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Homelessness: A Complex Problem And The Federal Response

Homelessness has been receiving increasing attention in communities across the country. Studies from all regions report on the growing number of people who have sought shelter from private voluntary and public agencies. Surveys have also identified an increase in the numbers of women and children, young adults, and mentally ill persons who have become part of the homeless population.

Multiple factors have been identified as contributing to the problems of homelessness. In addition to the historical factor, alcohol and drug abuse, these include: increased unemployment in the late 1970's and early 1980's, inadequate community resources for the mentally ill, increases in personal crises, cuts in public assistance, and the decline in the number of low-income housing units. Homelessness is likely to remain a problem due to continuing shortages of mental health services and low-income housing.

While there is no single federal agency to provide services to the homeless, aid has been provided through different mechanisms. The federal agency providing the most funds directly is the Federal Emergency Management Agency, which has obligated \$210 million for food and shelter during the last 3 fiscal years. However, the authorization for an emergency food and shelter program will run out at the end of fiscal year 1985; that agency believes it lacks the expertise to run a permanent program and has not requested funds for fiscal year 1986. Whether an emergency food and shelter program will be continued after September 30, 1985, and if so, which agency will administer it, remains unresolved.



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UNITED STATES GENERAL ACCOUNTING OFFICE

WASHINGTON, D.C. 20548

HUMAN RESOURCES
DIVISION

B-217620

The Honorable Ted Weiss
Chairman, Subcommittee on Intergovernmental
Relations and Human Resources
Committee on Government Operations
House of Representatives

Dear Mr. Chairman:

This report presents the results of our review addressing the problems of the homeless population undertaken at your request. In this report we identify the recent trends in homelessness, the factors influencing these trends, and the federal efforts to deal with the problem.

As arranged with your office, we plan no further distribution until 30 days from the date of the report unless you publicly announce its contents. At that time we will send copies to interested congressional committees; the Secretaries of Agriculture, Defense, Health and Human Services, and Housing and Urban Development; the Directors of the Federal Emergency Management Agency, the Office of Management and Budget, and ACTION; the Administrator of Veterans Affairs; and other interested parties.

Sincerely yours,

A handwritten signature in cursive script that reads "Richard L. Fogel".

Richard L. Fogel
Director

GENERAL ACCOUNTING OFFICE
REPORT TO THE CHAIRMAN, SUB-
COMMITTEE ON INTERGOVERNMENTAL
RELATIONS AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT OPERATIONS
HOUSE OF REPRESENTATIVES

HOMELESSNESS: A COMPLEX
PROBLEM AND THE
FEDERAL RESPONSE

D I G E S T

Homelessness has been receiving increasing attention in communities across the country. Reports from cities in all regions have called attention to the number of people who wander the streets and sleep on heating grates or in other public places, as well as the increasing number of people who have sought shelter from voluntary and public agencies. Also, surveys report seeing an increase in the numbers of women and children, young people, minorities, and mentally ill persons who have become part of the homeless population.

Concerned about the homeless, the Chairman of the Subcommittee on Intergovernmental Relations and Human Resources of the House Committee on Government Operations asked GAO to identify:

- the trends in poverty for this population,
- the factors affecting these trends, and
- the federal programs providing services to the homeless.

In October 1984, GAO testified at the Subcommittee's hearing on the homeless; this report presents the final results of GAO's work.

TRENDS IN HOMELESSNESS

No one knows how many homeless people live in the United States because of the many difficulties inherent in counting them. As a result, there is much disagreement over how big the problem is. Estimates range from a low of 250,000 to 350,000 nationwide by the Department of Housing and Urban Development (HUD) to a high of 2 to 3 million by the Community for Creative Non-Violence, a Washington, D.C.-based advocacy group and shelter provider. Although widely reported, the reliability of both of these estimates is questionable.

Despite the disagreement over the size, there is agreement that homelessness is increasing although there are no reliable data to identify how much it is increasing. The rates of increase nationwide vary from a HUD estimate of 10 percent per year between 1980 and 1983, to a Conference of Mayors estimate of 38 percent for 1983 alone. Service providers have increased their services in response to the increase in the number of people seeking food and shelter. HUD reported that the number of shelters for the homeless has increased by 66 percent nationally since 1980.

The composition of the homeless population is also changing. Historically the homeless have been viewed as alcoholics, drug addicts, and transients. However, service providers now report seeing homeless who do not fit this description. More mentally ill are being seen among the homeless, as well as a younger population in their mid-30's, more minorities, and more women and children.

FACTORS AFFECTING HOMELESSNESS

In reviewing studies that address the problems of the homeless, GAO identified multiple factors which are interrelated and contribute to a person becoming homeless. The major factors are:

- Increased unemployment in the late 1970's and early 1980's.
- Deinstitutionalization of mentally ill persons and the lack of available community-based services for them.
- Increases in personal crises.
- Cuts in public assistance programs.
- Decline in the low-income housing supply.
- Alcohol and drug abuse.

The upturn in the economy which began in 1983 is likely to temper the impact unemployment will have on increased homelessness. However, insufficient community-based mental health services and a continuing decline in low-income housing could contribute to further problems in homelessness.

PROGRAMS TO SERVE THE HOMELESS

Cities, counties, and volunteer organizations, with aid from the states and federal government, have responded to the increased demand for services by expanding the supply of shelter beds. By the winter of 1983-84 there were 111,000 shelter beds nationwide. Even with this increase in shelter beds, many studies which GAO reviewed, representing cities across the country, reported insufficient shelter capacity.

While there is no single federal agency or program to provide services for the homeless, aid has been provided through different mechanisms. The federal role has been primarily to supplement the more substantial state and local efforts to provide food and shelter. The federal agency providing the most funds directly has been the Federal Emergency Management Agency (FEMA). Efforts also have been made by the Departments of Defense (DOD), Health and Human Services (HHS), and Agriculture; HUD; the Veterans Administration; and ACTION.

Under the Emergency Jobs Appropriation Act of 1983, the Congress included a provision creating the first national program specifically to aid the homeless. The act authorized FEMA to distribute \$100 million to groups providing food and shelter. The Congress also provided supplemental appropriations, including \$40 million in November 1983 and another \$70 million in August 1984 extending the program into fiscal year 1985.

In fiscal year 1984, DOD obligated \$900,000 of the \$8 million budgeted by the Congress to make military facilities and incidental services available to the homeless. The \$900,000 was obligated for two shelter projects. DOD had offered facilities at over 600 installations to at least 382 communities nationwide, but local communities generally did not participate because they did not have the funds to operate the shelters.

The Congress budgeted \$500,000 for this program in fiscal year 1985; however, DOD has indicated that it will not limit renovations for homeless shelters to the \$500,000, but will spend whatever amount is necessary to fund shelter renovations whenever agreements are reached with local

service organizations. This is in keeping with past committee directions that aside from the amount of money budgeted for the shelter program, "DOD should make sufficient additional funds available as necessary" to support this program.

In 1983 a Federal Interagency Task Force on Food and Shelter was created in HHS to cut red tape and act as a "broker" between the federal government and the private sector when an available federal facility or resource is identified. As of March 1985 the Task Force reported obtaining 10 major sharing agreements with federal agencies to support local food and shelter projects. HHS has also agreed to spend up to \$5 million over 3 years to renovate a deteriorating building for use as a model shelter in Washington, D.C.

LONG-TERM EFFORTS

Though supplying food and shelter is responsive to the immediate needs of the homeless, long-term solutions are believed necessary if the problems of homelessness are to be resolved. These longer term strategies generally focus on expansion of community-based services and include: more physical and mental health care, employment and training, expansion of permanent low-income housing, and assistance in helping the homeless gain access to existing programs and benefits.

Long-term solutions are problematic, however, and are likely to be expensive because they will have to address the issue of how to most effectively assist individuals with financial and often chronic mental health and medical problems. Also, there is disagreement over how these services should be organized, what they would cost, and how they would be paid for.

Determining the most appropriate long-term solutions to the problem of homelessness could be enhanced with additional research. Specifically, more reliable data are needed on the extent of homelessness and the characteristics of the homeless. Other unanswered questions include: how effective are social services and income transfer programs in helping the homeless, and what proportion of the deinstitutionalized homeless are not being helped by

community-based resources and why. Data on these questions and other key issues from on-going and new studies could help in the development of viable strategies targeted to the needs of the homeless.

In summary, homelessness is likely to remain a problem for several years. What the federal role will be in providing services to homeless individuals is, however, unresolved. Continuation of the effort to provide funds for food and shelter under the FEMA program is uncertain as authorization for this program runs out at the end of fiscal year 1985. FEMA has indicated it lacks the expertise to run a permanent program, and no funds for fiscal year 1986 were requested. Thus, questions as to whether the FEMA program to provide food and shelter for the homeless will continue beyond September 30, 1985, and if so, whether FEMA or another agency will administer it, remain unanswered.

AGENCY COMMENTS

GAO received oral comments from the federal agencies responsible for the programs discussed in this report. These comments related generally to technical program information and were incorporated, where appropriate, into this report.

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ABBREVIATIONS

AFDC	Aid to Families with Dependent Children
APA	American Psychiatric Association
CCNV	Community for Creative Non-Violence
CDBG	Community Development Block Grant
CSBG	Community Services Block Grant
DOD	Department of Defense
FEMA	Federal Emergency Management Agency
GAO	General Accounting Office
GSA	General Services Administration
HHS	Department of Health and Human Services
HRA	New York City Human Resources Administration
HUD	Department of Housing and Urban Development
NIMH	National Institute of Mental Health
SRO	single room occupancy
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
USDA	U.S. Department of Agriculture
VA	Veterans Administration
VISTA	Volunteers in Service to America

CHAPTER 1

INTRODUCTION

Homelessness has been receiving increasing attention in communities across the country. Reports from cities in all geographic regions have documented the number of people who wander the streets and sleep on heating grates or in other public places, and the increasing number of people who have sought emergency shelter from voluntary and public agencies. Also, surveys have identified an increase in the past several years in the numbers of women and children, young adults, and mentally ill persons who have become part of the homeless population.

Concerned about the homeless, the Chairman of the Subcommittee on Intergovernmental Relations and Human Resources, House Committee on Government Operations, asked us to examine trends and problems contributing to homelessness in the United States.

OBJECTIVES, SCOPE, AND METHODOLOGY

The specific objectives of our work were to identify:

- ° the trends in poverty for this population,
- ° the factors affecting these trends, and
- ° the federal programs providing services to the homeless.

In October 1984 we testified at the Subcommittee's hearing on the homeless, and this report presents the final results of our work.

The scope of our work on the homeless involved reviewing, analyzing, and synthesizing data from existing studies; interviewing people involved with the homelessness problem; and gathering and analyzing data pertaining to federal programs. Overall we reviewed more than 130 studies representing cities and counties across the United States, as well as available studies with a nationwide perspective. These studies are listed in appendix III.

Many of these studies are descriptive of problems in local areas; we relied on them, therefore, as a means of identifying general issues or problems in homelessness. However, for our analysis of trend data and factors contributing to homelessness, we drew upon 75 studies which included primary data collection. Thirty of these studies reported data based on interviews with homeless individuals. Appendix I lists each of these studies

and identifies who conducted the study, its geographic location, time frame, when the data were collected, data collection method, sampling method used, and number of interviews conducted. Summary data on this subset of studies are presented below:

Number of studies	30
Cities/counties represented	19 cities or counties
Time frame for data collection	1981-84
Organizations conducting the studies:	
University	8
Service provider	5
State agency	2
City/county agency	7
Nonprofit voluntary agency	2
Coalition/task force	5
Consultant	1

Forty-five of these studies reported data by shelter providers and other organizations which come in contact with the homeless. These typically include statistical data obtained from the shelters in a city or county or survey data collected from interviews with community organizations serving or coming in contact with the homeless (e.g., hospitals, churches, and mental health centers). Appendix II lists each study and identifies who conducted it, the geographic location, time frame when the data were collected, and the data collection method. Summary data on this subset of studies are presented below:

Number of studies	45
Cities/counties/states represented	47 cities or counties 6 statewide efforts
Time frame for data collection	1979-84
Organizations conducting the studies:	
University	2
Service provider	9
State agency	4
City/county agency	5
Nonprofit voluntary agency	5
Coalition/task force	13
Private researchers	6
State legislature	1

We supplemented our review of the above studies by interviewing: individuals who provide emergency food and shelter services; public officials (representing city, county, state, and federal agencies); university researchers; and individuals representing nonprofit voluntary organizations. We visited shelters in Washington, D.C., and New York City and interviewed homeless individuals in both locations.

To identify federal programs providing services to the homeless, we interviewed government officials responsible for setting policy and operating programs for the homeless, and collected and analyzed data on policies in all federal agencies dealing with homeless initiatives. The agencies included were: Department of Health and Human Services (HHS), Department of Housing and Urban Development (HUD), Federal Emergency Management Agency (FEMA), Department of Agriculture (USDA), ACTION, Department of Defense (DOD), and Veterans Administration (VA).

CHAPTER 2

TRENDS IN HOMELESSNESS

No one knows how many homeless people live in the United States today. Because of the many difficulties inherent in counting homeless persons, a reliable estimate has been difficult to obtain. As a result, there is much disagreement over how large the problem is. National estimates range from a low of 250,000 to 350,000 by the Department of Housing and Urban Development¹ to a high of 2 to 3 million by the Community for Creative Non-Violence (CCNV), a Washington, D.C.-based advocacy group and shelter provider.²

Despite the disagreement over the size, there is agreement in the studies we reviewed that homelessness has been increasing over the last several years, although there are no reliable data to identify how much it is increasing. Service providers throughout the country have increased their services in response to the large number of people seeking food and shelter. HUD estimates that the number of shelters for the homeless has increased nationally by about 66 percent since 1980.³

WHAT IS HOMELESSNESS?

Many different definitions have been used to describe homelessness:

--In its study during the winter of 1983-84, HUD counted a person as homeless if his or her nighttime residence was:⁴

(a) "in public or private emergency shelters which take a variety of forms--armories, schools, church basements, government buildings, former firehouses and, where temporary vouchers are provided by private and public agencies, even hotels, apartments, or boarding homes;" or

(b) "in the streets, parks, subways, bus terminals, railroad stations, airports, under bridges or aqueducts, abandoned buildings without utilities, cars, trucks, or any of the public or private space that is not designed for shelter."

--The National Institute of Mental Health (NIMH) of the Department of Health and Human Services concluded that there is no precise, commonly accepted definition. Participants at an NIMH workshop developed a working definition of a homeless person as "anyone who lacks adequate shelter, resources, and community ties."⁵

--Two researchers with the Community Service Society of New York (a nonprofit service organization) used a similar definition but added: ". . . those whose primary residence is in other well-hidden sites known only to their users."⁶

In this report, the definition we use for homelessness that encompasses the common components of the above definitions is: "those persons who lack resources and community ties necessary to provide for their own adequate shelter."

CHANGING NATURE OF THE HOMELESS POPULATION

Historically the homeless have been viewed as alcoholics, drug addicts, and/or transients. Most were described as white elderly males who either wandered the country looking for seasonal spot labor or "hung out" in front of bars, pool halls, or dilapidated hotels.⁷ Service providers now report seeing more homeless who do not fit this description. Following the de-institutionalization movement which began in the mid-1950's, more and more mentally ill persons have been identified among the homeless population. More recently, the "new homeless" include persons who have lost their jobs or public assistance, lost their residences, and were subsequently unable to find affordable housing.⁸ Also, shelter providers report serving a younger population in their mid-30's and more women and children.⁹

Reviewing recent studies in the mental health field, NIMH reports similar findings. One NIMH researcher concluded that

"the homeless are a heterogeneous population comprised of many subgroups including runaway children, immigrants, migrants, so-called bag-ladies, displaced families, a certain number of the unemployed, battered women, minorities, the elderly, and an over-representation of persons with serious alcohol, drug abuse, and mental health disorders."¹⁰

An Atlanta research group reports that the "stereotype of the Skid Row wino or bum no longer adequately describes the homeless, as increasing numbers of women, young people, mentally disabled, and economically displaced enter that population."¹¹

Based on its survey of shelter providers and review of local studies, HUD concluded that the "demographic characteristics of the homeless have changed markedly over the last 30 years." The current population has, according to HUD, a "very different profile:"¹²

--While most homeless persons are single, the number of families is significant.

--The homeless population is much younger than in the past, with an average age of 34.

--Though most homeless persons are white, the proportion of minorities is rising.

Our review of studies, including both those based on interviews with the homeless and those which relied on information from shelter and other service providers, confirmed HUD's findings.* Over the period 1979 to 1984 the homeless population, while still primarily composed of single white men, included a sizable group of women, families, and minorities. In addition, the homeless were reported to most typically fall between the ages of 20 and 40. Our interviews with shelter providers, researchers, and government officials also corroborated these study results.

In May 1984, the New York State Department of Social Services surveyed¹³ over 1,000 groups statewide. The survey results from 250 shelter providers indicated that a significant proportion of the homeless who used shelters were family members and were relatively young. The survey found that on an average night in 1983, public and private shelters across the state "provided space" for 20,200 persons, of whom 9,013 were single individuals. The rest were members of 3,170 families. Also, over 40 percent of both male and female shelter users were 30 years of age or less.

A January 1985 study¹⁴ by three researchers at the University of California at Los Angeles also documented how the nature of homelessness has changed. Based on interviews with 238 homeless individuals at six different locations, the researchers found them to be young (average age of 37), educated (two-thirds had finished high school), and transient (half had moved to Los Angeles within the last year). There were also many women (23 percent) and children (34 percent of the women said that they said that they had minor children), as well as minorities (49 percent). Almost half the men and 6 percent of the women stated they were veterans, and 21 percent of all the homeless said they were employed.

*These studies are listed in appendixes I and II.

DIFFICULTIES IN COUNTING THE HOMELESS

Organizations which have conducted surveys of homelessness report many difficulties in locating all individuals in need of shelter because they stay in such places as abandoned buildings, alleys, and underneath bridges, as well as other unconventional places which are not easily located. Also, providing sufficient security for surveyors so that they would be willing to seek out these diverse locations is a problem that may cause some homeless to go uncounted.

Some of these problems were identified by the Emergency Shelter Commission of Boston when it attempted to count all the homeless in Boston on the night of October 27, 1983.¹⁵ The Commission concluded that the survey results were in "no way an absolute representation of Boston's homeless census" because a significant proportion of Boston's homeless individuals and families were not included in the count. This is because, as the Commission noted, the surveyors did not explore dead end alleys or look for homeless people in abandoned buildings, dumpsters, parking garages, or bus and train yards. Also, only a few cars, parked on deserted back streets, were explored for homeless occupants.

In attempting to determine the extent of the homeless population in Connecticut, a Governor's Task Force on the Homeless concluded that:¹⁶

". . . any method utilized would only produce a rough estimate rather than an accurate count. The phenomenon of homelessness, by its very nature, does not lend itself to producing conclusive data. The population is ever-shifting--transients move on, people become unemployed, buildings are condemned, families are evicted and/or overcrowded, people choose to feed their children rather than pay rent."

According to CCNV, even if all homeless people could be located, most would not admit to being homeless. They believe that most homeless people spend a great deal of time and energy trying to remain "invisible" in order to carry out the activities of daily living and to escape threats, violence, and harassment from others who can see their vulnerability. Considering this, few homeless people will admit to anyone, particularly people who appear to represent authority, that they are homeless. CCNV believes that the homeless can be counted only after they have been brought inside shelters and that the only way to bring them inside is to provide "adequate and accessible shelter space, offered in an atmosphere of reasonable dignity."¹⁷

Other organizations have also reported difficulties in counting the homeless who reside in shelters. The Massachusetts Coalition for the Homeless concluded:¹⁸

"It is very difficult to get accurate data beyond the number of beds and types of guests accepted because each [shelter] has a different way of recording or simply observing the number of people requesting shelter. Since there is no one place (such as the local welfare office) where requests are funneled there is no way to interpret whether it is the same people requesting shelter each night from any given shelter in a homeless zone."

In one of the few efforts to conduct a statewide census of the homeless, a study by the New York State Department of Social Services recently reported that there are an estimated 44,000 to 50,000 homeless men and women in New York, with 85 percent of them in New York City. This is based on a nightly average census in 1983 when about 20,200 people used community emergency accommodations across the state. The estimated remaining 20,000 to 30,000 homeless were believed to have slept on the streets, in bus terminals, or on park benches. The report noted, however, that it is impossible to make an accurate count of these individuals.¹⁹

While the difficulties in obtaining an accurate count at the state or community level are considerable, these problems are magnified when attempts are made to arrive at national estimates. Two efforts have been made, and the results have been reported extensively. Both were based primarily on partial counts and the opinions of local people who deal with the homeless; consequently, the reliability of both estimates is questionable.

The two efforts produced results which vary greatly. HUD reported that on an average night in December 1983 and January 1984 between 250,000 and 350,000 persons were homeless. CCNV estimated that during the winter of 1983-84, there were nearly 10 times the number estimated by HUD or between 2 and 3 million homeless persons each night.

HUD's methodology consisted of four approaches which indicated that the highest estimate possible would be 586,000, which HUD called an "outside estimate," and the lowest, 192,000. After reviewing the results, HUD concluded that "as best as can be determined from all available data, the most reliable range is 250,000 to 350,000 homeless persons." Table 1 shows the results using each of the four approaches:²⁰

Table 1

Summary of HUD's Approaches to
Estimating the Number of Homeless Persons Nationwide

Extrapolation from highest published local estimates	586,000
Extrapolation from estimates in 60 metropolitan areas obtained in 500+ local interviews	254,000
Extrapolation of estimates from the national sample of shelter operators	353,000
Shelter population and local area street count or 1980 census street count	192,000 to 267,000

While the estimate developed by HUD is the first systematic attempt to determine the number of homeless persons nationwide, with the exception of three actual physical counts conducted by local groups in Boston, Phoenix, and Pittsburgh, HUD had to rely on estimates based on opinions of persons who had come in contact with homeless persons.²¹ As a result, the local interviewees had little empirical data on which to base the estimates which they gave HUD.

Various advocacy groups and shelter providers have raised several concerns about the methodology used by HUD:²²

- (a) A number of interviewees claimed that they were not asked to provide a total homelessness figure for their metropolitan area, but instead were asked for an estimate of a smaller population, such as those in center cities only, in shelters only, or on the streets only.
- (b) Some interviewees said that they were not aware of what geographical area their estimates were to cover or that they were not familiar with the homelessness situation outside their immediate neighborhood or locality.
- (c) There were claims that HUD discarded or gave lower weight to some of the higher estimates.
- (d) HUD's assertion that there was little homelessness outside central cities was questioned by local service providers.

The CCNV estimate has also been challenged. CCNV based its number on a sample of local shelter providers who estimated that

an average of 1 percent of the total population of their locality was homeless. Although the estimates were made for urban areas only, the 1 percent homeless ratio was extrapolated to cover the entire U.S. population (approximately 230 million) and rounded to between 2 and 3 million.²³ Most of these shelter providers had not counted the homeless in their geographic areas; consequently, the CCNV estimates are based on little empirical data. The CCNV numbers are, therefore, only a "best guess" estimate of what some individuals who come in contact with the homeless believe the size of this population to be. Because of this methodology, CCNV acknowledges that the numbers lack scientific reliability.

ESTIMATES FROM STUDIES INDICATE HOMELESSNESS IS INCREASING

Local studies by research organizations, coalitions, and state and local governments frequently attempt to estimate the size of the homeless population in local jurisdictions. These estimates are based on various indicators, including (1) requests for emergency shelter beds and food, (2) services provided applicants for public assistance who list a shelter as their address or cannot furnish an address, (3) arrests and/or observations by police, (4) personal observation of the number of homeless on the streets, and (5) in a few cases, actual efforts to count the homeless on the streets in specific areas of a city.

While not agreeing on the size of the homeless population, there was consistent agreement in the state and local studies we reviewed that it is growing. This was corroborated in the interviews we conducted with shelter operators, researchers, and government officials. However, because of the absence of reliable baseline data, no one has been able to document the magnitude of the increase. The rates of increase nationwide vary from a HUD estimate of 10 percent per year²⁴ between 1980 and 1983, to a U.S. Conference of Mayors estimate of 38 percent during 1983.²⁵

In response to the problems of homelessness, there has been an increase in the supply of shelter beds.²⁶ HUD estimates that between 1980 and 1984, the number of shelters for the homeless increased by about 66 percent, with more than half of the increase occurring between 1983 and 1984.²⁷ HUD's estimates were based on telephone interviews with local shelter providers who provided actual counts of available beds.

As a result of the growth in the number of shelters, during the winter of 1983-84, there were 111,000 emergency shelter beds nationwide to house the homeless. Of this number, about 12,000

beds are for runaway youths, 8,000 for battered or abused women, and 91,000 to serve other homeless persons--including single men, single women, and parents with children.²⁸ Even with this increase in shelter beds, many studies we reviewed, representing cities across the country, reported insufficient shelter capacity. Many also documented the number of homeless they had to turn away on some nights because they were operating at full capacity.

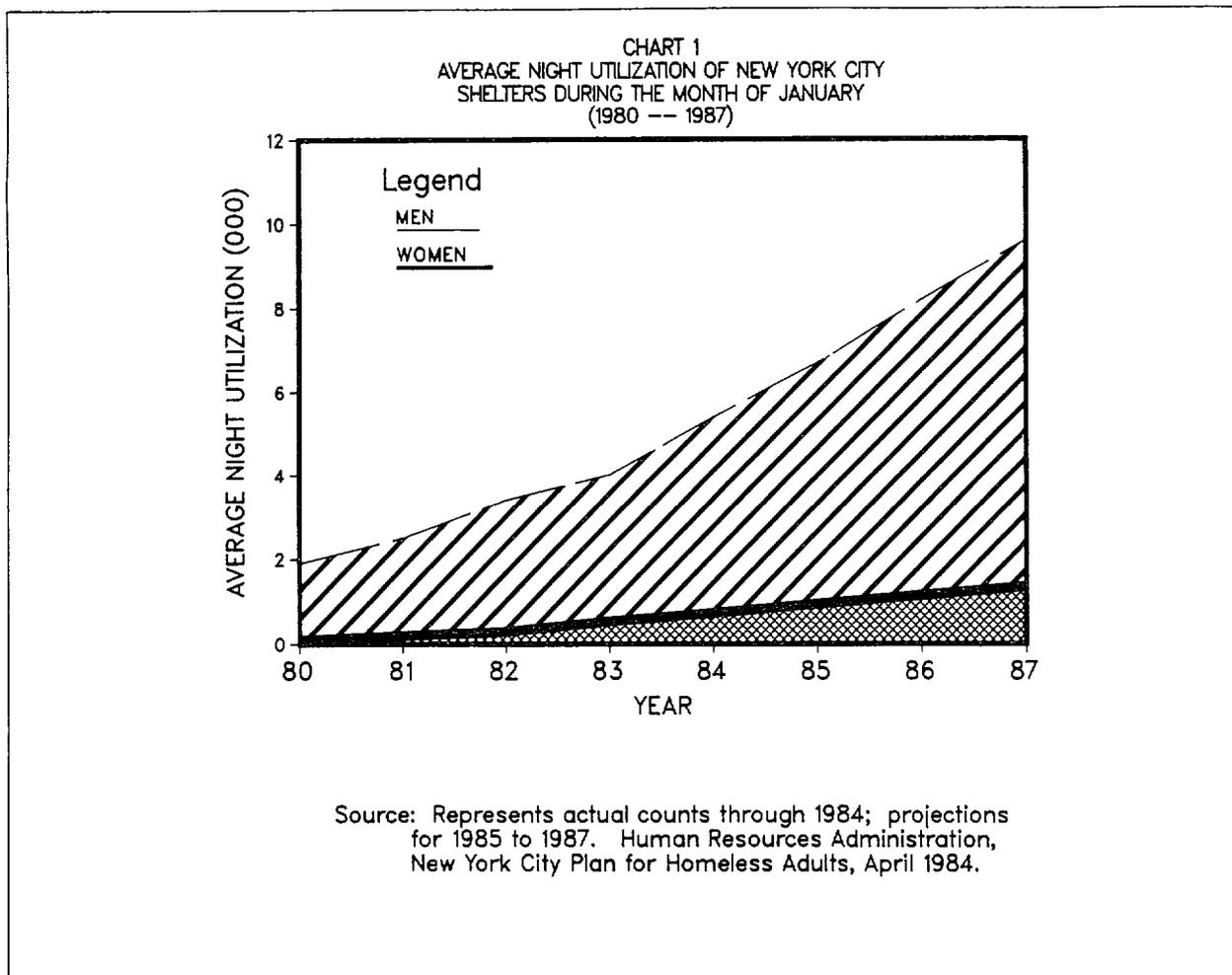
A September 1984 U.S. Conference of Mayors study of 83 cities found that the demand for emergency services--food, shelter, energy assistance, income assistance, and medical assistance--increased during 1984 in more than half of the cities surveyed and is expected to continue to increase during 1985. Nearly three-fourths of the cities reported an increase in the demand for shelter during 1984. Similarly, three-fourths expected a further increase in 1985.²⁹

The Mayors' report noted increases in homelessness during 1984 as reported by several cities in their survey:³⁰

"Nearly three out of every four cities responding reported that the demand for food assistance and shelter has increased this year. Sharp increases in the demand for shelter are more widespread, as 28 percent of the cities responding indicate there have been major increases; 19 percent report there have been major increases in the demand for food assistance. Included among those cities citing major increases in the demand for shelter are Anaheim [CA], Anchorage [AK], Berkeley [CA], Columbia [MO], Daly City [CA], Livermore [CA], Los Angeles [CA], Medford [MA], Melbourne [FL], San Francisco [CA], San Mateo [CA], Seattle [WA], and Tucson [AZ]. Just over 20 percent of the cities say the demand for shelter remained the same this year, including Dade County [FL], Evansville [IN], Jacksonville [FL], San Diego and Tustin [CA]. Less than ten percent say it decreased, with Auburn [ME], Providence [RI], and San Leandro [CA] among them."

In a 1984 study examining the needs of homeless adults, the Human Resources Administration (HRA) of New York City reported shelter use over time. (HRA is the city agency responsible for providing shelter to the homeless in accordance with court consent decrees.) HRA shelter bed counts indicate that the average nightly census of adults who used shelter services was 2,023 in January 1980. By January 1984, this had increased to 6,110; HRA projected this would increase to 7,650 in 1985, representing a tripling in shelter use in New York City over this time period.

The city projected that if these trends continue, there would be a need for an additional 1,700 beds in fiscal year 1986, and 1,600 beds in fiscal year 1987 (see chart 1).³¹



HRA did not include a count of homeless families with children who are sheltered in voucher hotels and city-owned apartments in its analysis of trends since 1980. However, an actual count reported that 3,285 homeless families were lodged in city-contracted welfare hotels in January 1985, compared with 2,400 in January 1984.

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In summary, no one knows how many homeless people there are in America because of the many difficulties reported by organizations which have tried to locate and count them. As a result, there is considerable disagreement over the size of the homeless

population. However, there is agreement in the studies we reviewed and among shelter providers, researchers, and agency officials we interviewed that the homeless population is growing. Current estimates of annual increases of the growth in homelessness vary between 10 and 38 percent. The homeless population is also changing and includes an increasing number of the mentally ill as well as a younger population in their mid-30's, and more women, children, and minorities.

Notes

- ¹The Department of Housing and Urban Development (HUD), A Report to the Secretary on the Homeless and Emergency Shelters, May 1984, pp. 18-19.
- ²Mary Ellen Hombs and Mitch Snyder. Homelessness in America: A Forced March to Nowhere. The Community for Creative Non-Violence, Washington, D.C., 2nd. ed., September 1983, p. xvi. Mitch Snyder, testimony at the May 24, 1984, hearing before the Subcommittee on Housing and Community Development of the Committee on Banking, Finance, and Urban Affairs and the Subcommittee on Manpower and Housing, Committee on Government Operations, U.S. House of Representatives, HUD Report on Homelessness, Banking Committee Serial No. 98-91, pp. 33-34.
- ³Computed from data appearing in HUD, p. 34.
- ⁴HUD, pp. 7-8.
- ⁵Irene Shifren Levine, "Homelessness: Its Implications for Mental Health Policy and Practice." Prepared for the Annual Meeting of the American Psychological Association, August 30, 1983, p. 1.
- ⁶Ellen Baxter and Kim Hopper. Private Lives/Public Spaces: Homeless Adults on the Streets of New York City. Community Service Society, New York, N.Y., February 1981, pp. 6-7.
- ⁷HUD, p. 28. Mario M. Cuomo, "1933/1983 -- Never Again. A Report to the National Governor's Association Task Force on the Homeless," July 1983, pp. 25-30, 32. Marc Leepson, "The Homeless: Growing National Problem," Editorial Research Reports, Vol. 11, No. 16, October 29, 1982, pp. 796-797, 799-802.
- ⁸HUD, p. 27. Baxter and Hopper, pp. 32-33. Cuomo, pp. 32-35, 47-49. Roger Sanjeck, "Federal Housing Programs and Their Impact on Homelessness," New York City Coalition for the Homeless, October 1982, p. 3.
- ⁹HUD, pp. 28-29, 31-32. Cuomo, pp. 32-35, 50-53. National Coalition, "The Homeless and the Economic Recovery," pp. 5, 7-8, 11-12, 20-22, 24-25.
- ¹⁰Levine, pp. 1-2.
- ¹¹Research Atlanta, "The Impact of Homelessness on Atlanta," January 1984, p. 1.
- ¹²HUD, pp. 28-33.

New York State Department of Social Services, "Homelessness in New York State," October 1984, Vol. I, pp. 6-8, 10.

- ⁴Marjorie J. Robertson, Richard H. Ropers, and Richard Boyer, "The Homeless of Los Angeles County: An Empirical Evaluation." Basic Shelter Research Project, Document No. 4, January 1, 1985, pp. 2-3, 40-41, 42, 45, 48.
- ¹⁵City of Boston Emergency Shelter Commission, "The October Project: Seeing the Obvious Problem," October 1983, pp. 1-6, 8-11.
- ¹⁶Governor's Task Force on the Homeless, "Interim Report" (Connecticut), July 26, 1984, p. 2.
- ¹⁷Hombs and Snyder, pp. 8-9.
- ¹⁸Massachusetts Coalition for the Homeless, "Comments on Shelter Info." Homelessness in America, Report 97-100, Hearing Before the Subcommittee on Housing and Community Development, Committee on Banking, Finance, and Urban Affairs, U.S. House of Representatives, December 15, 1982, p. 493.
- ¹⁹New York State Department of Social Services, pp. 3, 27-30, D-1.
- ²⁰HUD, pp. 8-19. As part of the 1980 Census, the U.S. Census Bureau attempted to count "highly transient individuals who may not be counted using the other enumeration procedures," through its "casual count." Census takers went to such places as pool halls, employment offices, food stamp centers, welfare offices, bus and train stations, and selected street corners to ask all persons at the location whether they had been counted in the 1980 Census. If not, they were asked to complete an abbreviated census form. Since the census districts where the casual count was conducted were not randomly selected and contained only 12 percent of the U.S. population, the casual count total (23,237) which HUD obtained from the Census Bureau cannot be considered a complete national census of the homeless. As a result, HUD extrapolated the total to cover the rest of the country and then adjusted the result for "large city bias" due to the nonrandomness of the sample. See U.S. Department of Commerce, Bureau of the Census, 1980 Census Special Place Operations Manual, Publication D-565, p. 223, and 1980 Census Special Place Enumerator's Manual, Publication D-569, pp. 81-84, and HUD, p. 16.
- ²¹HUD, pp. 4-5, 12-15, 17. Also see HUD's statement at the May 24, 1984, hearing, in HUD Report on Homelessness, pp. 281-282.

- ²²Testimony at the May 24, 1984, hearing, HUD Report on Homelessness, by Mitch Snyder, pp. 11-34; Kim Hopper, pp. 34-51; Louisa Stark, pp. 53-56; Maria DePinto, pp. 56-58; Valerie Dionne-Lanier, pp. 89-91; Mary C. Slicher, pp. 121-123; Ronald D. Pogue, pp. 137-144; Chester Harmon, pp. 149-161; Richard P. Applebaum, pp. 162-175; Joan Ward Mullaney, pp. 180-184; and Hyman A. Enzer, pp. 185-199. HUD presents its rebuttle in the same volume, pp. 281-287, 296-316.
- ²³Hombs and Snyder, p. xvi. Snyder, HUD Report on Homelessness (hearing), pp. 33-34.
- ²⁴HUD, p. 16.
- ²⁵U.S. Conference of Mayors, "Status Report: Emergency Food, Shelter, and Energy Programs in 20 Cities," Washington, D.C., January 1984, pp. 1, 2.
- ²⁶HHS Working Group on the Homeless, "The Homeless: Background, Analysis, and Options," 1984, pp. 7-8.
- ²⁷Computed from data appearing in HUD, p. 34.
- ²⁸HUD, p. 34.
- ²⁹U.S. Conference of Mayors, "The Urban Poor and the Economic Recovery: A Survey of Human Services in the Nation's Principal Cities," September 1984, pp. 25-26, 31-33.
- ³⁰U.S. Conference of Mayors, "The Urban Poor and the Economic Recovery," p. 25.
- ³¹New York City Human Resources Administration (HRA), "New York City Plan for Homeless Adults," April 1984, pp. 9, 11.

CHAPTER 3

FACTORS AFFECTING HOMELESSNESS

In reviewing studies concerning problems in homelessness in cities, counties, and states, we identified multiple factors which appear to work together to contribute to a person becoming homeless. Specifically, of those studies we examined which included primary data collection, 52 addressed the issue of factors contributing to homelessness for the time period 1979 to 1984. These are presented below, ranked by the frequency with which they were identified:

- Increased unemployment.
- Deinstitutionalization of mentally ill persons and the lack of available community-based services for them.
- Increases in personal crises.
- Cuts in public assistance programs.
- Decline in the low-income housing supply.
- Alcohol/drug abuse problems.

Regardless of whether the data were obtained from interviews with the homeless directly or interviews with shelter and other service providers, these factors were consistently cited. Also, our interviews with shelter providers, agency officials, and researchers confirmed these findings. Unemployment and the need for mental health services were the factors most frequently cited as contributing to homelessness. Further, the frequency with which alcohol and drug abuse was mentioned identifies the role these problems continue to play in contributing to homelessness in the 1980's.

MULTIPLE AND INTERRELATED FACTORS CONTRIBUTING TO HOMELESSNESS

Our analysis of factors contributing to homelessness is consistent with two larger studies reporting on the causes of homelessness in 17 major cities. Based on two questionnaires, one sent to shelter providers in 7 major southwestern cities,¹ and another to city officials in 10 of the nation's largest cities,² the factors most often cited as contributing to homelessness were (1) unemployment, (2) the decline in the supply of low-income housing, and (3) the deinstitutionalization of mentally ill patients. Two other factors consistently reported were cuts in public assistance programs and personal crises.

Through its nationwide survey of shelter providers and review of local studies, HUD also identified causes of homelessness and their relative importance. HUD concluded that the homeless fall into the following three categories with an unidentified amount of overlap:

- (a) "People with chronic disabilities," such as alcoholics, drug abusers, and the chronically mentally ill, composing one-half of the nation's homeless.³
- (b) "People who have experienced severe personal crises," such as runaways, victims of domestic violence, persons recently released from prison, refugees, or transient persons without resources, composing 40 to 50 percent of the homeless.⁴
- (c) "People who have suffered from adverse economic conditions" beyond their control, such as those who have lost their jobs or have been evicted from their homes, composing 35 to 40 percent of the homeless.⁵

An October 1984 report by the New York State Department of Social Services identified similar causes of homelessness:⁶

". . . Increasingly, the problem of homelessness is affecting people and families who are in most respects like other poor people, except that they cannot find or afford housing. The homeless transient, the wandering loner who may be alcoholic or mentally disabled, is no longer typical of the great majority of people without shelter. More and more, those sleeping in emergency shelters include parents and children whose primary reason for homelessness is poverty or family disruption. They have arrived in shelters not from the streets but from some dwelling (typically not their own) where they are no longer welcome or where they can no longer afford to stay."

An October 1983 Chicago study concluded that increased homelessness in that city was due to: (a) an unemployment rate of 11.6 percent or 348,588 persons; (b) an increase in the deinstitutionalization of mental patients and ex-offenders; (c) a gap between the General Assistance grant of \$144 a month and the minimal subsistence standard of \$286 a month as of January 1, 1984; and (d) demolition of 3,000 single room occupancy (SRO) units in the city in the past 2 years.⁷

In summary, in addition to alcohol and drug abuse, five other factors have been consistently identified as contributing to homelessness in the 1980's: increases in unemployment,

deinstitutionalization and the lack of adequate community-based services for the mentally ill, personal crises, cuts in public assistance, and the decrease in the low-income housing supply. These five issues are discussed in more detail below.

INCREASES IN UNEMPLOYMENT

Homeless persons often have a history of poverty; rent increases and/or loss of temporary or marginal jobs could, therefore, result in their not having a place to stay. In a recession, temporary, or marginal jobs are more difficult to obtain since the homeless must compete for the jobs with skilled workers who have recently lost their full-time jobs.⁸ The recessions occurring in the late 1970's and early 1980's caused a sizable increase in unemployment. In 1979 the unemployment rate was 5.8 percent; by 1983 the annual rate had jumped to 9.5 percent, having reached a monthly high of 10.8 percent in December 1982. Not only were more people unemployed during that time, but more were unemployed for a long time. In 1979, 460,000 individuals were unemployed longer than 26 weeks. By 1982, that figure had tripled to 1.4 million.

The impact of high unemployment rates on homelessness was addressed in HUD's national survey of shelter providers in January 1984. In that survey, a national sample of service providers estimated that 35 percent of the homeless who resided in shelters "had been jobless for less than 9 months."⁹ In a survey of major southwest cities, 6 of the 7 ranked unemployment as the most important cause of homelessness,¹⁰ while all 10 cities included in the U.S. Conference of Mayors study cited unemployment as a major cause.¹¹ Further, a systematic study of the homeless in Los Angeles County, conducted from December 1983 to May 1984, found that 36 percent of those surveyed reported being homeless as a result of unemployment.¹²

In April 1983, unemployment began a steady decline to 7.5 percent in August 1984 and has fluctuated only slightly since then. In January 1985 the unemployment rate was 7.4 percent. Since this was 1.6 percentage points higher than the pre-recession unemployment rate in 1979, 2 million more people were unemployed in January 1985 than before the recession. However, the decline in the unemployment rate from a high of 10.8 percent to the current 7-percent range should reduce the impact which job loss has had on increased homelessness.

What impact the lower unemployment rate will have on those who are already homeless is unknown, however. Many homeless people acquire new problems from living on the streets (e.g., medical and mental health problems) and may not be able to hold

a job even if a job subsequently becomes available. Also, difficulty in finding a job is compounded for homeless persons who do not have a fixed address or home telephone number. Additionally, the chances that the homeless can find spot labor (a traditional source of earnings) diminishes due to increased competition from other unemployed people who have not lost their homes.¹³

DEINSTITUTIONALIZATION AND THE
LACK OF ADEQUATE COMMUNITY-BASED
SERVICES FOR THE MENTALLY ILL

Another reason cited for more homelessness has been the increasing trend toward deinstitutionalizing mentally ill people, combined with the lack of community-based services to serve them. In the last 2 decades, many mentally ill people have been released from institutions to receive treatment in the community at places like community mental health centers. However, hundreds of thousands of people have been released without available community services and training to cope with the job market.¹⁴ During the same time, the number of people at risk for the onset of severe mental disorders, such as schizophrenia, has increased dramatically. As the baby boom generation enters the 18- to 35-year-old age group--due to "their overrepresentation in the population--the absolute number of young persons at risk of developing schizophrenia and later, other chronic disorders, may be substantial."¹⁵

A joint HHS/HUD study found that "depending on the specifications used, estimates of the total number of chronically mentally ill adults in the U.S. range from 1.7 to 2.4 million persons." The HHS/HUD report notes that the term "chronically mentally ill" is "widely used to describe people with severe and persistent mental or emotional disorders that seriously impair their ability to function in their primary social and vocational roles." This study reported that although "most mentally ill individuals . . . can function reasonably well in their home communities" if appropriate services are provided, "deinstitutionalization has taken place in a haphazard fashion without adequate attention to the need for special living arrangements and other support services in the community."¹⁶

Between 1955 and 1980, the population of state mental institutions decreased by more than 75 percent, from 559,000 to 138,000, even though the total U.S. population increased significantly.¹⁷ Starting in 1963, a system of federally supported community mental health centers was initiated to serve the mentally ill, including those being deinstitutionalized. However, less than 800 of the originally estimated 2,000 community mental health centers needed to provide community care were established.¹⁸ As a result, according to one study, continuity of

care is very difficult to achieve for two groups of persons discharged from state mental hospitals: (1) those who "go again and again through the revolving doors of the service delivery system" and (2) those who "fall through the cracks . . . as they exit from the doors of institutions and become lost to the service delivery system."¹⁹

Another aspect which compounds the problem of the mentally ill homeless is that criteria for admitting the mentally ill to state hospitals have been tightened. This, coupled with the lack of community-based care and an inability or unwillingness of people to enroll in the existing community programs, means that many mentally ill people have no contact with either a state hospital or a community program.²⁰ For example, psychiatric exams were performed on 179 persons who were admitted to a Philadelphia shelter during the first 2 months of 1982. Although 151 of them were found to have a mental illness, only 68 reported previous professional psychiatric care.²¹ Another study by a psychiatrist at the Harvard Medical School reported in December 1984 that two-thirds of the people who slept in a Boston shelter had serious mental illness or personality disorders. However, only about 30 percent of these people had ever been hospitalized for psychiatric care.²²

The extent of mental illness among the homeless is difficult to measure. According to an NIMH summary of other surveys, 50 percent of the homeless may have severe and persistent mental disorders, 10 to 15 percent abuse drugs, and 40 to 45 percent abuse alcohol, with a "great deal of overlap between these categories."²³ In 1983 the American Psychiatric Association (APA) established a task force which conducted a major study of the homeless mentally ill. The task force included experts in the field who gathered and reviewed research, data, and knowledge available about the mentally ill homeless. In the winter of 1984, task force members also visited programs providing services to the mentally ill homeless in Boston, New York City, Washington, D.C., Los Angeles, and San Francisco.²⁴

The task force concluded that a substantial portion of the homeless are mentally ill men and women who in years past would have been long-term residents of state mental hospitals but now have no place to live. They believed this was caused by discharging patients into communities which were "inadequately prepared or programatically deficient" to deal with them. In addition, they believed that the problem was worsened by states' "admission diversion policies," which did not admit people to hospitals and thus increased the number of chronically mentally ill people who have never been institutionalized.²⁵

To deal with this problem, APA recommended a reexamination of the closing of state mental hospitals and the loosening of involuntary commitment rules, on the basis that the "gravely disabled" would be better off in a structured living arrangement than on the streets. The more ideal alternative, according to APA, is to make involuntary commitment procedures more flexible while expanding short- and long-term mental health care and social services for the chronically mentally ill, including the homeless among them.

INCREASES IN PERSONAL CRISES

"Personal crises" are somewhat subjective and personalized conditions. As a result, a personal crisis is often combined with other factors, which together leave a person with apparently nowhere to go but to the streets or shelters. Personal crises include divorce, being released from jail or a hospital with no place to go, being stranded while traveling, domestic violence, fires, and health-related problems. The degree to which personal crises contribute to homelessness is unclear.²⁶

Local studies which include personal crises in their surveys found differing degrees of frequency. In a review of local studies done in eight cities, HUD found that those surveyed giving personal crises as the reason for homelessness ranged from 16 percent in Phoenix, Arizona, to 90 percent in Providence, Rhode Island.²⁷ However, the findings of these surveys have to be considered within the context in which they were conducted. For example, in a study in Baltimore, a shelter for women and children reported providing services to 1,277 people (586 women and 691 children) in 1981 who were homeless due to domestic violence.²⁸

A comprehensive survey conducted during the winter of 1984 by the New Jersey State Department of Community Affairs categorized the homeless in 21 shelters by the reasons for their homelessness. The results show that nearly one-third of the homeless were in the shelters as a result of a personal crisis, such as domestic violence, or fire at their residence.²⁹ In October 1981, the Human Resources Administration of New York City interviewed 128 men who had resided at one city shelter for 2 months or longer to determine who they were and why they had become homeless. Answering a question on why they had come to the shelter, 29 percent of those interviewed responded "can't stay with family," and 3 percent responded "hospital discharge." A total of 22 percent said that the reason they were not currently employed was "poor physical health."³⁰

A study profiling all men newly seeking lodging and food in New York City during a 1-month period in 1982 indicated that personal crises could have been the cause. They found 41 percent of the men reported having spent the night before they entered a shelter either in their own apartments or with friends or family members,³¹ thus indicating that some personal crisis may have precipitated their need for shelter.

On a single night in June 1984, HRA again asked similar questions of all persons in three of the city's shelters. A total of 922 of the 939 shelter users completed interviews, including 791 men and 131 women. Approximately one-quarter said that they had come to the shelters because they either were no longer welcome at their previous lodging place or had been released from an institution and had nowhere to go. Physical problems were cited by 11 percent as the reason they currently were not working.³²

CUTS IN PUBLIC ASSISTANCE

Another reason identified as contributing to the increase in homelessness was the cuts in public assistance programs. During the early 1980's, various pieces of legislation were enacted in response to initiatives to reduce the percentage of the federal budget earmarked for domestic programs. Most notably, through the Omnibus Budget Reconciliation Act of 1981, eligibility standards were tightened and the rate of growth in some programs was cut. Other programs have been merged or eliminated. The Urban Institute estimated in a recent report that federal spending for social programs will be about 9 percent--\$38 billion--less in fiscal year 1985 than it would have been under pre-1981 policies.³³

There has been some analysis showing the link between these federal budget cuts and poverty on a national basis. In a recent study of this issue, Mathematica Policy Research (in an analysis for the Congressional Research Service published in July 1984) estimated that between 557,000 and 587,000 more people were in poverty in 1982 as a result of the federal budget cuts enacted in the Omnibus Budget Reconciliation Act of 1981.³⁴ However, the effect of budget cuts on the increase in homelessness has not been quantifiably demonstrated.

In one survey, city officials in New York City, Denver, and Columbus, Ohio, attributed some of the increase in homelessness to the increased number of reexaminations of persons receiving SSI and SSDI--mandated by Public Law 96-265--and the resulting terminations.³⁵ Nationwide, an estimated 491,300 people were

dropped from these programs; however, more than 200,000 of those dropped have been reinstated upon appeal. When the Social Security Administration (SSA) began increasing the number of reexaminations, many individuals were reportedly dropped from SSDI and SSI because it was determined that they could perform some type of work. Lacking a regular source of income, some of those terminated may have become homeless, if they were unable to find and hold a regular job due to their illness.

In October 1984, the Congress enacted and the President signed the Social Security Disability Benefits Reform Act (Public Law 98-460). This new law includes a provision which generally does not permit SSA to terminate SSDI or SSI benefits on the basis that the disability has ended unless the beneficiary has medically improved and can work. Another provision in Public Law 98-460 requires a revision of the medical evaluation criteria used by SSA in deciding disability for those who claim mental impairments. A third provision requires that SSA offer beneficiaries who appeal a decision that they are no longer disabled an opportunity to have benefits continue through a review by an administrative law judge. The law did not, however, order SSA to reinstate any former recipients on the rolls.

State general assistance programs are viewed as perhaps the "last line of defense" for the potentially homeless, since these are the only programs which provide cash assistance to nondisabled and nonaged single persons. State governments, however, since the early 1980's, have been reducing their general assistance programs, by either cutting benefits or tightening eligibility standards.

A frequently cited change in these programs is Pennsylvania's decision to reduce the number of monthly general assistance payments to able-bodied single persons under the age of 65 from 12 payments in any 1 year to 3. Emergency service providers report that during the three-quarters of the year that beneficiaries do not receive payments, many subsequently turn to the shelters as the only available source of housing. One state has gone even further and dropped its entire general assistance program. Only one state has increased its program, which was accomplished by changing the eligibility standards.³⁶ Further, few general assistance programs give aid to those who have no address or are residing in temporary shelters.

DECLINE IN THE LOW-INCOME HOUSING SUPPLY

Another reason for the rise in homelessness cited in the studies we reviewed is the decline in the supply of low-income

housing.³⁷ The traditional stopping point just prior to becoming homeless for many has been SRO hotels (more commonly called cheap hotels, or temporary room and board facilities). One study found that nationwide 1 million SRO units were lost during the 1970's, representing nearly one-half of the total supply.³⁸ The loss of low-income housing--including SRO units--may have been particularly severe for the mentally ill. A 1979 report estimated that 300,000 to 400,000 "chronically mentally ill persons" reside in boarding homes, such as rooming houses and SROs.³⁹ A 1984 study found that New York City lost 32,000 SRO units from 1978 to 1982.⁴⁰

Other statistics also point toward a decline in affordable housing available to the poor. We analyzed the percentage of income paid by low-income households for rent and found an upward trend in the number and proportion of these households who face high rent burdens. In 1975, 2 million low-income households spent over 70 percent of their income for rent. This number rose to 3.1 million in 1981 and to 3.7 million in 1983. The proportion of low-income renters paying over 70 percent of income for rent also increased during that time from 21 percent in 1975 to 25 percent in 1981 and 30 percent in 1983. (Low-income households were defined as those earning 0 to 50 percent of median income.)⁴¹

A variety of reasons explain the decline in low-income housing, including high interest rates, greater profits available for other types of construction, rent control, neighborhood opposition to public housing, declining federal subsidies for both developers and tenants, downtown redevelopment, condominium conversion, income tax provisions and high property taxes encouraging owner abandonment of housing, and neighborhood crime, including arson.⁴² A survey of 66 cities by the U.S. Conference of Mayors in 1984 found that the most frequently cited reason for a decreasing supply of housing for low-income renters was decreased construction. The second most frequently cited reason was increased demand from higher income renters, as shown in table 2.⁴³

There has also been a decline in support at the federal level for low-income housing. The Urban Institute estimated that in 1984, about 4.6 million households participated in federal housing subsidy programs at a cost to the federal government of about \$10 billion.⁴⁴ However, since 1980, the federal government has been shifting its low-income housing aid away from subsidies for constructing and operating public housing in favor of providing vouchers for persons to find existing rental housing on the private market.⁴⁵

Table 2

Number of Cities Ranking Causes of Declining
Housing Stock for Lower Income Renters

	<u>Ranking of causes</u>					<u>Cities not ranking this cause*</u>
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>4th</u>	<u>5th</u>	
Decreased construction	13	15	1	2	2	33
Increased demand from higher income renters	10	8	7	8	1	32
Other	9	2	2	1	3	49
Demolition	4	6	9	7	2	38
Conversion	0	1	10	9	8	38

*A number of cities responded that they could not differentiate the importance of the causes.

Source: U.S. Conference of Mayors. Housing Needs and Condition in America's Cities, p. 11.

These changes have been made, according to HUD, due to the expense and difficulty of adequately maintaining public housing units. Presently, HUD is not funding new construction of public housing units and over the past year has reduced operating subsidies for public housing authorities. At the same time, a new government housing voucher demonstration program approved for operation in fiscal year 1984 has not been implemented. However, HUD officials report that the program will begin in April 1985.

According to recent research, the federal housing aid cuts have limited the number of program participants and required tenants to pay out a larger share of their income for housing. Researchers believe that further cuts will accelerate the decline in the number of low-income housing units.⁴⁶ The Urban Institute estimates that the number of newly assisted households has fallen from an average of about 300,000 during 1976-80 to 100,000 during 1981-84. The Institute also estimates that there will be about 1 million fewer households receiving housing aid, and "about 300,000 more families [will live] in substandard housing at the end of 1985, than there would have been under a continuation of" pre-1981 policies.⁴⁷

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In summary, there are interrelated factors contributing to homelessness in the 1980's. The most often cited, in addition to the historical factor of alcohol and drug abuse, include

increases in unemployment; deinstitutionalization of mentally ill people combined with stricter criteria for admissions to mental hospitals and the lack of community-based facilities to provide care to the mentally ill; increases in personal crises; cuts in public assistance programs for the poor; and the decline in the housing supply affordable to low-income people. Even with an upturn in the economy, which has tempered the unemployment issue, several problems remain which could contribute to continued problems in homelessness. These include a continued decline of low-income housing, and insufficient community-based mental health services.

Notes

- ¹Peggy Jane Gearan and Louisa R. Stark, "Homelessness in the Southwest: A Survey," Homelessness in America-II, Serial No. 98-64, Hearing before the Subcommittee on Housing and Community Development, Committee on Banking, Finance, and Urban Affairs, U.S. House of Representatives, January 25, 1984, pp. 621-660.
- ²U.S. Conference of Mayors, "Homelessness in America's Cities: Ten Case Studies," June 1984, pp. 11-66.
- ³U.S. Department of Housing and Urban Development (HUD), A Report to the Secretary on the Homeless and Emergency Shelters, May 1984, pp. 22-25.
- ⁴HUD, pp. 22-23, 25-26.
- ⁵HUD, pp. 22-23, 26-27.
- ⁶New York State Department of Social Services, "Homelessness in New York State," October 1984, p. 2.
- ⁷Task Force on Emergency Shelter, "Homelessness in Chicago," October 1983, pp. 2-3.
- ⁸National Coalition for the Homeless, "The Homeless and the Economic Recovery," November 1983, pp. 1, 10, 20, 27-28. Ellen Baxter and Kim Hopper. Private Lives/Public Spaces: Homeless Adults on the Streets of New York City. Community Service Society, New York, N.Y., pp. 32-33. Mario M. Cuomo, "1933/1983 -- Never Again: A Report to the National Governors' Association Task Force on the Homeless," July 1983, pp. 30-35. HUD, pp. 26-27.
- ⁹HUD, p. 27.
- ¹⁰Gearan, pp. 628, 632, 637, 646, 650, 654, 660.
- ¹¹U.S. Conference of Mayors, pp. 11-12, 15-16, 20-21, 26, 29-30, 35-37, 44, 50, 56-57, 62-63.
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CHAPTER 4

PROGRAMS TO SERVE THE HOMELESS

Historically, sheltering the homeless has been accomplished by private community organizations in cooperation with local governments. Today this is still the case. However, governments at all levels have recently begun to expand their participation in providing services to the homeless. In this chapter we will discuss this governmental response, focusing specifically on federal activities.

Federal support to alleviate the problem of homelessness has been targeted primarily to meeting the immediate needs of these individuals for food and shelter. The agency providing the most funds directly has been the Federal Emergency Management Agency. Efforts also have been made by HUD, HHS, the Departments of Defense and Agriculture, the Veterans Administration, and ACTION.* However, there is no single federal agency or program in place to provide services for the homeless.

FEDERAL EMERGENCY MANAGEMENT AGENCY

Concerned about the high unemployment rates during the winter of 1982-83, the Congress enacted the Emergency Jobs Appropriations Act (Public Law 98-8) to expand various federal public works and income transfer programs. Also included in this act was an emergency food and shelter program to aid the homeless. This program was established because of reports that emergency service providers in both the private charitable and local government sectors were overwhelmed with the demand for services.

The Congress appropriated \$100 million for this program to FEMA--\$50 million to be awarded to a National Board composed of private voluntary organizations and \$50 million to be directly distributed to state governments. In November 1983 FEMA received two additional appropriations for the National Board totaling \$40 million. In August 1984 the Congress appropriated an additional \$70 million also for the National Board, extending the program into fiscal year 1985.

The FEMA grants were intended for the purchase of food and the provision of shelter, to supplement and extend current available resources and not for the substitution of or reimbursement for ongoing programs and services.¹ Allowable

*Appendix IV contains a summary of major federal programs assisting the homeless.

expenses included purchases of food and feeding supplies (i.e., utensils), blankets and other shelter supplies, and overhead expenses arising from expanded services (i.e., utilities and rent). Expenses ineligible for reimbursement were real property and equipment purchases (i.e., buildings and vehicles) and direct cash payments to shelter clients (except for emergency hotel, motel, rent, or mortgage assistance, not to exceed 1 month per family). Indirect administrative costs, such as salaries for staff, travel, and procurement services, were also ineligible.

Thousands of organizations participated in the FEMA program, with at least one grant made in every state. Funds were allotted to states according to HHS' Community Services Block Grant (CSBG) formula, with the states setting their own criteria for distributing shares to state and local public agencies and some voluntary organizations.

An estimated 3,650 voluntary organizations received grants from the portion spent during the first two rounds through the National Board. The National Board, which was chaired by FEMA with the United Way as fiscal agent, divided funds among local volunteer boards according to population and unemployment rates. The National Board did not fund any organizations in seven states (Delaware, Hawaii, Kansas, New Hampshire, North Dakota, Vermont, and Wyoming), because they did not have areas which met the funding criteria (i.e., having a local jurisdiction of at least 18,000 unemployed persons and a 7.8-percent or higher unemployment rate or between 100 and 17,999 unemployed persons and a 13-percent or higher unemployment rate).²

FEMA has not yet received its complete report on how the funds were spent by state and local governments. Of the initial \$90 million provided to the National Board (which excludes the supplemental \$70 million appropriated in August 1984), approximately one-third was spent on shelter and two-thirds on food. According to National Board estimates, the funds bought an additional 13 million nights of shelter and 85 million meals.³ These estimates are shown in table 3 on the following page.

Funds to extend the emergency food and shelter program into fiscal year 1985 were not requested.⁴ FEMA officials told us that their mission is to aid communities in recovering from short-term natural disasters by quickly responding to a disaster, such as a flood or an earthquake. FEMA officials further stated that they have no experience running a permanent program, and that if such a program is envisioned, it should be moved to another agency. The Congress, however, gave FEMA \$70 million in August 1984 to continue the program through fiscal year 1985.⁵ FEMA has not requested funds for fiscal year 1986.

Table 3

Emergency Food and Shelter National Board Program*

Program characteristics

°Total federal allocation	\$90 million
°Total civil jurisdictions funded (includes U.S., Puerto Rico, and U.S. territories)	961
°Total organizations funded	3,650
°Total actual meals served:	85 million
Funds allocated for meals	\$58,553,833
Percent of total dollars for meals	66
°Total actual nights of shelter provided:	13 million
Funds allocated for shelter	\$31,945,573
Percent of total dollars for shelter	34
°Actual administrative costs:	
Locally	\$715,352
Nationally	\$400,000
Percent of available funds	1.2

*Under Public Law 98-8, the original \$50 million was to be awarded by FEMA to the National Board by April 22, 1983. FEMA's regulations required that all funds were to be obligated by recipient entities by September 30, 1983. An additional \$40 million was appropriated to FEMA for the National Board in November 1983--\$10 million in the Furthering Continuing Appropriation for fiscal year 1984 on November 14, 1983 (Public Law 98-151), to be awarded by FEMA to the National Board by December 14, 1983--and \$30 million in the Supplemental Appropriations Act, 1984 (Public Law 98-181) on November 30, 1983, to be awarded by December 30, 1983, and available for obligation until March 31, 1984. Under FEMA's regulation the \$40 million was to be spent no later than May 15, 1984.

Source: All figures in this table come from the National Board created by Public Law 98-8 to allocate the portion of the emergency food and shelter grants appropriated for private charitable organizations.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

In the Housing and Urban-Rural Recovery Act of 1983 (contained in the Supplemental Appropriations Act, 1984), the Congress authorized a \$60 million emergency shelter program to be

administered by HUD. However, HUD did not seek funding for this purpose and instead has encouraged serving homeless persons through existing programs.⁶ We were told by both FEMA and HUD officials that because FEMA's regulations were already in place, the Congress chose to extend the FEMA program into fiscal year 1985 rather than fund the HUD authorization.

On February 14, 1983, the Secretary of HUD announced an "expediting of the use of Community Development Block Grant" (CDBG) funds to meet the needs of the homeless as identified by local communities. HUD staff were to:

- Remind grantees about possible uses of CDBG funds to aid the homeless, such as acquiring and rehabilitating buildings for use as shelters (although construction of a shelter is not permitted except with a waiver) and paying operating costs, such as equipment, supplies, utilities, and staff.
- Coordinate with local volunteer groups to "augment and leverage" funds.
- Lease, for \$1, certain defaulted single-family homes in HUD's inventory to a city mayor or private groups to shelter homeless families.
- Remind local Public Housing Authorities that they may house the homeless as "emergency" priority admissions.

By January 1985 HUD reported that \$53 million in CDBG funds had been used to help the homeless over the previous 2 years (1983 and 1984). The most common uses of CDBG funds were to assist the homeless by:

- Rehabilitating structures for use as temporary shelters for the homeless or for battered women.
- Providing housing and programs for alcoholics.
- Providing housing for the unemployed or victims of disasters (i.e., fires, floods, etc.).

In January 1985 the Secretary of HUD sent a letter to the mayors of all cities with populations over 50,000 indicating that "Serving the homeless is a high departmental priority." Also, he identified steps the Department had taken recently to help in providing shelter to the homeless:

1. The 1-year lease term for single-family HUD-acquired properties can now be renewed indefinitely (in order to make it worthwhile financially to renovate these properties as shelters).
2. A clearinghouse function at HUD field offices has been established to make available to local governments and shelter providers information regarding single-family properties which are available for shelter use.
3. Published a proposed regulation to give poor families and elderly individuals who lose their homes through no fault of their own priority for admission to public housing and other assisted housing.
4. Included battered spouses as among those eligible for priority admission to HUD-assisted housing.
5. HUD will now consider requests for waivers to the regulations for the section 8 existing housing program to permit federal assistance in developing single room occupancy housing.

DEPARTMENT OF DEFENSE

In Public Law 98-94, DOD was authorized to make military facilities and incidental services available to the homeless. Such services were to be provided in cooperation with state and local government entities and charitable organizations but only to the extent that they did not interfere with military readiness and functions.

The Congress budgeted \$8 million for DOD's shelter program in fiscal year 1984 and indicated that the Department should also make available additional funds as necessary. However, in fiscal year 1984 only \$900,000 was obligated for two shelter projects.* One was at an Army facility at Camp Parks, California, with the shelter to be operated by the government of Alameda County (Oakland), California. The other shelter is an empty building in Philadelphia, Pennsylvania, which had been used by the Navy and is to be operated by the city government.

*Shelters have opened at four other DOD installations, but DOD did not provide funding from this appropriation. Private organizations or local base commanders provided capital funds to open these shelters.

It is clear that the shelter program was not utilized in fiscal year 1984 as extensively as anticipated. While DOD offered facilities at over 600 installations to at least 382 communities nationwide, local communities generally did not participate because they did not have funds to operate the shelters. Some of the reasons why Army facilities were not used are presented in table 4 below.

Table 4

Reasons for Declination of
Army Facilities Offered for Use as Shelters

<u>Reason for declination by cities contacted</u>	<u>Number of declinations</u>
No funds	186
Not required (not needed by local community)	117
No response	44
Not required/no funds	22
No reason cited	3
Government concern over leasing for charitable services	2
Nonavailability of facilities on a 7-day per week basis	4
Facility offered but subsequently withdrawn	1
Concern over possible influx of homeless people to city	1
Not enough permanently available structures, inconvenient for use, and too many conditions for use	1
Not located close enough to needy populations, too expensive, and shortage of personal facilities	<u>1</u>
Total number of cities contacted	<u><u>382</u></u>

Source: Department of the Army

While DOD did not ask for any funds in fiscal year 1985 for the shelter program, the Congress budgeted \$500,000 for the program. We were informed that DOD will not limit renovations for homeless shelters to the \$500,000 available in fiscal year 1985, but will spend whatever amount is necessary to fund shelter renovations wherever successful negotiations are reached.⁷ This is in keeping with past committee directions that aside from the amount of money budgeted for the shelter program, "DOD should make sufficient additional funds available as necessary" to support this program.

In response to criticism that it has not done enough to encourage participation in the shelter program, in October 1984 DOD centralized the program and called on local commanders to reaffirm their commitment to provide surplus facilities to local groups interested in operating shelters. The Secretary of Defense instructed all local military officials who receive a request for a facility from a local group in the future to inform the Assistant Secretary of Defense (Manpower, Installations, and Logistics) immediately. The Assistant Secretary is to send a team of personnel to the local community to ensure that appropriate facilities are identified, agreements are reached quickly, and no "bureaucratic impediments prevent" the local commander and the prospective provider group from reaching an agreement that would open a shelter.⁸

DEPARTMENT OF HEALTH AND HUMAN SERVICES

While not specifically operating a program for the homeless, HHS has benefit programs and block grants that can provide assistance to this population. Also, HHS has set up a task force designed to identify federal resources to aid the homeless and is funding a model shelter for the homeless in Washington, D.C.

HHS benefit programs

An internal Working Group, established by HHS to review how existing programs can be made more accessible to the homeless, reported that many of these individuals are eligible for federal and state cash or in-kind entitlement benefits. The Working Group estimated that 20 to 35 percent of the homeless receive some form of public assistance, although no one can determine the exact participation and total dollars received by this population.

However, the Working Group also stated that "entitlement programs do not work for many homeless persons because":⁹

- Most homeless are single people, and hence, not eligible for Aid to Families with Dependent Children (AFDC).
- Social Security Disability Insurance is available only to persons who have work histories.
- Supplemental Security Income is available to mentally disabled persons, but they have difficulty applying for and managing their benefits, especially when they are on the streets.
- Medicare is only for aged or disabled persons with work histories.

--State Medicaid eligibility rules are often contingent upon eligibility for AFDC or SSI, or even stricter standards, which exclude some homeless individuals.

--Many homeless do not know how to gain access to programs for which they may be eligible.

Shelter providers also report that the various benefit programs are not accessible to many of the homeless because:

--Some programs require applicants to have a fixed address to qualify.

--Homeless persons may not be aware of possible benefits available to them, and they need assistance in fulfilling the necessary steps to qualify.

To alleviate these impediments, HHS has encouraged states to try innovative ways to provide benefits to the homeless while maintaining adequate controls over potential fraud. Some states are now allowing homeless persons to use the address of a friend, relative, shelter, church, or local welfare office as their "fixed address," and have benefit checks sent to such locations.

Regarding the need for the homeless to have assistance in finding and qualifying for program benefits, HHS found that the homeless, particularly the mentally ill, do need help. In a congressionally mandated report, HHS and HUD evaluated how well their programs were aiding the chronically mentally ill. The joint report, issued in 1983, concluded that "most HHS programs are not designed with [their] unique needs . . . in mind; hence, mentally ill persons have difficulty gaining access to many of the HHS programs and services which could assist them." Moreover, the HUD programs "were developed to serve a much broader population" and "only recently was any attention focused on this population."¹⁰

The report concluded that although programs exist, persons with chronic mental illness are not taking advantage of them. Among the problems are lack of knowledge of available resources, difficulty in sorting out services offered by different agencies, difficulties in dealing with "complex bureaucracies," lack of program coordination, stigma against mental illness in some programs, lengthy periods to determine eligibility, and lack of knowledge about application procedures and eligibility.¹¹

One departmental effort to provide assistance to the homeless in obtaining help is currently ongoing in New York. HHS joined with New York City in November 1981 to form a team of

personnel from the Social Security Administration Regional Office and state and city human service offices to conduct outreach efforts at shelters to identify homeless individuals who appear eligible for SSDI or SSI. The city prescreens shelter residents and assembles documentation to support the case of those who appear to be eligible. The teams then regularly visit each publicly run shelter in the city to review and process the applications.

Both New York City and SSA officials reported to us that this outreach program is successful. During the initial stages of the effort, they told us that approximately 40 percent of the applicants in shelters obtained benefits, which was about the same success rate of the entire SSDI program. They further told us that recently 60 percent of the shelter applicants have been placed on the rolls, for which SSA credits the city's improved prescreening procedures. SSA reports having received proposals from Philadelphia and Buffalo requesting that it start similar programs there. In October 1984, SSA directed its regional offices to inform other cities about the availability of this outreach program and to establish liaison with providers of services to the homeless.¹²

Block grants

HHS has three block grants that specifically allow states to use funds for the homeless, but do not require it. The Community Services Block Grant can be used to fund a range of anti-poverty programs, including emergency food and shelter. The Alcohol, Drug Abuse, and Mental Health Block Grant can fund community mental health centers to serve all persons in need, including the homeless. The Social Services Block Grant (SSBG) can fund counseling programs for the homeless.

The total funds spent directly for the homeless from the three block grants cannot be identified. HHS did identify, however, that \$65 million of the fiscal year 1983 CSBG funds had been budgeted for emergency services which could include, among other activities, efforts to aid the homeless.¹³ (Under the block grant system, state and local grantees do not have to report in detail how the funds are spent.)

Federal Interagency Task Force

HHS chairs the Federal Interagency Task Force on Food and Shelter for the Homeless, which was created in October 1983. The charter for the Task Force is based on the following assumptions:

1. Homelessness is essentially a local problem.
2. New federal programs for the homeless are not the answer.
3. Knowledge of strategies used in many communities to help the homeless needs to be transferred to other communities.¹⁴

The Task Force responds to requests by communities for information in obtaining surplus federal resources, which may include anything the federal government purchases for domestic purposes. Beyond food and buildings, the Task Force can request from agencies such surplus items as blankets, cots, clothing, lumber, paint, nails, furniture, etc., to be made available to organizations serving the homeless. The Task Force includes representatives from USDA; HUD; DOD; the Departments of Commerce, the Interior, Labor, and Transportation; the General Services Administration (GSA); FEMA; ACTION; VA; and the Postal Service.

When a local community inquires about the availability of federal resources which could be used for the homeless, Task Force staff (who are HHS employees in the Office of Community Services) contact federal agencies in the vicinity of the requester to identify what may be available. The Task Force then enters negotiations with the requester and the federal agency involved. In some cases, the agency may have already designated another use for a federal resource, or may set rules with which the emergency service provider cannot comply. In these cases the resource cannot be made available to the service provider. However, in other cases resources can be provided. For example, as of December 1984 the Task Force reported obtaining 10 major sharing agreements with federal agencies to support local food and shelter projects.

The Task Force operated during fiscal year 1984 without a written charter, and in July 1984 HHS officials told us that it was uncertain whether the Task Force would continue beyond the fiscal year. In September 1984, however, HHS decided to continue the Task Force and raise its personnel level from one permanent staff member on detail (plus interns) to six permanent positions.¹⁵

In a December 1984 memorandum, the Secretary of HHS stated that the need to help feed and shelter the homeless remains strong and called for increasing HHS efforts. To better focus these efforts, the Secretary of HHS described steps she was taking to strengthen the Task Force. The Undersecretary of HHS was designated to oversee the work of the Task Force, and each of the 10 HHS Regional Directors was asked to establish and

chair a regional task force for the homeless comprised of representatives from other federal agencies.¹⁶

Model Shelter

In December 1983 GSA agreed that CCNV could establish an 800- to 1,000-bed shelter in an empty building on a temporary basis until GSA could carry out its plan to sell the site to private developers. In November 1984, HHS and CCNV negotiated an agreement establishing a model shelter for the homeless in the same building in Washington, D.C. While the agreement has not been signed, according to HHS officials, it stipulates that HHS will spend up to \$5 million over 3 years to renovate the deteriorating building for use as a model shelter. Certain innovative services for the homeless, such as a 20-bed infirmary located on the premises, will be funded by CCNV.

ADDITIONAL FEDERAL EFFORTS

In addition to the programs discussed above, there are also other federal agency efforts related to providing help for the homeless population. Since January 1983, VA's New York Regional Office has conducted an outreach program in shelters operated by the City of New York. VA service officers join city personnel in visiting the shelters to identify and accept applications from homeless veterans for VA disability benefits. We were informed that VA is considering expanding this service to other cities.

USDA's Food Distribution Program for Charitable Institutions donates surplus food from the Commodity Credit Corporation's inventory to nonprofit institutions for congregate feeding of needy persons.¹⁷ A range of programs can be assisted in this manner, including soup kitchens and shelters for the homeless. USDA transports the food to designated locations within each state, and state distribution agencies then supply the food to eligible institutions. Also, through the Temporary Emergency Food Assistance Program, USDA donates surplus products directly to needy persons through nonprofit organizations and food banks.¹⁸

In November 1983, USDA's Food and Nutrition Service directed that states make certain that eligible homeless persons were not being denied program benefits because they lacked a fixed address. This is in accordance with USDA regulations, which, since 1978, provide that benefits under the Food Stamp program cannot be denied because of the lack of a fixed address. Also, a length-of-time-in-residence requirement is not permitted.¹⁹

The Senate Appropriations Committee, when considering the Agriculture, Rural Development, and Related Agencies Appropriation Act of 1985, directed USDA to require states to develop a method for providing food stamp benefits to eligible persons who are homeless and report on actions taken to the Committee in January 1985.²⁰ In response to this directive, USDA reported to the Congress that it has instructed the Food and Nutrition Service to "initiate the strongest possible efforts to ensure that states are stringently complying with program rules protecting the eligibility of the homeless." USDA also reported that there "is no evidence available to this department that states are currently failing to serve eligible homeless persons who apply."

Finally, nonprofit groups serving the poor can apply to the ACTION agency for VISTA volunteers (Volunteers in Service to America) to assist in operating shelters for the homeless. At the end of 1984, a total of 194 VISTA volunteers were working on 42 projects serving the homeless.

STATE AND LOCAL EFFORTS TO AID THE HOMELESS

While federal efforts have been expanded to provide food and shelter to the homeless, the majority of support is still handled by private voluntary organizations in cooperation with local governments. Due to the magnitude of the problem, however, state and local governments are also increasing their efforts to aid the homeless.

States have provided help to the homeless primarily by "passing through" federal funds to local governments.²¹ Some also fund emergency aid to prevent utility cutoffs or evictions. Until 1983, few states spent much of their own funds specifically to aid the homeless. Recently, however, several states (including New York, California, Maryland, New Jersey, and Massachusetts) have approved shelter operating and capital grants, as well as funds for increased social services for the homeless.

Local governments often work in concert with private groups to aid the homeless. HUD found that about 80 percent of city and county governments do at least one of the following (followed by the percentage of local governments which do so):²²

--operate shelters (20 percent),

--give money to private groups to operate shelters or provide other services to the homeless (60 percent),

--lease or rehabilitate buildings for private shelter providers (20 percent), and/or

--provide vouchers to homeless persons for use in hotels, motels, or apartments (50 percent).

POTENTIAL IMPACT OF LEGAL RIGHT
TO SHELTER ON STATE AND LOCAL GOVERNMENTS

One trend of significance to state and local efforts to help the homeless is the establishing of a legal right to shelter either voluntarily or through legal action. This right generally means that anyone homeless in the jurisdiction requesting a place to sleep will be provided shelter. The potential impact of an established legal right to shelter on state and local jurisdictions is unknown at this time, but it could be significant.

The City of New York signed a series of consent decrees as a result of lawsuits.²³ The suits were based on state and local law, regulations, and agency plans which promised emergency services to those in need.²⁴ Specifically, the consent decrees established that the City of New York should provide shelter and board to homeless persons who present themselves, provided (a) they meet the need standard to qualify for the home relief program of the State of New York or (b) by reason of physical, mental, or social disorders they are in need of temporary shelter. During the period after the consent decrees were signed, operating costs for New York City's homeless program, shared equally by the state and city, climbed from \$7 million in 1978 to \$53 million in 1984.

The right to shelter was also established in West Virginia in Hodge v. Ginsberg. The suit was based on state constitutional and administrative guarantees to provide emergency services.²⁵ Suits filed in several other local jurisdictions are awaiting trial. While many of the plaintiffs cite federal provisions to support their demand for shelters, to date all suits have been decided on the basis of state and local law only.²⁶

In the first instance of a legal right to shelter being established by referendum, the voters of the District of Columbia approved Initiative 17, the D.C. Overnight Shelter Act, in November 1984. The act requires the D.C. government to provide overnight shelter to any resident of the city who requests it. The D.C. government has announced that while it plans to implement the act, it will also seek to overturn it in the courts, citing a charter provision prohibiting a referendum from obligating the city to spend funds. The act has been criticized for a variety of reasons, particularly because of: (1) costs, with

estimates of up to \$63 million annually, (2) the difficulty in enforcing a provision in the act that states that the city is not required to provide shelter to persons who come into the city expressly for shelter, and (3) the relatively limited range of services to be provided, which are essentially food and shelter.

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In summary, while there is no single federal agency or program responsible for providing services for the homeless, in the last several years federal agencies have expanded their role to help states and localities meet the growing requests for food and shelter. FEMA is in its third year of dispensing funds for community projects providing shelter and food. Also, the Secretary of Defense has reported that DOD will spend whatever amount is necessary to fund shelter renovations wherever successful negotiations are reached with groups interested in operating shelters. HHS has extended the life and increased the staffing of the Task Force on the homeless and has agreed to provide up to \$5 million over the next 3 years to develop a model 800- to 1,000-bed shelter in Washington, D.C.

The continuation of the existing federal effort is uncertain, however. The FEMA authorization for the homeless will run out at the end of fiscal year 1985; FEMA believes it lacks the expertise to run a permanent program and has not requested funds for fiscal year 1986. Thus, the question as to whether the FEMA program to provide food and shelter for the homeless will continue beyond September 30, 1985, remains unanswered.

Notes

- ¹Federal Emergency Management Agency (FEMA), "State Plan for Carrying Out Emergency Food and Shelter Program." Federal Register, Vol. 48, No. 86, May 3, 1983, pp. 20015-20016, and "Plan for Carrying Out Emergency Food and Shelter Program," Vol. 48, No. 94, May 13, 1983, pp. 21831-21832.
- ²FEMA, "National Board's Selection of Localities for Emergency Food and Shelter Program Funding." Federal Register, Vol. 48, No. 96, May 17, 1983, pp. 22278-22282, and "Supplement," Vol. 48, No. 177, September 12, 1983, p. 40956.
- ³Testimony of Mark E. Talisman, Council of Jewish Federations and a member of the National Board of private voluntary organizations, before the Subcommittee on Housing and Community Development, Committee on Banking, Finance, and Urban Affairs, U.S. House of Representatives, March 6, 1985, pp. 1-2.
- ⁴Testimony of Louis O. Giuffrida, Director, FEMA, before the Subcommittee on HUD-Independent Agencies, Committee on Appropriations, U.S. House of Representatives, March 20, 1984, Department of Housing and Urban Development-Independent Agencies Appropriations for 1985-Part 5 Federal Emergency Management Agency, pp. 20, 21, 345-348.
- ⁵The funds were provided in the Second FY 84 Supplemental Appropriation Act (P.L. 98-396) enacted in August 1984.
- ⁶Testimony of Maurice Barksdale, Assistant Secretary for Housing-FHA Commissioner, before the Subcommittee on Housing and Community Development, Committee on Banking, Finance, and Urban Affairs, U.S. House of Representatives, February 22, 1984, Section 8 Rent Adjustments, Elderly Housing, and Other Assisted Housing Issues, Serial No. 98-71, p. 108.
- ⁷Memorandum from Caspar W. Weinberger, Secretary of Defense, to the Secretaries of Military Departments, "Shelter for the Homeless," October 29, 1984, p. 1. Testimony of Steven N. Kleiman, representing the Directorate for Installation Planning, Office of the Secretary of Defense, before the Subcommittee on Intergovernmental Relations and Human Resources, Committee on Government Operations, U.S. House of Representatives, November 20, 1984, The Federal Response to the Homeless Crisis, pp. 3-4.
- ⁸Weinberger, p. 1.
- ⁹U.S. Department of Health and Human Services, HHS Working Group on the Homeless, "The Homeless: Background, Analysis, and Options," 1984, pp. 12-13.

- ¹⁰U.S. Departments of Health and Human Services and Housing and Urban Development (HHS/HUD). Report on Federal Efforts to Respond to the Shelter and Basic Living Needs of Chronically Mentally Ill Persons. February 1983, pp. 18, 22. The report was mandated by the Mental Health Systems Act of 1980 (P.L. 96-398).
- ¹¹HHS/HUD, p. 25.
- ¹²U.S. Department of Health and Human Services/Social Security Administration, Social Security Information Items (Special edition on the Homeless), November 1984, pp. 1, 2.
- ¹³HHS Working Group on the Homeless, p. 11. Also, see National Governors' Association, "Final Report on the CSBG Training and Technical Assistance Project (October 1, 1982, to January 31, 1984), undated, pp. 1, 6, and "Results of the 1983 CSBG Survey," p. 30.
- ¹⁴U.S. Department of Health and Human Services, Task Force on the Homeless, "Briefing Book," January 30, 1985, Tab 4, p. 6.
- ¹⁵Testimony of Harvey Vieth, Chairman, Federal Interagency Task Force on Food and Shelter for the Homeless, before the Subcommittee on Intergovernmental Relations and Human Resources, Committee on Government Operations, U.S. House of Representatives, October 3, 1984.
- ¹⁶Task Force on the Homeless, "Briefing Book," Tab 3, p. 1.
- ¹⁷Regulations setting the eligibility standards for charitable institutions are found in 7 CFR 250.8(b).
- ¹⁸The Temporary Emergency Food Assistance Program was authorized in P.L. 98-8 and extended to September 30, 1985, by P.L. 98-92.
- ¹⁹Federal Food Stamp regulations (7 CFR 273.3) indicate ". . . The State agency shall not impose any durational residency requirements. A fixed address is not required. . . . Nor shall residency require an intent to reside permanently in the State [or] project area."
- ²⁰Senate Appropriations Committee, Report 98-566 on the "Agriculture, Rural Development, and Related Agencies Appropriation Bill, 1985," pp. 108, 109.
- ²¹HUD, pp. 47-48.
- ²²HUD, pp. 45-46.

²³In December 1979, the New York Court granted injunctions requiring the City to provide beds for homeless men who wanted them, in Callahan v. Carey, (Index No. 42582/79). The City later negotiated a consent decree, finalized in August 1981, which formally established a legal right to shelter for men and set standards for shelters. The court also applied the consent decree to homeless women in Eldredge v. Koch. 459 NYS 2d 960 (New York 1983).

²⁴Kim Hopper and L. Stuart Cox, "Litigation in Advocacy for the Homeless," Development: Seeds of Change, No. 2, 1982, pp. 58-61. Coalition for the Homeless (New York City), "Cruel Brinkmanship: Planning for the Homeless--1983," pp. 6-11. Paul Seldon and Margot Jones, Moving on: Making Room for the Homeless. New York City, United Church Board for Homeland Ministries, December 1982, pp. 2-4, 14-16, 31-59.

²⁵Hodge v. Ginsberg, 303 SE 2d 245 (West Virginia 1983).

²⁶Hopper and Cox, pp. 59-60.

CHAPTER 5

LONG-TERM EFFORTS

While not minimizing the needs of the homeless for food and shelter, several of the studies we reviewed called for more substantive measures to address the long-term problems of this population. While no single strategy has emerged, proposals typically center on the following sets of services: physical and mental health services, more permanent low-income housing, employment and training, and other social services and assistance to help the homeless gain access to available programs and benefits.

SERVICE STRATEGIES IN ADDITION TO PROVIDING FOOD AND SHELTER

In a recent report, the American Psychiatric Association¹ recommended a comprehensive and integrated system of care for the mentally ill homeless. This system would include, among other things:

- provisions for meeting basic needs for food, shelter, and clothing;
- an adequate amount of supervised community housing;
- adequate, comprehensive, and accessible psychiatric and rehabilitative services combined with outreach efforts;
- general medical assessment and care;
- crisis services, such as medication and crisis housing;
- a system of coordination among funding sources and implementation agencies;
- general social services, such as training in the skills of everyday living, escort services to agencies and potential residences, help with applications to entitlement programs, and assistance in mobilizing the resources of the family; and
- ongoing asylum and sanctuary for that small portion of the chronically mentally ill which does not respond to current methods of treatment and rehabilitation.

These APA proposals are comprehensive and as a result are likely to be expensive to implement. The proposal to provide asylum and sanctuary for the group of mentally ill who do not

appear able to maintain community living is also controversial. Some mental health experts predict that this recommendation would lead to an increase in the population in state mental health hospitals, thereby reversing the goals of the deinstitutionalization movement.

APA has also proposed a loosening of involuntary commitment rules on the grounds that the severely mentally ill would be better off in an institution than on the streets if these are the only two options available. Opponents of this proposal argue that this would be a violation of an individual's civil rights. While this issue is likely to be increasingly debated, several communities have instituted short-term measures related to this problem. Both New York City and Philadelphia have implemented procedures to pick up the homeless, even against their will, when the temperature drops below a certain level. These individuals are taken to indoor facilities so that they will be protected from the cold.

Regardless of the debate over involuntary commitment procedures and the use of institutions, an expansion of community services is needed if the long-term problems of the homeless population, including the mentally ill, are to be addressed. Without these services, shelter facilities will need to be expanded if homelessness continues to increase. The tendency for some homeless to use shelters as a permanent residence could also lead to an increase in the number of shelters needed. For example, New Jersey shelter providers, responding to a survey, reported that, on the average, homeless residents stay more than 3 weeks at a shelter. This includes persons who are just passing through the area and remain for only a few days to families that spend an entire winter in a shelter because they are unable to find a housing arrangement where they can all remain together.² A study in Boston in 1983 found some residents staying in shelters for 6 months or longer.³ Long stays in shelters were also identified in an August 1984 study of 922 residents in three New York City shelters which found that the average length of their current stay in the city shelter system had been 11 months, with older people and people with psychiatric problems staying even longer.⁴ This study recommended renewed efforts to develop long-term placement alternatives for older and mentally ill patients as well as new policies for shelter residents who have jobs or children, and new programs to reduce evictions from private and public housing.

In response to the medical health needs of the homeless, the Robert Wood Johnson Foundation and the Pew Memorial Trust are sponsoring a \$25 million project which will offer health services for the homeless in 18 communities.⁵ This project was initiated based on the determination that:

--Health care for the homeless is sorely needed and largely unavailable.

--Without good health, homeless people cannot resolve their other basic problems.

--Health care programs for these individuals can be effective when conducted in appropriate settings and combined with other services and benefits.

This project, entitled Health Care for the Homeless Population, is cosponsored by the U.S. Conference of Mayors. In December 1984, the sponsors selected the cities that will receive grants to set up demonstration projects to provide basic primary health care, medical, nursing, and casework services. Casework activities will include arranging access to other services and benefits (for example, employment, food, or housing services, and benefits available through public programs, such as disability insurance, Workers' Compensation, Medicaid, and Food Stamps). Also, the program is supporting research to more specifically link physical health problems as a cause for homelessness and to identify the type and extent of the health problems most likely to be uncovered among the homeless.⁶

The 18 cities that will receive grants are Albuquerque, Baltimore, Birmingham, Boston, Chicago, Cleveland, Denver, Detroit, Los Angeles, Milwaukee, Nashville, New York, Philadelphia, Phoenix, San Antonio, San Francisco, Seattle, and Washington, D.C. Each city will receive up to \$1.4 million over a 4-year period for establishing health clinics, staffed by doctors and nurses, in shelters and soup kitchens.

One effort to help prevent homelessness is being tested by New Jersey in a program initiated in January 1985. This Homelessness Prevention Program was appropriated \$1.65 million by the legislature for 6 months, to be used to provide grants or loans to homeowners or tenants who are at risk of being evicted. The long-term objective is to enroll recipients of these funds into other federal or state assistance programs or to keep laid-off workers from losing their homes until they find new jobs.⁷ This program was developed after a November 1984 state survey identified evictions as a major cause of homelessness.

Within HHS, the Working Group on the Homeless has identified changes which could be made at the national level to expand the availability of community-based services. These include changes which would make current entitlement programs more accessible:

- extending the current SSDI and SSI outreach program now functioning in New York City to the 50 most populated cities and expanding it to include other programs, such as Food Stamps, AFDC, Medicare, Medicaid, and veterans cash and medical benefits and
- extending SSI eligibility for public shelter residents from the current 3-month limit to 12 months.⁸

The Working Group on the Homeless' report also concluded that more needed to be done to support state and local governments and private efforts to provide health services, which are inaccessible to the homeless in many locations; build shelters, which are not available in some locations; rehabilitate and equip some shelters, which are physically deteriorated and may present health problems; and develop longer term treatment and support services for the mentally ill homeless. Specific steps the group identified that could be taken at the federal level to supplement state and local efforts include:⁹

- Waive the 15-percent limitation on the amount of section 8 housing assistance funds which can be used by single(s) and nonelderly clients, in order to open up more assistance to the homeless.
- Provide that on a case-by-case basis, section 8 vouchers for individual units be issued to emergency shelter providers rather than individual families.
- Promote the use of family foster care programs for the mentally ill.
- Establish a permanent office for the homeless in HHS.
- Require DOD and Coast Guard Commissaries to improve the transfer of nonmarketable food from their commissaries to local food banks.
- Give cities the option to sell urban homesteading units to nonprofit organizations for use as shelters, transitional houses, and group homes for the mentally ill.
- Assign National Health Service Corps personnel and Public Health Service Commissioned Officers to work in shelters, provide health screening and referral services in shelters and mobile street outreach teams, and provide support to networks of shelters.

--Direct the HHS Centers for Disease Control to work with state health departments to develop guidelines to address health hazards in order to prevent epidemics and cross-infections in shelters.

--Provide federal funding to pay for part of the cost of rehabilitating and operating shelters.

RESEARCH PROJECTS AND PROPOSALS

Determining the most appropriate strategies for meeting the long-term needs of the homeless population is difficult, in part, because the research on the diverse problems of this population has been limited. HHS has recently taken steps to fund studies of the causes of homelessness and service needs of the homeless. The National Institute of Mental Health, for example, has contracted with professional providers and academic researchers to study various issues concerning the homeless who are chronically mentally ill. The research focuses on shelter users and will identify, in selected localities, the reasons for and length of homelessness, mental health histories, use of shelters and psychiatric services, and enrollment in public assistance programs.

Five research projects are also underway in HHS' Office of Human Development Services. One will profile the needs and characteristics of homeless children and their families in New York City and evaluate the degree to which current services meet their needs. A second will study how to target resources of New York's Human Resources Administration to the homeless mentally ill, and a third will evaluate how business management techniques can improve city shelter programs. A fourth will identify how public mental health funds at various levels of government can be better marshaled to aid the mentally ill homeless in Massachusetts. A fifth (also in Massachusetts) will identify more efficient ways for the private sector to aid the homeless.

Finally, HHS contracted to evaluate model projects serving the homeless to identify effective service methods and funding sources. The results were summarized in a "how-to-do-it" format entitled Helping the Homeless -- A Resource Guide published in November 1984. Based on a review of 30 programs throughout the United States, the guide is "to provide information on effective ways to establish and operate local projects to feed, shelter and in other ways care for homeless individuals."¹⁰

While the results of the projects described above should facilitate the understanding of the problems and needs of the homeless population, significant gaps in research remain. Some

of these gaps were addressed at a December 1984 conference on the future directions for policy on poverty, jointly sponsored by the Institute for Research on Poverty of the University of Wisconsin and HHS. Research questions concerning the homeless which were identified include:¹¹

- What is the effectiveness of social services and income transfer programs in helping the homeless?
- What proportion of the deinstitutionalized homeless are not being helped by community-based health resources and why?

The HHS Working Group on the Homeless has also outlined research and demonstration proposals for developing a basis for improving the service delivery system. One proposal would expand HHS research activities to include projects on the epidemiology and dynamics of homelessness and mental illness, the characteristics of the affected population, and effective treatment interventions, services, programs, and system linkages.¹² The group's report identified a research project which could be undertaken to examine state and local government placement policies for the mentally ill to identify the most appropriate and effective means to protect these individuals from involuntary commitment, while at the same time ensuring their access to treatment.

The Working Group also identified a proposal for an HHS Demonstration Program which could provide grants to states to develop innovative service approaches and system linkages to assist the homeless mentally ill. These could include¹³

- outreach programs,
- mental health and substance abuse services in overnight shelters,
- drop-in centers,
- crisis housing,
- health and dental services,
- reconnecting with families,
- case management services,
- long-term rehabilitation, and

--development of innovative funding sources (including participation of the private sector and encouragement of volunteerism).

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In summary, though supplying food and shelter does respond to the immediate needs of the homeless, long-term solutions to expand community-based services for this population are needed. Without these services, shelter facilities may need to be expanded if the problems of homelessness continue. While no single strategy has emerged, current proposals focus on the following services: physical and mental health care, more permanent low-incoming housing, employment and training, and other social services and assistance to help the homeless gain access to available programs and benefits.

Notes

- ¹John A. Talbot and H. Richard Lamb, "Summary and Recommendations." The Homeless Mentally Ill: A Task Force Report of the American Psychiatric Association. John A. Talbot and H. Richard Lamb (eds.), Washington, D.C., The American Psychiatric Association, 1984, pp. 4-10.
- ²Department of Community Affairs, Division of Housing and Development, Shelters for the Homeless: Pilot Improvement Program, November 1984, New Jersey, pp. 5-6.
- ³Ellen L. Bassuk, Lenore Rubin, and Alison Lauriat, "Is Homelessness a Mental Health Problem?" American Journal of Psychiatry, Vol. 141, No. 12, December 1984, p. 1547.
- ⁴New York City Human Resources Administration, "Correlates of Shelter Utilization: One-Day Study," August 1984, pp. 1-2, B-1, B-5, B-6, E-1.
- ⁵The Robert Wood Johnson Foundation and the Pew Memorial Trust, "Health Care for the Homeless Program," December 1983, pp. 1, 3-8.
- ⁶The Robert Wood Johnson Foundation, pp. 6-8.
- ⁷"The Prevention of Homelessness Act of 1984," NJSA-52-27C-24 L. 1984 C. 180, New Jersey.
- ⁸U.S. Department of Health and Human Services, HHS Working Group on the Homeless, "The Homeless: Background, Analysis, and Options," 1984, pp. 12-13, 19-20, 24-25.
- ⁹HHS Working Group on the Homeless, pp. 19-25.
- ¹⁰U.S. Department of Health and Human Services, Helping the Homeless--A Resource Guide, September 13, 1984, Washington, D.C., p. v.
- ¹¹Daniel H. Weinberg, "A Poverty Research Agenda for the Next Decade," prepared for the Conference on "Poverty and Policy: Retrospect and Prospect," cosponsored by the Institute for Research on Poverty and HHS, December 2-8, 1984, p. 10.
- ¹²HHS Working Group on the Homeless, p. 24.
- ¹³HHS Working Group on the Homeless, p. 24.

CHAPTER 6

CONCLUDING OBSERVATIONS

Homelessness is becoming an increasingly complex problem. One measure of this complexity is that no one knows how many homeless there are because of the inherent difficulties in locating and identifying these individuals. There is agreement, however, that the composition of the homeless population is changing. Once considered to be a group who were mostly alcoholics, drug addicts, and transients, today it includes not only those groups but also a younger population with more women, children, mentally ill persons, minorities, and more individuals who are without housing because of economic problems.

In spite of the absence of reliable baseline data, there is also agreement in the studies we reviewed that homelessness has increased. Multiple factors have been identified as contributing to homelessness in the 1980's. In addition to the historical factor, alcohol and drug abuse, these are high unemployment during 1979 to 1983; deinstitutionalization of mentally ill persons combined with inadequate community-based services; increases in personal crises; cuts in public assistance programs; and the decline in the supply of low-income housing.

Homelessness is also likely to be a continuing problem due to: insufficient community-based services for the mentally ill and a continuing decline in low-income housing. Another factor which may be significant is the finding that some individuals and families are spending long periods of time in shelters (up to 11 months in New York and 6 months in Boston). A more "permanent" state of homelessness for a growing group could place additional strain on local resources. These resources could be stretched even further if there is an expansion in lawsuits or referendums which are successful in establishing a legal right to shelter to all in need.

While there is currently no single federal program to provide services specifically to the homeless, aid has been provided through different mechanisms. To date, the federal role has been primarily to supplement the more substantial state, local, and private efforts to provide food and shelter to the homeless. The federal efforts include a \$70 million appropriation (administered by FEMA) for food and shelter for fiscal year 1985 and HHS funding of up to \$5 million for an 800- to 1,000-bed model shelter in Washington, D.C., beginning in January 1985. HHS is also administering the Federal Interagency Task Force on Food and Shelter for the Homeless which tries to cut red tape and serve as a broker between the federal government and private sector when an available federal facility or resource is identified.

In addition to the immediate needs of the homeless for food and shelter, long-term solutions are believed necessary. Most studies we reviewed conclude that these longer term strategies should focus on the expansion of community-based services and include: physical and mental health care, more permanent low-income housing, employment and training, and other social services and assistance to help the homeless gain access to available programs and benefits.

These solutions are likely to be expensive and problematic as they will have to address the issue of how to most effectively assist individuals with financial and often chronic mental and medical health problems. There is also disagreement over how these services should be organized, what they would cost, and how they would be paid for. As one example, proposals have been advanced to reexamine the closing of state mental hospitals and to loosen involuntary commitment procedures on the basis that the mentally ill would be better off in an institution than on the streets if these are the only two options available. Alternatively, it is argued that involuntary commitment is a violation of an individual's civil rights. This issue is likely to be the subject of increasing controversy.

Determining the most appropriate long-term solutions to the problems of the homeless (including those who are mentally ill) could be enhanced with additional research in this area. Unanswered questions include: how effective are social services and income transfer programs in helping the homeless, and what proportion of the deinstitutionalized homeless are not being helped by community-based resources and why. In addition, more reliable information is needed on the extent of homelessness and the characteristics of the homeless. Data on these key issues from ongoing and new studies could help in the development of viable strategies targeted to meet the needs of the homeless.

In summary, homelessness is likely to remain a problem for several years. What the federal role should be in providing services to these individuals is, however, unresolved. Continuation of the effort to provide help under the FEMA program is uncertain as authorization for this program runs out at the end of fiscal year 1985. FEMA has indicated that it lacks the expertise to run a permanent program, and no funds for fiscal year 1986 have been requested. Thus, questions, such as whether federal funds to provide food and shelter for the homeless will be available after September 30, 1985, and, if so, which agency will run this program, remain unanswered.

STUDIES REPORTING DATA ON INTERVIEWS WITH HOMELESS INDIVIDUALS

<u>Study</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>	<u>Sampling method</u>	<u>Coverage</u>
Homelessness in Newark: A Report on the Trailer People (University)	Newark, NJ	Dec. 1982- Feb. 15, 1983	Structured interview Review of intake records	Interviewed all voluntary residents of a shelter on 1 day Reviewed records for all clients during time frame	Interviewed 40 homeless Reviewed records for 400 homeless
Project H.E.L.P. Study (City Agency)	New York, NY	Nov. 1982- Aug. 1983	Interviewed people served	Selected consecutive cases	Interviewed 24 homeless served by the project
Research and Program Evaluation Report on the Centralized Emergency Shelter Intake Service (Service Provider)	Albany, NY	May-Aug. 1982	Review of client evaluation records	All people admitted to program	Reviewed records of 444 homeless seeking shelter
St. Paul's Community Center's Dwelling Place (Service Provider)	Toledo, OH	Mar. 1984	Questionnaire	All clients on 1 day	Interviewed 163 people living in 1 shelter
A Psychiatric Profile of Street People Admitted to an Emergency Shelter (University)	Philadelphia, PA	Winter 1981- 1982	Review of intake records	All people admitted to shelter	193 people admitted to 1 shelter during a 2-month period

<u>Study</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>	<u>Sampling method</u>	<u>Coverage</u>
Homelessness in Baltimore (Coalition)	Baltimore, MD	Mar.-July 1982	Questionnaire administered at intake	All new residents at 2 shelters	Interviewed 771 homeless people using shelters
Who Are the Homeless: A Study of Randomly Selected Men Who Use City Shelters (State Agency)	New York, NY	July-Sept. 1981	Structured interviews	Random sample of men using 2 shelters	Interviewed 107 homeless men using shelters
Struggling to Survive in a Welfare Hotel (Coalition)	New York, NY	Sept. 1984	Survey questionnaires	All families in 1 resident hotel	Interviewed 40 families
Assessing Needs Among Sheltered Homeless Women (City Agency)	Washington, D.C.	Jan. 1983	Interviews, diagnostic evaluation, and self-report on mental health	All women in 1 shelter	Interviewed and evaluated 65 women in a shelter for women
New Arrivals: First Time Shelter Clients (City Agency)	New York, NY	Jan.-Feb. 1982	Questionnaire administered at intake using structured data instrument	All first-time applicants for 1-month period	Interviewed 687 homeless at 2 points of entry
Down and Out in the City: The Homeless Mentally Ill (City Agency)	New York, NY	1983	Record review of disposition of homeless patients	Consecutive cases in records at Bellevue Hospital	100 homeless who had been treated at Bellevue Hospital

<u>Study</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>	<u>Sampling method</u>	<u>Coverage</u>
The Homeless Mentally Ill in Boston (University)	Boston, MA	Apr.-May 1983	Interviews with homeless persons	Selected 1 shelter that was demographically representative of other shelters	Interviewed 78 homeless in shelters
Report on the Overnight Census in Boston (Service Provider)	Boston, MA Cambridge, MA	Feb. 25, 1983	Interviews with all shelter users	All people using shelters	Interviewed 1,032 men and women in shelters
The Service Needs of Soup Kitchen Users (University)	Baltimore, MD	May-June 1983	Interviews with users of soup kitchens	Systematic sample of every third person over 5-week period	Interviewed 271 people who eat at soup kitchens
Correlates of Shelter Utilization—A One-Day Study (City Agency)	New York, NY	June 19, 1984	Interviews with all residents of 3 shelters Matched with intake data records	All people in 3 shelters on 1 day	Interviewed 911 people in 3 shelters (2 for men, 1 for women)
Summary Analysis of the 1984 Emergency Shelter Survey (Nonprofit Voluntary Agency)	Denver, CO	Spring 1984	Survey questionnaires to 10 emergency service providers	Survey providers representative of 85 percent of total shelter beds in Denver	Questionnaires completed by 429 people who used shelters
Emergency Shelter: A Survey of Users of the Everett Street Service Center (University)	Portland, OR	Jan.-Feb. 1982	Structured interview	All volunteers in 1 shelter	Interviewed 72 people using shelter over 3-week period

<u>Study</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>	<u>Sampling method</u>
Emergency Shelter Client Data (Nonprofit Voluntary Agency)	Cleveland, OH	Jan.-Feb. 1983	Telephone interviews with shelter operators to determine shelter usage Individual client data forms completed by new clients for 6-week period	All new clients in 7 shelters
Homeless People in St. Louis (State Agency)	St. Louis, MO	Dec. 1983 and Jan. 1984	Structured interview	Random representative sample of shelter users
Chronic and Situational Dependency—Long-Term Residents in a Shelter for Men (City Agency)	New York, NY	Oct. 1981	Interview using detailed questionnaire	All men who had been a resident of 1 shelter for longer than 2 months
The Long Loneliness in Baltimore: A Study of Homeless Women (University)	Baltimore, MD	Sept. 1981	Key informant questionnaire to service providers Daily log of requests for shelter and "turn aways"	All 19 shelters in city 4-week count of women and children seeking shelter at 1 shelter

<u>Study</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>	<u>Sampling method</u>	<u>Coverage</u>
The Homeless of Los Angeles County; An Empirical Evaluation (University)	Los Angeles, CA	Dec. 1983- May 1984	Interviews using questionnaire	Systematic sample at 3 sites Sample of convenience at 3 sites	Interviewed 238 homeless, 2/3 from shelters, 1/4 from soup lines, 7 percent from parking lots
Interviews with 786 Homeless People on the Streets of Denver: A Research Study (Coalition)	Denver, CO	Aug.-Sept. 1982 (updated Nov. 1983)	Interviews using questionnaire with homeless Questionnaire mailed to privately operated shelters	Sample from "people on the streets"	Interviewed 786 people on the streets and completed questionnaires by 23 privately owned shelters
The Homeless of Phoenix: Who Are They and What Should Be Done? (Service Provider)	Phoenix, AZ	June-July 1982 May 1983	Interviews with homeless at 2 times Census of people in shelters	Judgment sample and complete count for census	Interviewed 150 people in food lines (6/82, 7/82) Interviewed 195 people in food lines, shelters, and requesting services from agencies (5/83) Census of all people in shelters (5/83)
Residents Without Residences: A Study of Homelessness in Birmingham, Alabama (University)	Birmingham, AL	1983	Review of records on people in shelters Open-ended interviews with service providers and churches Secondary analysis of statistical data	Random sample of shelter records Representative sample of churches to locate the homeless	Records from Salvation Army Emergency Lodge Churches provided city-wide emergency

<u>Study</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>	<u>Sampling method</u>	<u>Coverage</u>
Homelessness in Chicago 1983 (Task Force)	Chicago, IL	June-Sept. 1983	Interviews using questionnaire	All homeless in 7 locations on 1 night	Interviewed 82 homeless on streets or in alleys
The Homeless Poor/1984 (County Agency)	Portland, OR	Oct. 6-15, 1983	Interviews using questionnaires	"Opportunity Sample" during 1 week	Interviewed 131 homeless on streets, in missions, in soup lines, in "hobo" camps, and in parks
Community Needs Assessment: Focus on the Homeless (Consultant)	Charleston County, SC	Feb. 1984	Interviews with service users and providers and questionnaires sent to 18 ministers	Probability sample of service users	Interviewed users of 6 shelters and 3 soup kitchens and 34 agencies
The Homeless of Phoenix: A Profile (Service Provider)	Phoenix, AZ	June 28- July 2, 1982	Interviews with food line users without children	Representative random selection	Interviewed 150 clients at 2 locations
The 1984 Seattle-King County Emergency Shelter Survey (Coalition)	Seattle, WA	Jan. 16- Feb. 12, 1984	Survey instruments to users of emergency shelters and agencies	All people using shelter	Interviewed 445 clients and 17 agencies

STUDIES REPORTING DATA PROVIDED BY SHELTERS AND OTHER
ORGANIZATIONS WHICH COME IN CONTACT WITH THE HOMELESS

<u>Study</u>	<u>Type of researcher</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>
Reports from Agencies/ Missions in Oregon on the Extent of the Homeless Problem	Task Force	Portland, OR	Nov. 1983-Mar. 1984	Utilization data obtained from 2 shelter providers (with a total of 135 beds).
Downtown Derelicts: A Plan to Minimize Their Impact on the Revitalization of Downtown Jacksonville	Task Force	Jacksonville, FL	May 1982	Statistical data obtained from city agencies.
Emergency Housing Consortium of Santa Clara County--A Report	Task Force	Santa Clara County, CA (San Jose)	Jan.-Dec. 1983	Utilization and other data obtained from shelters.
Monthly Report of Temporary Housing Programs for Families with Children	City Agency	New York, NY	As of Dec. 1983	Utilization data obtained from 53 shelters.
Street People and Other Homeless--A Pittsburgh Study	Private Researchers	Pittsburgh, PA	Summer 1983	Surveys completed by personnel from police, mental health center, hospital, social service departments, and shelters.

<u>Study</u>	<u>Type of researcher</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data</u>
Emergency Services Data United Way of Greater Richmond	Nonprofit Voluntary Agency	Richmond, VA	June-Dec. 1983	Data from agency's neighborhood and tra
Emergency Services Report United Way of Greater Richmond	Nonprofit Voluntary Agency	Richmond, VA	1982	Questionnaire provide of serv
Report and Recommendations of Mayor's Emergency Shelter Task Force	Task Force	Richmond, VA	Jan.-Feb. 1980	Utilization records; agencies
99 Availability and Demand for Emergency Housing East King County	Task Force	Bellevue, WA	Nov. 1983	Interviews; representations of churches
Homeless Study	County Agency	Alameda County, CA	1982-83	Interviews; provide
The Governor's Task Force on the Homeless, "Interim Report"	State Agency	Connecticut	Jan.-Mar. 1984	Survey of and 63 statew.
Policy Options on the Homeless	County Agency	Dade County, FL	1983	Survey of shelter.

<u>Study</u>	<u>Type of researcher</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>
Baltimore City Council Task Force for the Homeless Report	Task Force	Baltimore, MD	1983	Hearings and information obtained from service providers.
An Analysis of Emergency Shelter Services for Homeless Persons	County Agency	Montgomery County, MD	Dec. 1983-Apr. 1984	Utilization and other data obtained from service providers.
Housing for All: A Middlesex County Dilemma	Coalition	Middlesex County, NJ	1982	Data obtained from sample of agencies which have contact with homeless.
Governor's Task Force on Homeless and Hunger in Minnesota	Task Force	State of Minnesota	Jan.-Feb. 1983	Discussions with 50 organizations, shelter visits, and interviews with city and county officials.
Runaway and Homeless Youth Program Audit	State Legislature	State of New York (5 cities/counties, including NYC)	1979 and 1980	Survey questionnaires to 25 programs.
Emergency Shelters for Adults in the St. Louis Metropolitan Area	Service Provider	St. Louis, MO	1982	Utilization data from agencies which make referrals to shelters.
State of Illinois Emergency Food and Shelter Program: Interim Report and Evaluation	Nonprofit Voluntary Agency	State of Illinois	1983	Survey of service providers in all 85 counties.

<u>Study</u>	<u>Type of researcher</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>
Homeless of Tucson	Service Provider	Tucson, AZ	Feb. 1984	Review of records and in-house survey by shelter providers.
Profile of the Homeless in Massachusetts	State Agency	Massachusetts	Jan. 1983	Data collected from service providers, advocates, state agency representatives, and community leaders in 24 communities.
Report to the Public/Private Task Force on Homelessness	Private Researchers	Philadelphia, PA	June 1983	Mail survey of private shelter operators.
88 Homelessness in Nassau County, NY	University	Nassau County, NY	1982-83	Three questionnaires sent to 64 social service agencies most likely to serve the homeless.
Preliminary Data from Emergency and Transitional Shelters	Service Provider	Baltimore, MD	1983	Utilization and other data collected from shelter operators.
A Report on the Homeless Pilot Improvement Program	State Agency	10 counties in New Jersey	Dec. 1983	Data obtained from applications for funding submitted by shelter providers.
A Report on Homelessness	Coalition	Westchester County, NY	May-Aug. 1983	Data obtained from agencies providing shelter.

<u>Study</u>	<u>Type of researcher</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>
Housing Counseling Center, Inc. "Service Data"	Nonprofit Voluntary Agency	Three counties in southwestern Michigan	Dec. 21, 1983- Jan. 16, 1984	Utilization data from shelters.
Coalition on Temporary Shelters Report	Service Providers	Detroit, MI	1983	Utilization and other data obtained from service providers, shelter users, and other agencies.
Hardship in Hennepin County-- Analyses of People Using Emergency Services	Service Providers	Hennepin County, Minneapolis, MN	May 1982	Survey information collected from 17 agencies throughout the county.
Catholic Charities Drop-in Centers: User Profile	University	Minneapolis-St. Paul	Nov.-Dec. 1981	Questionnaires administered to clients at 2 social service agencies.
Emergency Financial Assistance Services Available to Residents and Non-Residents	Nonprofit Voluntary Agency	Spartanburg County, SC	Jan.-June 1982	Utilization data and needs assessment obtained through interviews with social service agencies. Also questionnaire administered to clients.
No Place to Go: Emergency Shelter Referral Network Annual Report	Service Provider	Milwaukee, WI	May-Dec. 1982	Utilization data on hotline users and shelters accepting referrals.

<u>Study</u>	<u>Type of researcher</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>
Homelessness in New York State: A Report to the Governor and Legislature	State Agency	New York State	1983	Survey questionnaire to 250 agencies.
New York City Plan for Homeless Adults	City Agency	New York, NY	1984	Daily reports obtained from shelters. Also self reports by clients and judgments of trained staff.
Task Force on Emergency Housing, Final Report and Recommendations	Task Force	Kansas City metro area	Oct. 1981 Sept. 1982	Survey document sent to 35 social agencies and 12 shelters.
Second Progress Report--Shelter Monitoring Project	Private Researchers	Philadelphia, PA	June-Aug. 1983	Survey mailed to 13 private shelters.
Study of Shelter Care in Allegheny County, PA	Private Researchers	Allegheny County, PA (Pittsburgh)	1980-81	Survey of service providers in 17 communities.
Seeing the Obvious Problems: The October Project	Task Force	Boston, MA	Oct. 27, 1983	Census of homeless by teams of 2 counters. Teams counted those in shelters and on streets throughout Boston (except certain neighborhoods and dead-end alleys).
Research Paper on the Homeless	Private Researchers	Washington, D.C.	June 1980	Survey interview of 36 agencies serving the homeless.

<u>Study</u>	<u>Type of researcher</u>	<u>Geographic location</u>	<u>Time frame</u>	<u>Data collection method</u>
Annual Report— South King County Multiservice Center	Service Provider	South King County, WA	1982-83	Utilization data on clients of multiservice center using emergency shelters.
Report on the Urgent Need for Emergency Family Shelter in Charlotte/ Mecklenburg County	Coalition	Mecklenburg County, NC	1983	Surveyed 16 local agencies and in-depth interviews with 8 key agencies.
Emergency Housing/ Homelessness Fact Sheet	Coalition	King County, WA and surround- ing counties	1983	Utilization data from agencies in several counties.
Homeless Persons in St. Louis County	Service Provider	St. Louis County, Missouri	Mid-1983	Intake records on all requests for housing assistance.
Emergency Shelter Services Assess- ment and Coordi- nation	Service Provider	State of Rhode Island	Fall 1981	Telephone interview with 29 agencies.
One Year Later: "The Homeless Poor in New York City"	Private Re- searchers	New York City	Winter of 1981-82	Reviewed annual, monthly, and nightly data on numbers and characteristics of users of city-operated shelters in New York City.

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SUMMARY OF MAJOR FEDERAL
PROGRAMS ASSISTING THE HOMELESS

<u>Agency</u>	<u>Service/activity or program</u>	<u>Objectives/ accomplishments</u>	<u>Funds budgeted for the homeless</u>
FEMA	To provide funding for emergency food and shelter	Funds provided to all states and over 3,650 voluntary organizations.	\$140 million appropriated through November 1983. An additional \$70 million appropriated in August 1984 extending the program through fiscal year 1985.
HUD	Community Development Block Grant	Facilitating provision of shelters.	In January 1985 HUD reported that \$53 million in CDBG funds had been spent over the past 2 years to help the homeless.
DOD	Renovate Facilities on Military Installations for Shelter	\$900,000 of the 1984 appropriation was obligated to make renovations for two shelters; an additional four shelters have been opened at DOD facilities using local community and base funds.	In fiscal year 1984 \$8 million was made available; \$900,000 was obligated. In fiscal year 1985 \$500,000 was budgeted; DOD has reported that it will spend whatever is necessary above that amount, if needed for shelter renovations.

<u>Agency</u>	<u>Service/activity or program</u>	<u>Objectives/ accomplishments</u>	<u>Funds budgeted for the homeless</u>
HHS	Federal Interagency Task Force	Broker with public sector to make facilities or other resources available for the homeless.	No funds specifically appropriated.
	Social Security Outreach Program	Outreach program in New York City with regional HHS staff and city officials to help individuals in shelters obtain HHS benefits: in October 1984, program offered in other communities.	No funds specifically appropriated.
	Model Shelter	In November 1984 HHS agreed to help renovate a building in Washington, D.C., for use as an 800- to 1,000-bed model shelter.	Up to \$5 million to be spent over 3 years.
	Community Services Block Grant	Funds can be used for a range of antipoverty programs, including emergency food and shelter.	Total funds spent for the homeless from these three block grants cannot be identified. HHS reported that \$65 million of fiscal year 1983 CSBG funds were budgeted for emergency service which could include efforts to help the homeless.
	Social Services Block Grant	Can provide funds for counseling programs for the homeless.	
	Alcohol, Drug Abuse, and Mental Health Block Grant	Can provide funds for community mental health centers and other community-based mental health services to all persons, including the homeless.	

<u>Agency</u>	<u>Service/activity or program</u>	<u>Objectives/ accomplishments</u>	<u>Funds budgeted for the homeless</u>
VA	Outreach Program	To visit shelters in New York City to identify and accept applica- tions from home- less veterans for VA disability benefits. VA is considering ex- panding this pro- gram to other cities.	Unknown
ACTION	VISTA (Volunteers in Service to America)	By the end of 1984, 194 volunteers were working on 42 projects for the homeless.	Unknown
USDA	Food Stamps; Surplus Commodities	Food stamps avail- able to the home- less. No fixed home address or length-of-time- in-residence requirement. Surplus food made available to non- profit institu- tions, including soup kitchens and shelters.	Unknown

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