanded, consistent with the levels in the President's FY 1995 budget; and that states and communities give some priority in existing and new funding to homeless persons with TB and AIDS. President Clinton's FY 1995 budget which includes an increase of \$34 million in funding for TB and \$93 million for the Ryan White AIDS program should receive the support of Congress. In addition, 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.

Housing has become a fundamental component in providing a continuum of care for this population. This continuum is founded on two principals: if at all possible, to maintain individuals and families within their own homes and to secure housing for those who

need it. People with HIV/AIDS at nearly all socioeconomic levels may face special housing problems related to:

- discrimination on the basis of their serostatus;
- a progressive illness that requires improved or different living facilities; and,
- the severe strain that HIV/AIDS places on employment abilities and financial resources.

Additionally, histories of chronic substance abuse, homelessness and increased risk of illnesses such as tuberculosis challenge standard responses to the housing shortage. The need is not just for bricks and mortar anymore, especially for special needs populations such as those with HIV/AIDS who require health care and supportive services.

We recommend the following strategies to increase housing placement:

- use of short term rental payments, in emergency situations for persons with HIV/AIDS and/or TB, to prevent homelessness and reduce the risks of exposure to opportunistic diseases by reducing the use of emergency congregate facilities;
- expansion of subsidized rent programs such as Section 8, with an emphasis on tenant-based vouchers;
- broadened availability of supportive services (this should be included in a community's HUD continuum of care plan) that focus on preventing homelessness and maintaining permanent housing; and,
- maintenance of categorical funding streams for special needs populations, such as Housing Opportunities for Persons with AIDS (HOPWA).

F. Earned Income Tax Credit

Currently, low-income workers can claim the EITC when filing their tax returns at the end of the year. In addition, workers with children have their choice of obtaining a portion of the credit in advance upon filing their income tax returns. Certain barriers to claiming the EITC in advance should be removed. In recent years, fewer than 1 percent of EITC claimants have received the credit through advance payments in their paychecks. The reasons for the low utilization rate are not fully known. A recent GAO study found that many low-income taxpayers were unaware that they could claim the credit in advance. To remedy this problem, the IRS has begun an intensive effort to educate and encourage employers to help deliver advanced EITC payments in workers' paychecks.

While many EITC recipients may prefer to receive the credit as a lump-sum payment, others could benefit from receiving the credit in more regular intervals throughout they year. By receiving the credit as they earn wages, workers would realize the direct link between work efforts and the EITC. To improve assistance to the working poor and provide an additional vehicle to prevent homelessness, many workers may find it difficult to meet their monthly rent payments with only the promise of a credit at the end of the year.

The Administration should consider allowing states to propose to the Secretary of the Treasury a demonstration project pursuant to which advance payments of the EITC would be made to eligible residents through a State agency. Approval by the Secretary of the Treasury of a State's proposal would be required in all cases.

Allowing States the option to provide advance payments of the EITC through other agencies (e.g., the offices which also provide housing assistance or food stamp benefits) may resolve many of the problems with the current system. A State could choose to target information about the EITC to the working poor or to the homeless. Individuals could have a choice of receiving the credit from a neutral third-party, without fear of the consequences of notifying their employers of their eligibility for the EITC. Moreover, they could receive assistance in determining the appropriate amount of the EITC to claim in advance. The amount of the credit available in advance could also be increased in State programs.

These overarching recommendations will enable us to address the crisis of current homelessness. If accepted, these actions would serve as short-term and intermediate steps to the larger issue of homelessness prevention. Once mainstream programs perform their logical role of homeless prevention through program effectiveness and efficiencies, the targeted McKinney homeless assistance program could be phased out.

2. Long-term Structural Measures

The reasons for persistence of poverty in America are no secret. They have been documented in report after report over the past 25 years. Poverty grinds on because decent jobs remain scarce, housing costs have soared, income maintenance programs have contracted, family structure has changed, drug use has increased, widespread alienation at the margins continues, and because racism persists, in often unobtrusive forms. If anything, the effects of poverty have become even more pernicious as the distance between the poor and those better off has grown. What little progress had been made was checked in recent times by 12 years of neglect. Sometimes the facts speak for themselves. Disinvestment, reduced funding, loud ideological attacks and quiet inaction have all taken their toll. While homeless people are perhaps the most visible of this population, they are unfortunately not alone, as millions more hang precariously from a similar fate, but for a meager wage and the help of friends and families.

The necessary long-term response to homelessness and poverty is both apparent and complex. We need to provide more decent opportunities for work, job training that leads somewhere, necessary social services, better education, and affordable housing -- and do all of this as components of comprehensive community planning and economic development. Admittedly, achieving this will not be easy, nor will it be done painlessly or in short order. While we may lack all the resources to solve the problem right away, we know to build upon what has been learned.

The Clinton Administration has already made significant strides in these directions. It has moved to integrate economic, physical and human development through creation of the empowerment zone/enterprise community program to build partnerships for economic opportunity and sustainable community. Other steps include: reform of the Community Reinvestment Act; enactment of legislation to establish community development financial institutions to insure investments in needy areas; significantly strengthening the Earned Income Tax Credit to make work pay; expanding funding and enhancing quality of Head Start to provide a helping hand early in life; enhancing technical assistance and access to employment and training services through the Job Training Partnership Act service delivery system; and initiation of comprehensive welfare and health care reform. Still other steps are underway to develop enhanced tools for economic development in communities and move localities toward a comprehensive planning and application process for receipt of their HUD-administered community development, affordable housing and homeless assistance funds.

While the Administration has taken some bold steps on this long-term agenda, we can do more to provide an equitable housing system that assists the very poor and those at risk of becoming homeless, and to provide an economic and human development system that effectively addresses those in need. Specific recommendations are:

A. Increase Housing Subsidies and Fighting Discrimination

Housing Affordability: During the 1980s, households with worst case needs for assistance increased much more quickly than did assistance slots. By 1991, only 25 percent of eligible very low income renters received rental assistance, whereas 40 percent -- plus those literally homeless -- had problems that conferred priority for admission to assistance. Unmet priority needs for assistance were more frequent, and had grown most rapidly, among eligible single individuals and families with children (HUD 1991). As this plan has emphasized, the number of homeless persons on the streets and in the shelters is fed by a stream of poor persons who are precariously housed, particularly single adults and female-headed households. Long term efforts to reduce and prevent homelessness cannot succeed unless measures to provide housing assistance to those who are literally homeless are complemented by structural changes that effectively reduce the probability of becoming homeless in the first place.

To increase the availability of affordable housing -- the issue ranked number one in the Federal Plan survey -- we have recommended increasing HUD's housing assistance budget to begin to make-up for past budget cuts and to enable homeless people and those precariously housed to access permanent housing. HUD's budget is noticeable in the spectrum of Federal departments for its rate of decline during the 1980s. Although the numbers of households assisted continued to increase in the 1980s largely as a result of the Carter Administration investments, the rate of increase dropped from over 250,000 annually in the Carter years to less than 100,000 annually in the 1980s. Amazingly, if the HUD budget had increased at the rate of inflation since its 1980 level, budget authority in 1994 would have been \$65 billion. HUD's 1994 appropriation was \$26 billion. There can be no doubt that the HUD budget reductions of the 1980's contributed to the current homeless problem. We should begin on the long road to providing affordable housing by increasing the HUD overall budget by nearly two billion dollars in 1995. This includes a doubling of the HUD homeless assistance programs. We recommend enactment of President Clinton's 1995 budget proposal which includes the increase budget recommendations for HUD and FmHA mentioned here.

Recognizing the need of rural communities, in the President's budget request, FmHA's Section 521 rental assistance budget increases by more than \$77 million to alleviate rent overburden in FmHA's subsidized rental housing in rural areas. Rental assistance enables tenants to hold their rent to 30 percent or less of their income. FmHA's budget for rental assistance has not kept pace as the need for it has increased. At present, in FmHA subsidized rental housing, there are more than 80,000 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.

But housing alone is not enough. If we are to improve the self-sufficiency of residents of public and assisted housing, we must improve the services available to them. To do

so, we must improve the nexus between the programs of the Departments of Labor, HHS and VA and public and assisted housing. Currently, there are useful programs, such as Family Self-Sufficiency, that could do more if better coordinated with State and local providers. And most residents of public housing do not receive adequate services to address their problems. If we improve the self-sufficiency of residents of public and assisted housing, we will increase turnover in those units and, in effect, increase the supply of affordable housing and reduce the number of persons forced to move into the streets.

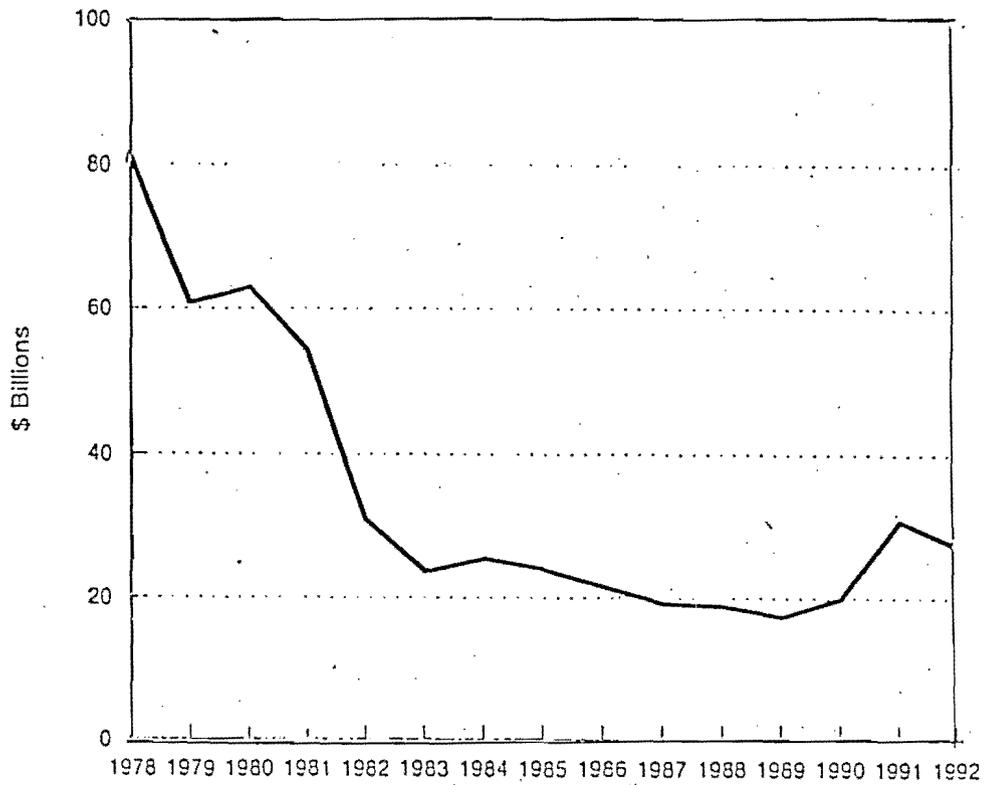
Fighting Discrimination: To ensure that permanent housing -- both housing providing supportive services and traditional low-income housing -- can be freely sited, we must aggressively enforce Federal fair housing laws. The Federal Fair Housing Act, which is enforced by HUD and the Department of Justice, prohibits discrimination in access to housing on the basis of race, color, religion, sex, familial status, national origin and handicap. The Department of Justice also enforces the Americans with Disabilities Act and the Rehabilitation Act of 1973, which prohibit discrimination in public accommodations and other services that may affect homeless persons. These statutes, for example, protect homeless persons from discrimination based on real or perceived disabilities. The statutes define mental impairment, such as mental illness and mental retardation, as disabilities. The statutes also protect persons who have a history of alcohol and drug abuse from discrimination as long as they do not currently use illegal substances.

HUD and the Justice Department must vigorously enforce the housing rights of all persons, including the homeless and those who seek to provide housing and other services for the homeless. The work that DOJ and HUD have done in Vidor, Texas is a positive example of what can and should be done. Specifically, the Departments will:

- Continue to adopt proactive measures to increase the investigation and litigation of fair housing violations. DOJ's Fair Housing Testing Program will be expanded to uncover and document discriminatory housing practices by conducting systematic testing investigations in the rental markets of over a dozen metropolitan areas. DOJ has authorized the hiring of more staff to augment its fair housing enforcement activities.
- Build upon current enforcement of the Americans with Disabilities Act to prohibit discrimination in public accommodations and other services that may affect homeless persons.
- HUD and DOJ will continue to challenge cities that refuse to permit group homes for persons who are mentally ill, mentally retarded, or former substance abusers. Cities could enact such zoning restrictions to appease neighborhood efforts to exclude residences for such persons -- the so called Not-In-My-Backyard

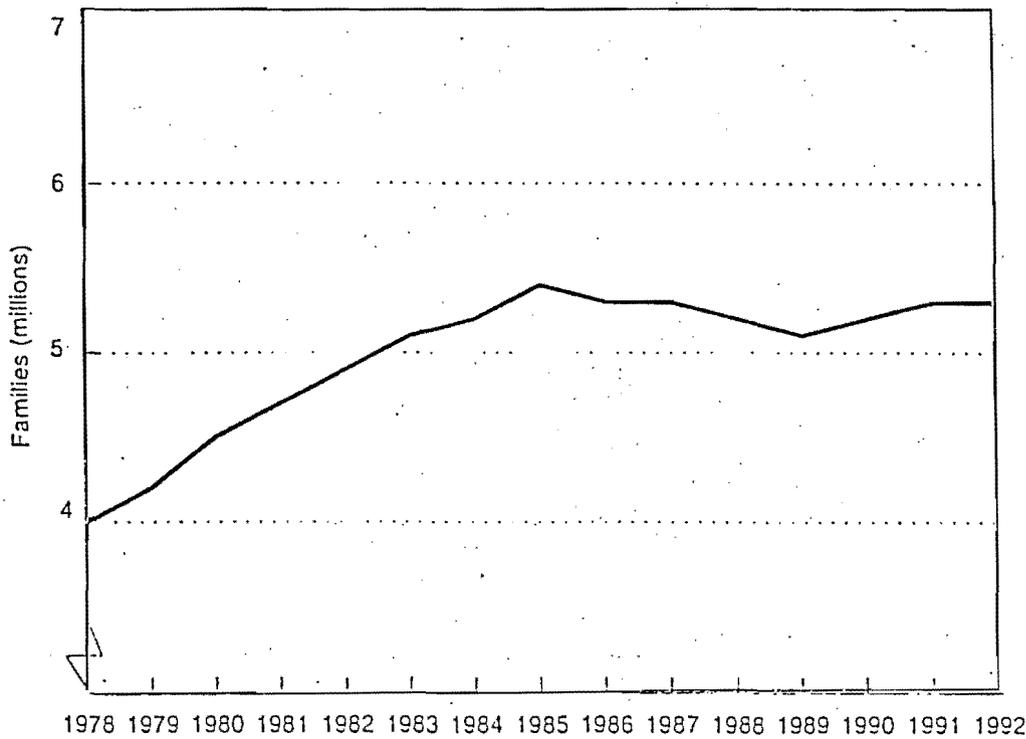
(NIMBY) syndrome. All findings will be reported to the ICH who will communicate them to social service providers in an effort to increase the awareness of their rights.

HUD Budget Authority Shrinks



Source: Detailed budget justifications, various years; in 1995 dollars

Severe Housing Needs Remain at High Levels



Source: American Housing Survey, various years, and HUD's model of worst-case rental assistance needs. Worst case needs defined as families paying more than half of income for rent, displaced, or living in substandard housing.

B. Low Income Housing Tax Incentives

This report has pointed out that the number of homeless persons on the street and in the shelters is constantly being fed by a stream of poor persons who are precariously housed. Until this problem is adequately addressed, we will not solve the problem of homelessness (see "structural remedies" herein). In 1989, over five million renter households had worst case needs -- 38 percent of eligible very low-income renters. In that year, 72 percent of rental households with worst case needs lived in adequate, uncrowded housing, with rent burdens exceeding 50 percent of their income as their only housing problem (US HUD 1992). Thus, severe rent burdens were by far the dominant problem, with substandard housing much less common. Unmet priority needs for assistance were more frequent among eligible single individuals and families with children than among elderly households. Among the very poor facing extreme housing burdens, it is the single adults and female-headed households that most often end up on the street. Often, they have other compounding problems contributing to their homelessness state, but lack of means to pay for shelter dominates other causes for most homeless persons.

There are several ways of addressing this huge pool of persons who are entering the stream of homelessness. One way is to increase the housing subsidies: an increased HUD budget as recommended above. A second way is to use the tax system. The mortgage interest deduction has long provided housing subsidies as well as the low-income housing tax credit and mortgage revenue bonds.

Our long term efforts should examine ways that these benefits could be extended to lower income people through rental and home ownership incentives.

Special attention should be taken to explore the development of programs which could be coordinated with existing tax incentives.

C. Strengthen Integrated Economic and Human Development.

An essential element of any long-term strategy to reduce poverty and homelessness is the creation of jobs, particularly those which are accessible to poor residents of center city areas where most of the homeless are concentrated. Job creation should be part of a broader community development strategy tied into development of human capital and improved delivery of services.

The Administration has already taken a number of initiatives to create jobs and integrate economic, physical and human development together through the creation of empowerment zones and enterprise communities. Related efforts include the Community Reinvestment Act reform, legislation to establish community development financial institutions to ensure investments in distressed areas, and significantly strengthening the earned income tax credit to make work pay.

Further, steps have been taken to streamline and coordinate existing economic and community development programs to better integrate economic and human development efforts. To effect real meaningful change through holistic strategies HUD has begun to consolidate the planning, application and reporting requirements of its housing and community development formula programs. This consolidation allows communities to identify their housing and community development needs, develop priorities and appropriately allocate scarce resources in a comprehensive and more intelligent framework.

Reform is needed in America's elementary and secondary schools in order to meet the demands of our future high skills-high wage economy. The Goals 2000: Educate America Act will stimulate school-based reforms aimed at providing all students the chance to reach challenging academic and occupational skills standards. Furthermore, the School to Work Opportunities Act which will improve the linkage between school and work for the those U.S. students who do complete college.

Finally we must embrace lifelong learning opportunities, including strengthening JOBS, programs for dislocated workers, and other employment and training programs. All are closely linked to job creation. We accomplish little to reduce poverty and homelessness if (a) we create jobs in distressed areas and those for whom the jobs are intended are not adequately prepared to take advantage of these resources, or (b) we provide education and training and there is no employment available. Job creation is closely linked with welfare reform. One cannot succeed without the other.

Social Contract: At the same time, we must learn the lessons of failed policies of the past: rights must be balanced with responsibilities. Our goal is to help individuals and families to help themselves and provide them with the opportunity to better themselves. Government is not, and cannot be a substitute for family or individual will. This new social contract is mutual.

3. Cross-cutting Agency Action Steps

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

We recommend that Congress enact the Administration's proposed Health Security Act, which would significantly contribute to reducing homelessness and preventing future homelessness.

- First, the Health Security Act would provide a standardized benefits package. This guarantee of health care services will apply to all persons, including the homeless and those most at-risk of future homelessness. The lack of access to adequate health care or the failure to obtain it are themselves proximate causes of homelessness. Reform of the health care system and increased access to health care that will follow from it, will help stabilize the lives of homeless people and those who are most at risk of becoming homeless. Important aspects of the new system will be new protection against financial consequences of catastrophic illness that can lead to homelessness.
- Beyond that, the Health Security Act would expand the capacity, and assist in development, of qualified community health plans and community health networks which would improve access to health services for medically underserved populations, which would include large numbers of homeless persons and those at-risk of homelessness.
- The Department of Health and Human Services would also make funds available for "enabling" services which help hard-to-reach populations, such as homeless persons, access health care. Services would include transportation, community and patient outreach, patient education, and translation.
- The proposed Health Security Act includes such mental health benefits as inpatient care in a psychiatric or general hospital, or residential treatment program; intensive nonresidential care in facilities such as partial hospitalization, day treatment, or psychiatric rehabilitation programs; and outpatient care that includes medication management, treatment, and prescription drugs.
- The Health Security Act also contains significant substance abuse treatment benefits, including residential care, intensive day treatment in nonresidential settings, and outpatient care.
- Under the Health Security Act, the VA will remain an independent health care provider and will offer all veterans mental health care benefits that exceed those in the basic health care reform package. Homeless veterans (along with other low-income veterans and those with service connected health problems) will

continue to be eligible for a broad range of mental health care services beyond those offered in the basic benefits packages.

- As a general matter, by simplifying responsibility for the financing of care, the proposed reforms in the financing of health care will free up the existing network of service providers to focus their resources on getting hard-to-reach populations such as the homeless into needed medical care, helping them manage that care, and providing essential auxiliary services to increase the chances of moving them to more stable lives.
- Finally, with all Americans insured for a comprehensive package of basic health care benefits, states will be better able to develop integrated systems of care for those persons who need help in accessing health care, many of whom are homeless or at risk of becoming so.

B. Reform the Welfare System to Reward Work

We are excited by the possibilities of the Administration's plan for welfare reform. Such reform could have a dramatic affect on the lives of homeless families and can help provide the supports necessary to avert homelessness for other low-income families.

AFDC is a primary source of income for the majority of homeless families. A 1992 HHS Office of Inspector General study reported that almost 70 percent of all families interviewed in family shelters were receiving AFDC benefits. In some cities the percentages are even higher. For example, the New York City Human Resources Administration reported that 95 percent of homeless families were receiving AFDC at the time of shelter intake.

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, by ensuring that people who move from welfare to work have the tax credits, health care, and child care they need to adequately support their families 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;
- reinvent government assistance to reduce administrative bureaucracy, combat fraud and abuse, and give greater State flexibility within a system that has a clear focus on work.

This focus on work, and the availability of an improved support system which includes universal health care could help prevent families on AFDC from becoming homeless and could help homeless families, the vast majority of whom receive AFDC, to move from poverty toward self-sufficiency.

C. Improve Access to Mainstream Programs

The Federal Government will spend slightly over \$200 billion in FY 1995 through programs in just five departments (HHS, HUD, Labor, USDA and Education) to address the needs of low income individuals and families. Clearly we must make these mainstream programs more accessible to homeless individuals and families, and more effective in preventing homelessness among those who are at risk of becoming homeless. Rather than institutionalizing a separate support system for the homeless population, we should ensure that the existing service system is able to address the needs of homeless individuals and families.

Therefore, we recommend that the Interagency Council on the Homeless and its member agencies:

- Identify the principal mainstream programs in the areas of health, substance abuse treatment, income assistance, social services, housing, and education and employment training that are critical to preventing homelessness and helping homeless individuals and families transition out of homelessness.
- Conduct a systematic assessment of how effectively sets of these programs serve the homeless population and persons at risk of homelessness, identify how to make the programs more accessible to the homeless population, and determine how to improve these programs so that they better prevent homelessness.
- Conduct ongoing program monitoring and impact evaluations to identify outcomes and 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 some that have already been undertaken by Federal agencies to help make mainstream programs more accessible--

- A joint VA and HHS Social Security Administration (SSA) pilot outreach initiative has had success in increasing the number of eligible seriously mentally ill homeless veterans who apply for and receive regular VA and SSA benefits. SSA and VA personnel are working in several communities to improve claims processing for this hard-to-reach population while in other cities, SSA and VA's Health Care for the Homeless Veterans grantees are working together to increase referrals, recruit representative payees, and provide follow-up case management to ensure that veterans complete the SSI application process. In addition, SSA is providing information to VA teams serving VA's homeless, seriously mentally ill population concerning the ways in which workers may facilitate applications for SSI.

- The Administration's efforts to expand and improve the Head Start program will allow the program to reach more low-income families and provide valuable early childhood development and other services to support these families before homelessness occurs. In addition, HHS is working to improve the accessibility of homeless families to Head Start programs.

--As part of the expansion of Head Start, in FY 1994, the Department is requiring Head Start grantees to base expansion on careful assessments of community needs and explore the possibility of coordination with other community programs, including shelters for homeless families.

- The recently authorized family support and preservation program will provide funding to States to expand services to families in crisis or at-risk of crisis due to abuse or other problems, providing another type of early intervention services that will help to avert the downward spiral that often leads to homelessness.
- The Department of Housing and Urban Development will make more Section 8 housing vouchers available to homeless individuals and families. For FY 1995, HUD is proposing to award more than \$514 million of Section 8 vouchers to provide rental assistance to 15,000 homeless households annually for five years.
- Recent changes to the Food Stamp Program authorized by the Mickey Leland Childhood Hunger Relief Act of 1993 will play a role in preventing homelessness. Low income individuals and families will no longer have to choose between paying rent and buying food. The 1993 legislation changes the treatment of housing costs in the Food Stamp program by eliminating the cap on shelter costs. As a result, additional food assistance will be provided to households facing very high shelter costs relative to their income. This act also simplified the definition of a household thus enabling adult siblings or children living with parents, under some circumstances, to be counted as a separate household and receive Food Stamps.
- USDA's Farmers' Home Administration (FmHA) is undertaking a number of actions to make its programs more accessible to homeless and formerly homeless individuals as well as nonprofit organizations which provide housing and other services to homeless individuals such as offering special sale items and long-term leases to nonprofit organizations and public bodies to provide transitional housing for the homeless from its single family inventory property and setting-aside funds to support the use of FmHA-financed Domestic Farm Labor Housing to serve the homeless during the off-season.
- To design and administer effective programs, we need accurate information on the causes of homelessness and characteristics of the homeless and at-risk populations. Such information is particularly crucial given the dynamic nature

of homelessness and its relationship to changes in economic conditions, market forces, social institutions, and governmental activities.

While there is research on the population with "chronic disabilities", there is less information on the number and characteristics of those experiencing "crisis poverty". The research that has been reviewed in preparation of this report is most revealing. The Federal government through its member agencies should review and explore the most recent data and its findings.

- Continue special efforts to educate States, cities and not-for-profit organizations about the potential use of CDBG, HOME, HOPWA (Housing for Persons with AIDS), acquired properties and other mainstream HUD program resources to assist homeless people.
- Improve the Title V Surplus Federal Property Program. As many military bases will be closing in the coming years, the National Law Center on Homelessness and Poverty, Beyond McKinney, and the US Conference of Mayors have recommended that the Department strengthen implementation of the program to encourage non-profit organizations and cities to use the program. In addition, the development of housing for homeless individuals and families will be easier if vacant land is included in the program.
- Continue to support family intervention and prevention models which support the development of family and life skills such as Head Start, Even Start, Healthy Start, Operation Fatherhood, Family Support and Preservation and the Family Self-Sufficiency program, and work with States to remove obstacles for participation for homeless families.

D. Strengthen Mechanism for Interagency Coordination at the Federal and Local levels.

All Federal efforts proposed in the Plan require the cooperation within and among the Federal agencies working on homelessness and between the Federal government and State, local, private and voluntary efforts to assist homeless individuals and families. Such coordination is a major component of this Plan and is essential to the success of Federally sponsored efforts.

- Through the Interagency Council on the Homeless and agencies' technical assistance contracts, disseminate information about successful programs, including how communities have developed their continuum of care, and provide technical assistance on program and system developments.
- To improve coordination and reduce fragmentation of programs, agencies should evaluate the "value-added" of targeted programs. HHS is pursuing the consolidation of three runaway and homeless youth programs, multiple mental health research demonstration authorities, including one targeted to homeless persons, and the consolidation of the Emergency Community Services program with Community Service Block Grant program that could be included as examples of what should be done.
- Through the Interagency Council on the Homeless, 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 the development of integrated approaches to addressing homelessness.
- Through the Interagency Council on the Homeless, develop a Homeless People Advisory Committee.
- 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 measures.
- Through the Interagency Council on the Homeless, develop and disseminate a publication which contains a description of 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 to respond to homelessness.

- As the States have done, local governments should establish both a single point of contact regarding their homelessness programs and an interagency or interdepartmental council to promote the coordination among their homelessness programs.
- Continue to hold local, regional, and national conferences and other events -- such as the HUD/ICH Interactive Forums and the VA National summit on Homelessness Among Veterans and the HHS/HUD national conference on integrating housing and services for the mentally ill -- to share information, increase coordination of efforts, and develop new partnerships.
- Increase Federal support to locally-based Stand Downs for Homeless Veterans in order to increase community awareness of homelessness among veterans and bring together new resources from local governments, providers, businesses, and others both to support the Stand Downs and for future collaborative efforts.
- 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.

CLOSING

This report has provided a straightforward assessment of homelessness and its present context, and recent efforts to ameliorate it. Clearly, long-term solutions will require us to grapple with social and economic issues which have persisted for decades. The Clinton Administration has already embarked on a road towards that goal. Recommendations made here for studying amending the tax code to address the problem of excessive rent burdens for the poor, a significant increase in housing subsidies, and a more comprehensive mental health system for the indigent will further our progress. Additional measures include an overhaul of the Federal program response, restructuring of Federal, State and not-for-profit roles and a major commitment of resources to McKinney Act funding. None of this will be easy. But given the alternative -- a deepening morass of half-measures and hesitancy -- it is both possible and necessary.

The report also appreciates that the ultimate factor is the existence of the political will to end homelessness. Recent press reports suggest "compassion fatigue." We disagree. A deep public concern exists for those less fortunate, however, failed government attempts of the past have raised public hopes, only to be dashed. Government must demonstrate not only a commitment to make a difference, but the ability to succeed. That is the present challenge. Met successfully, public confidence can be restored, and the political will can develop to address the long-term conditions.

Appendix A

List of Interactive Forum Cities

San Francisco

Baltimore
Chicago
Seattle
Miami
Denver
Memphis
St. Paul
Phoenix
Boston
Atlanta
New Orleans
Columbus
Los Angeles
Dallas
St. Louis
New York

Appendix B

Sample Questionnaire

Federal Plan Questionnaire

Name/Organization/Address (optional).

Describe the geographical category and type of organization you represent.

Geographical Category

Type of Organization

Large metropolitan area

Service provider

Moderate to medium area

Advocacy organization

Rural area

City/county government

Other

State government

Federal government

Other

Part I: Recommendations to Break the Existing Cycle of Homelessness and Prevent Future Homelessness

(1) My recommendations for improving, streamlining and/or consolidating existing programs designed to assist homeless individuals and/or families are as follows:

(2) My recommendations for redirecting existing funding streams in order to strengthen linkages between housing, support, and education services are as follows:

(3) My recommendations for promoting coordination and cooperation among grantees, local housing and support service providers, school districts and advocates for homeless individuals are as follows:

(4) My recommendations for encouraging and supporting creative approaches and cost-effective local efforts to break the cycle of existing homelessness and prevent future homelessness, including tying current homeless assistance programs to permanent housing assistance, local housing affordability strategies, or employment opportunities are as follows:

Part II: Ranking of Issues to be Addressed in the Federal Plan

In FY90 and FY91, staff of the Interagency Council on the Homeless conducted monitoring and evaluation meetings with focus groups in 47 states. Listed below are the issues most commonly raised during those meetings. Please review, list issues that you think should be addressed in addition to those listed and indicate, on a scale of 1 to 5, with 1 being highest priority and 5 being lowest priority, your preference in addressing in the Federal Plan.

- ___ Shortage of affordable housing options (accessibility, availability, suitability, problems posed by NIMBY)
- ___ Needs of working poor (jobs, sufficient income, health care, child care, transportation.
- ___ Need for adequate mental health treatment programs and more effective discharge policies by hospitals, prisons, the military and mental institutions.
- ___ Lack of adequate, appropriate treatment/aftercare programs for persons suffering from substance abuse, including single parents with minor children.
- ___ Concern over increasing numbers of homeless families.
- ___ Need for increased emphasis on preventing homelessness.
- ___ Lack of attention to issues related to rural homelessness, particularly transportation needs.
- ___ Need for increased emphasis on meeting the needs of homeless children and youth, particularly young males who cannot access traditional family shelters, adult shelters, or foster care.
- ___ Insufficient health care services coupled with increase of seriousness of health problems such as AIDS.
- ___ Inadequacy of State support, lack of overall anti-poverty policies.
- ___ Concerns over increasing homelessness among migrant workers/illegal aliens.
- ___ Need for transitional housing or supportive services for ex-offenders, parolees.
- ___ Inadequacy of services for victims of domestic violence and concern over increased incidence of domestic violence.
- ___ Declining public support for homeless programs.

___ Need for affordable child care for single-parent families.

___ Need for prevention/early diagnosis/outreach to veterans suffering from post-traumatic stress disorder (PTSD).

Please list and rank any additional concerns, issues you wish to see addressed:

If you have any other recommendations, please attach additional sheets.

Thank you for your participation. By December 20, 1993 please return your completed form to:

Federal Plan
U.S. Department of Housing and Urban Development
451 7th Street, S.W. Suite 7274
Washington, D.C. 22410

If your mailing label is incorrect, please include changes or corrections with your completed form.

HOMELESS PROVIDERS SURVEY

- 1) SIMPLIFIED/IMPROVED GRANT PROCESS
 - 1A One funding source, one application, single stream funding for shelter and services
 - 1B One grant to each locality for all homeless shelter and/or homeless services
 - 1C Decrease regulations and paperwork on all levels so more funds go to service delivery
 - 1D Long range national housing policy
 - 1E Provide for more flexible, realistic and innovative programs
 - 1F Evaluate like communities for competitive programs
 - 1G Bypass city government; fund service providers directly
 - 1H Require collaboration among providers
 - 1I Critique program results, reward cooperation and coordination, make recipients accountable
 - 1J Provide technical assistance on grant application
- 2) LOCAL COORDINATION
 - 2A Coordinated, multi-agency, community plan for each locality
 - 2B One provider center for all homeless shelter and/or services
 - 2C Citizen review boards including homeless
 - 2D State Office for the Homeless with Regional offices
 - 2E Set standards and accountability levels for providers
 - 2F Mechanism for coordination and communication among providers
 - 2G States and cities work in conjunction with non-profits
- 3) IMPROVED DELIVERY OF SERVICES
 - 3A Case management
 - 3B Social services should be provided at shelters
 - 3C Provide transportation to easily accessible services
 - 3D Services open on weekends and after 5:00 pm
 - 3E Locate services near housing
 - 3F Use schools and other mainstream programs to teach life-skills
 - 3G require client commitment
 - 3H Long term programs rather than temporary shelters
 - 3I Focus on prevention i.e. intervention with landlords, provide emergency rental assistance
 - 3J Information systems and dissemination of information on housing stock, innovative programs
 - 3K Staff development for service providers

4) SOCIAL SERVICES SUPPORT

- 4A Substance abuse
- 4B Battered women and children
- 4C Child care
- 4D Transportation
- 4E Mental Health
- 4F Health
- 4G Education
- 4H Life skills counseling
- 4I Job Training and Job Placement
- 4J More jobs

5) INCREASED FUNDING TO PROGRAMS AND/OR DIRECTLY TO HOMELESS

- 5A Welfare Reform
- 5B Federal tax credits
- 5C Additional funding to rural areas
- 5D Redirection not issue, just more funds
- 5E Increase funding for service to the mentally ill
- 5F Increase Minimum Wage

6) HOUSING

- 6A Build more affordable housing, low-income housing
- 6B Use closed military bases, plants, and public facilities
- 6C Use vacant HUD project units
- 6D Site managers at Public Housing Projects
- 6E Transitional housing
- 6F Provide counselling so formerly homeless do not return to streets
- 6G SRO preservation and production
- 6H Get foreclosed and abandoned homes to low/income people through public/private partnerships and non-profits

7) DEFINING THE CLIENT

- 7A Families
- 7B Children
- 7C Youth
- 7D Single adult males
- 7E Single adult females
- 7F Those at risk of becoming homeless
- 7G Formerly homeless

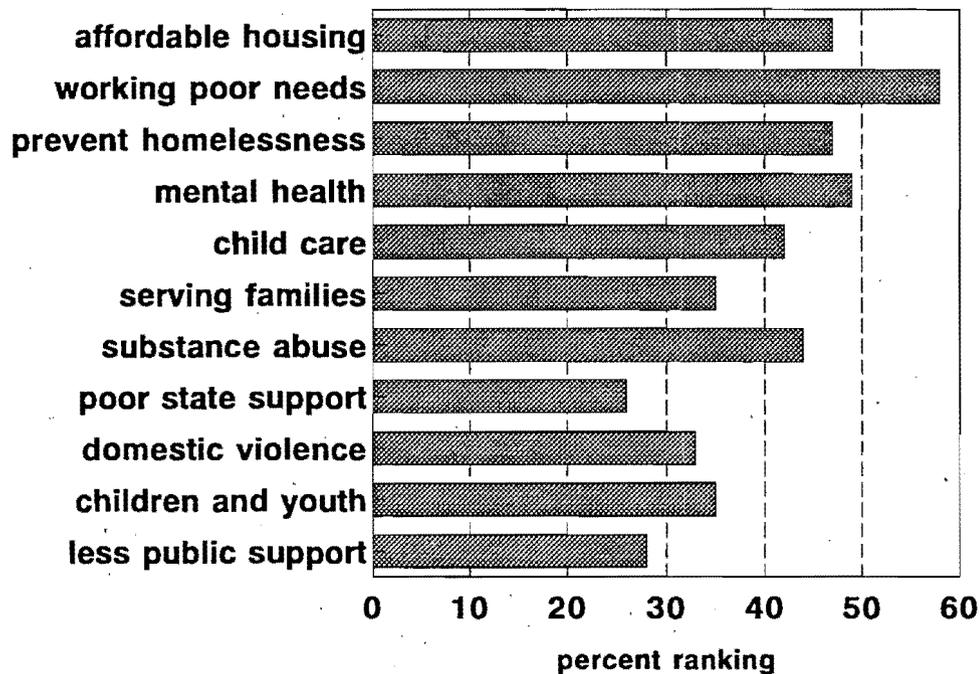
8) INNOVATIVE PROGRAMS/IDEAS/INSIGHTS

Appendix C

Additional Bar Graphs

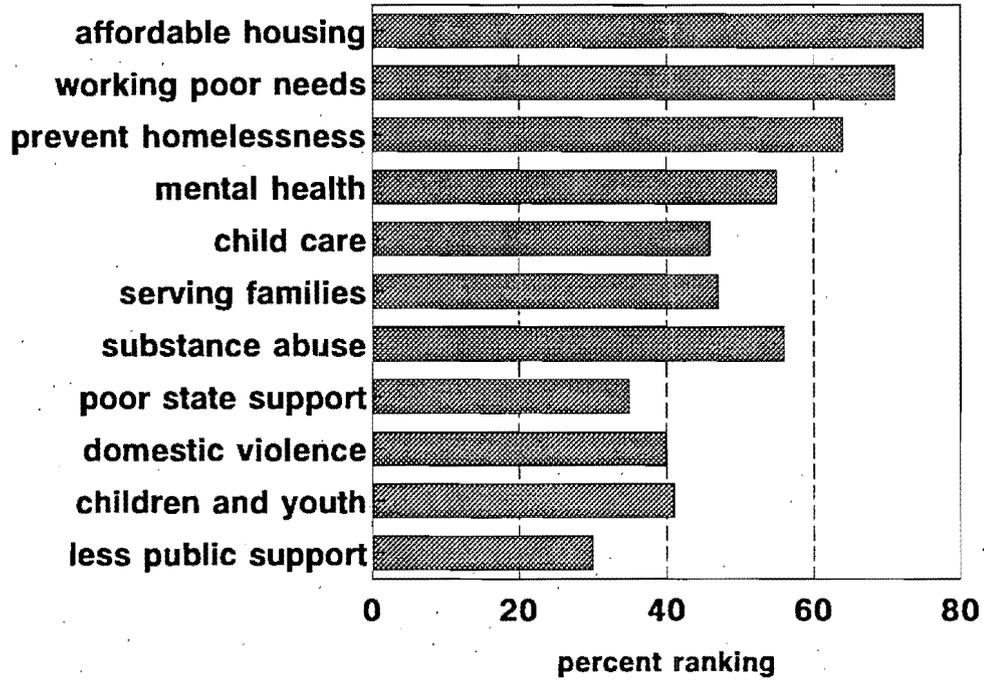
PRIORITY HOMELESS ISSUES FROM FEDERAL GOVERNMENT

Top issues ranked 1st or 2nd priority



SOURCE: 1993 HUD national survey (N=43)

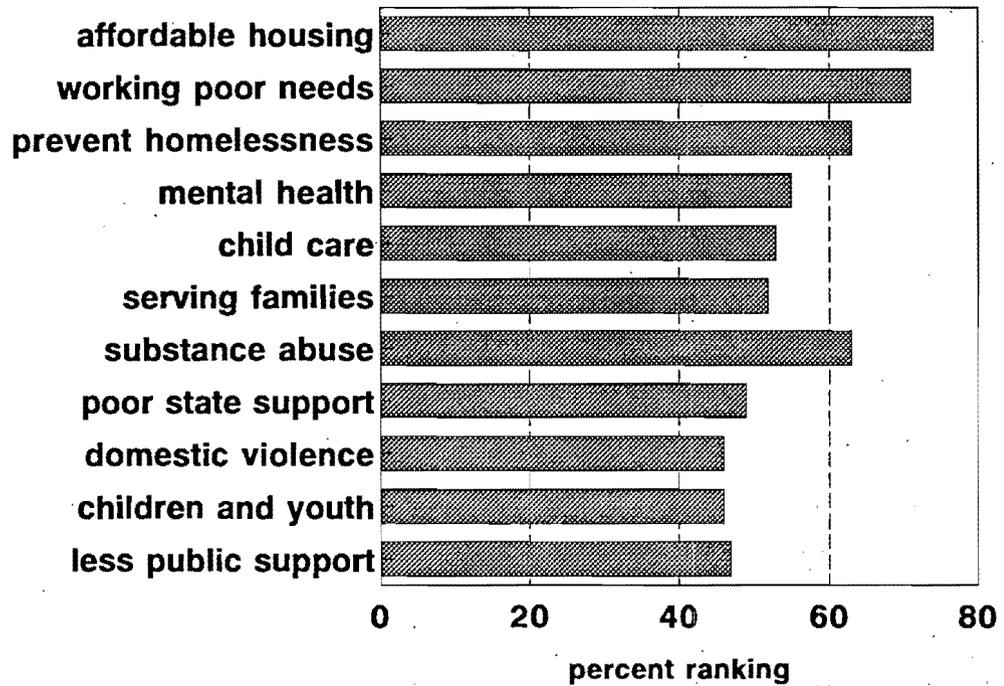
PRIORITY HOMELESS ISSUES FROM CITY/COUNTY GOVERNMENT
Top issues ranked 1st or 2nd priority



SOURCE: 1993 HUD national survey (N=241)

PRIORITY HOMELESS ISSUES FROM LARGE METRO AREAS

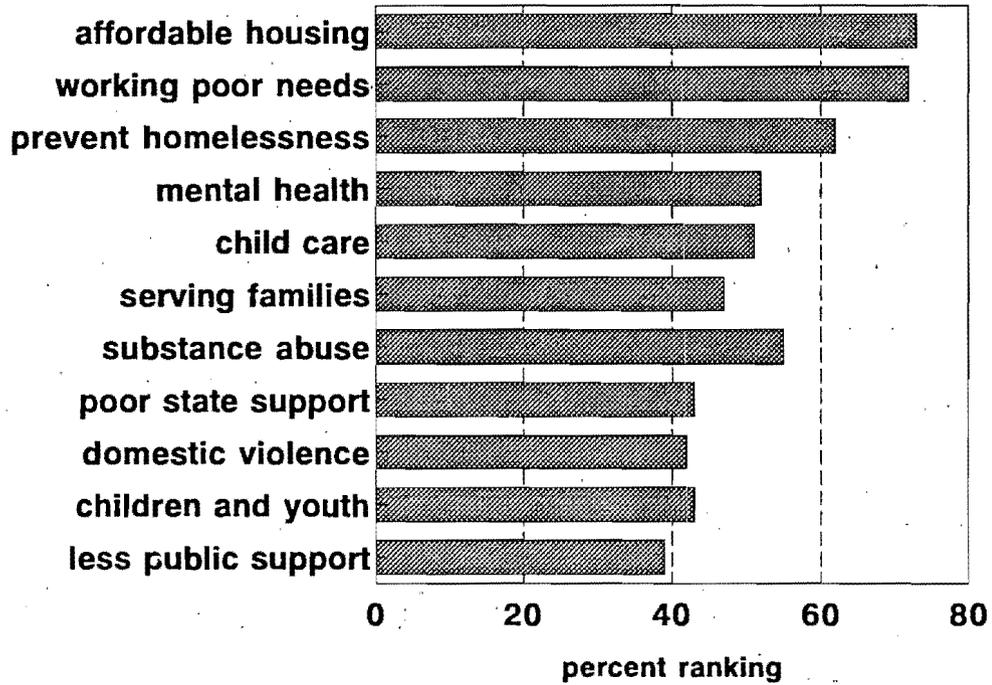
Top issues ranked 1st or 2nd priority



SOURCE: 1993 HUD national survey (N=688)

PRIORITY HOMELESS ISSUES FROM MODERATELY SIZED AREAS

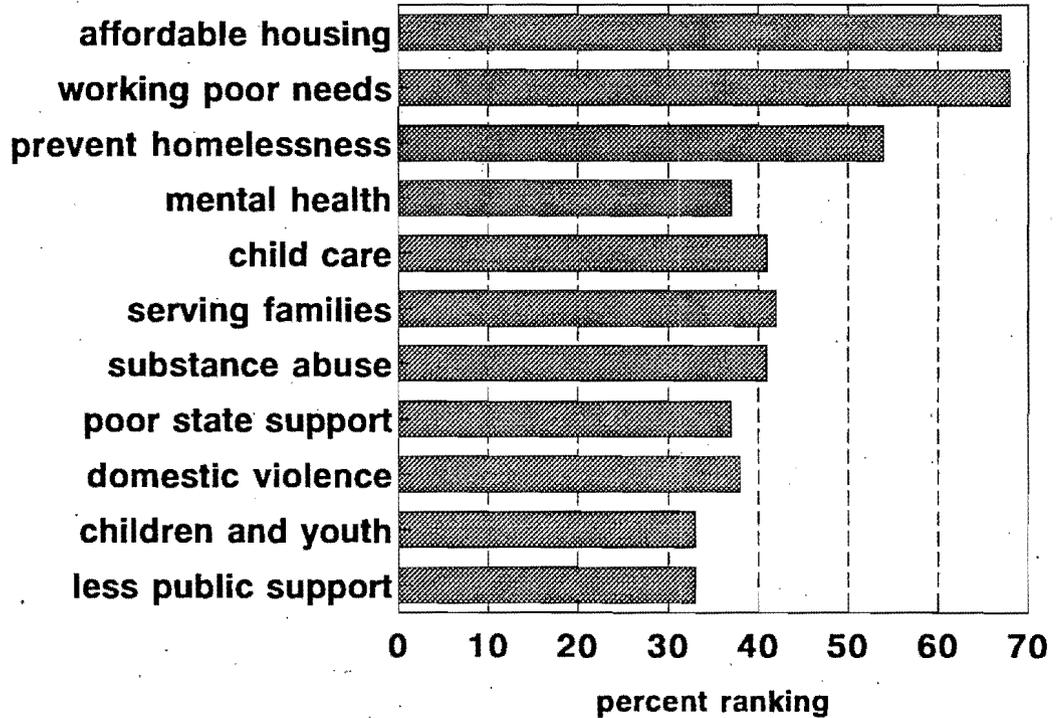
Top issues ranked 1st or 2nd priority



SOURCE: 1993 HUD national survey (N=656)

PRIORITY HOMELESS ISSUES FROM RURAL AREAS

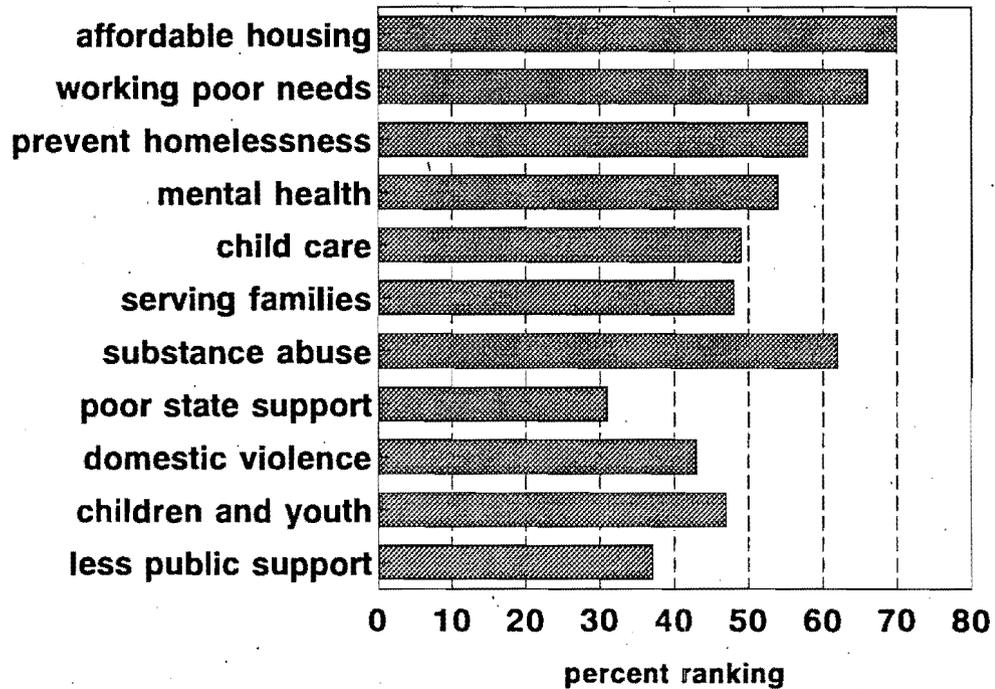
Top Issues ranked 1st or 2nd priority



SOURCE: 1993 HUD national survey (N=434)

PRIORITY HOMELESS ISSUES FROM STATE GOVERNMENTS

Top Issues ranked 1st or 2nd priority



SOURCE: 1993 HUD national survey (N=102)

Appendix D

Interagency Council Staff

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Advocacy and Consultant Organizations

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