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Report to the Chairman, Committee on
Veterans' Affairs, U.S. Senate

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HOMELESSNESS

Demand for Services to Homeless Veterans Exceeds VA Program Capacity



Notice: This is a reprint of a GAO report.

Health, Education, and
Human Services Division

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The Honorable John D. Rockefeller IV
Chairman, Committee on Veterans' Affairs
United States Senate

Dear Mr. Chairman:

In February 1993, you requested that we review certain Department of Veterans Affairs (VA) activities related to homeless veterans. Specifically, you asked us to (1) determine the extent to which VA staff interact with federal, state, local, and private organizations that provide services for homeless veterans in selected locations, (2) evaluate VA's discharge planning efforts for homeless patients at VA medical facilities in the locations we visited, and (3) review VA's progress in implementing section 107 of Public Law 102-405 requiring, among other things, a comprehensive assessment of the needs of homeless veterans.

Veterans are generally considered to constitute about one-third of the homeless population in the United States. No one knows the exact number of homeless individuals. However, on any given night in the United States, an estimated 500,000 to 600,000 homeless people live on the streets or in shelters,¹ and 150,000 to 250,000 of these are believed to be veterans.² According to VA officials, 98 percent of all homeless veterans are male, 40 percent suffer from serious mental illness, and, with considerable overlap, about half suffer from alcohol or other drug abuse. In addition, about 10 percent of homeless veterans suffer from post-traumatic stress disorder.³ The over-representation of veterans among homeless persons is specific to younger veterans who served in the All Volunteer Force (AVF). Differences in socio-economic and psychiatric risk factors for homelessness partially explain this vulnerability, and seem to reflect recruitment processes during the early years of the AVF.⁴

¹Martha R. Burt and Barbara S. Cohen, America's Homeless: Numbers, Characteristics, and Programs That Serve Them, Washington, D.C.: The Urban Institute (1989).

²1991-1992 Annual Report of the Interagency Council on the Homeless, Federal Progress Toward Ending Homelessness, Washington, D.C., p. 226.

³Post-traumatic stress disorder is a psychiatric difficulty, with symptoms such as nightmares, intrusive recollections or memories, flashbacks, anxiety, or sudden reactions after exposure to traumatic conditions.

⁴Health Care for Homeless Veterans Programs: The Fifth Annual Progress Report, Department of Veterans Affairs, p. App A-1.

We conducted our work at VA's central office and at eight localities across the country—Boston, Massachusetts; Dallas, Texas; Flint, Michigan; Huntington, West Virginia; Minneapolis, Minnesota; Pensacola, Florida; San Francisco, California; and Washington, D.C. These locations were selected, in part, to encompass both urban and rural population centers, diverse climates, and different levels of VA presence.

To determine what VA is doing to coordinate its efforts with those of federal, state, local, and private organizations that provide services for homeless veterans, we interviewed numerous officials representing each of these entities. To evaluate VA's discharge planning efforts for patients at VA medical facilities, we (1) interviewed VA officials and non-VA service providers to obtain information about homeless veterans released from VA medical facilities and (2) reviewed medical and other treatment files of homeless veterans to determine the extent of discharge planning performed by VA staff. We also interviewed VA central office officials to determine the progress VA has made to comply with the provisions of Public Law 102-405.

The scope of our work and methodology are discussed in more detail in appendix I, and a summary of the information gathered during our work in the eight localities visited appears in appendixes II through IX.

Background

In July 1987, the 100th Congress responded to the problems of homelessness by enacting several laws addressing different aspects of the problem. The most comprehensive of these was the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77). The McKinney Act recognized the role of VA in addressing the problem, but several of the other statutes enacted at that time created programs in VA—Homeless Chronically Mentally Ill (HCM) and Domiciliary Care for Homeless Veterans (DCHV)—specifically targeting homeless veterans.

Previous legislative actions had addressed the food and shelter needs of the homeless, but before 1987 little had been done to address the causes of homelessness or the diverse needs of the homeless. The McKinney Act was a response to both the urgency of the homelessness crisis and the growing numbers of homeless.

The HCM program, administered by VA's Veterans Health Administration (VHA), was initially established and funded through Public Laws 100-6 and 100-322, and is designed to meet the needs of homeless veterans with

chronic mental health problems.⁵ VA initially funded 43 HCMI programs in 26 states and the District of Columbia. Under these programs, which now number 57, outreach staff and case managers work with community providers on the streets, in soup kitchens, and in shelters to locate homeless mentally ill veterans who need care. Those veterans found to meet VA's eligibility criteria receive direct clinical care that includes medical and psychiatric assessment and treatment, substance abuse treatment, job counseling, and crisis intervention.⁶ Following assessment, some veterans are placed in community-based residential treatment programs such as halfway houses or psychiatric residential treatment centers for psychiatric care, alcohol and drug abuse dependency, and rehabilitation. These placements are made through contracts funded by VA. VA case managers monitor and supervise care provided to these veterans in the residential treatment programs.

The DCHV program, initially authorized under Public Law 100-71, was established as a specialized treatment component in the existing domiciliary care program administered by VHA. This clinical program provides less intensive care than a hospital or nursing home, but a higher level than received in community residential care settings. The program's purpose is to use VA medical facilities to provide primary health care, mental health care, and social services to homeless veterans. VA has established domiciliary care programs for homeless veterans at 31 sites around the country.

VHA has undertaken several other initiatives to assist homeless veterans, including joint ventures with two federal agencies—the Department of Housing and Urban Development (HUD) and the Social Security Administration (SSA). The HUD-VA supported housing (HUD-VASH) initiative is designed to provide permanent housing and ongoing treatment to the harder-to-serve homeless mentally ill veterans and those suffering from substance abuse disorders. The SSA-VA initiative is a joint outreach effort to assist homeless veterans in obtaining any social security benefits to which they may be entitled.

VHA also conducts Compensated Work Therapy (CWT) and Compensated Work Therapy/Therapeutic Residence (CWT/TR) programs that include work-for-pay and supervised residential housing. The CWT and CWT/TR

⁵Some HCMI programs use a broader name—Health Care for Homeless Veterans (HCHV)—as an umbrella term to (1) describe their various homeless programs including HCMI and (2) to avoid use of the term "chronically mentally ill." For clarity and consistency in this report, we use the term HCMI to describe this program in all locations.

⁶The HCMI program serves homeless veterans who have severely limited resources and who suffer from severe psychiatric and substance abuse disorders.

programs provide homeless veterans and other veterans an environment that promotes sobriety and responsibility while focusing on vocational rehabilitation. The emphasis in this program is to help veterans develop or relearn life skills and good work habits. These include meeting work schedules, learning to work with others, and performing the routine duties of everyday living.

VHA vet centers are designed to assist Vietnam-era, Persian Gulf, and other post-Vietnam conflict veterans readjust to civilian life. Vet centers are generally located in urban areas, which makes them accessible to homeless veterans. Each of the 202 vet centers has identified a homeless coordinator who, as a collateral duty, is responsible for ensuring outreach, counseling, and referral for homeless veterans.

Homeless veterans can also receive medical services at 171 VA hospitals. These services include inpatient and outpatient medical, mental, and substance abuse treatment. In addition, homeless veterans can access long-term health programs such as domiciliary and nursing home care. VHA has appointed homeless coordinators at 161 VA hospitals.

The Veterans Benefits Administration (VBA) has designated homeless coordinators in its 58 regional offices. However, individuals assigned this role perform it as a collateral duty that is accomplished in conjunction with other activities. VBA policy also permits regional offices to assign personnel in the local community to conduct outreach in homeless shelters and other areas where the homeless congregate. Conducting outreach increases the opportunity for VBA staff to identify homeless veterans and assist them in obtaining any veterans' benefits to which they are entitled.

VA's Shelter for Homeless Veterans Through Acquired Property Sales Program was authorized in 1987 under section 9 of the Veterans' Home Loan Program Improvements and Property Rehabilitation Act. This program allows organizations working on behalf of the homeless to purchase VA-acquired property. The law was extended by the Homeless Veterans Comprehensive Service Programs Act of 1992, which allows VA to lease, lease with an option to purchase, or donate VA-acquired properties to nonprofit organizations, veterans' organizations, and others for the purpose of sheltering homeless veterans and their families. VA medical centers can also obtain VA-acquired properties for specially funded homeless veterans treatment programs, including the CWT/TR and HCMV programs.

As of January 1994, VA had over 12,100 properties available for purchase through the Acquired Property Sales program at discounts ranging from 5 to 50 percent of the listed sales price of the property. However, from July 1988 to December 1993, only 49 properties had been purchased from VA by homeless assistance organizations. In March 1993, VA initiated a 3 year test of leasing properties to eligible organizations. No more than 50 properties will be placed in this program nationwide.

Public Law 102-405, approved October 9, 1992, requires VA, among other things, to assess all programs developed by its facilities that have been designed to assist homeless veterans. In carrying out this provision of the law, each medical center director is required to list and describe public and private programs that assist the homeless in the area concerned, assess the needs of homeless veterans living in the area served by the center, and encourage the development of a plan to coordinate the provision of services to homeless veterans among area public and private programs.

Results in Brief

VA staff assigned to homeless activities in Boston and Dallas closely coordinate with federal, state, local, and private organizations that deal with homelessness. In these locations, VA has a wide range of facilities and programs, including medical centers, veterans benefits offices, and HCMI, DCHV, CWT and CWT/TR programs. VA staff in these programs (1) work with community providers, (2) conduct outreach to identify and assist homeless veterans, and (3) participate in local coalition meetings. Conversely, in Flint there is no medical center or other VA facility in the immediate area. As a result, no VA outreach is being performed to identify homeless veterans and there is no coordination with community providers. The extent to which VA interacted with providers at other locations we visited depended on many factors, including (1) the magnitude of the homeless problem in the community, (2) the number of VA facilities or homeless programs operating in the area, and (3) the priority that local VA officials assigned to VA's work with the homeless.

VA's current programs constitute a small portion of what is likely needed to fully address the needs of the homeless veteran population. Local communities provide emergency services of food, clothing, and shelter to veterans who are part of the overall homeless population, and VA concentrates its efforts on (1) serving these veterans' medical needs, (2) serving a limited number of homeless in its HCMI, DCHV, and other programs designed to address homelessness, (3) providing monetary

benefits to those who are eligible, and (4) linking homeless veterans with assistance available from other sources in the community. But the demand for services to homeless veterans far exceeds VA program capacity. For example, in fiscal year 1992, VA's HCMI and DCHV residential programs served about 5,500 veterans. Approximately 16,200 additional contacts, with no residential care, were made with veterans under the HCMI program. Further, from August 1992 through December 1993, approximately 368 veterans received housing under the HUD-VASH program,⁷ and in fiscal year 1993, about 6,600 veterans received job training through the CWT and CWT/TR programs.⁸ There are an estimated 150,000 to 250,000 veterans in need. However, in an era of tight budget constraints, enhancing the services for the homeless could require curtailing services to other veterans.

Prior to release of a patient from a VA medical center, HCMI, or DCHV program, VA staff are expected to refer the veteran to other VA or community providers when further care is needed, and follow up with veterans after discharge to monitor their post-treatment status. VA staff generally referred patients who were about to leave a medical center to other VA and community providers. But staff seldom monitored the veterans' progress after release from VA inpatient facilities.

VA has made little progress in compiling a comprehensive inventory of the needs of the homeless veteran population as required by Public Law 102-405. VA officials recognize this and are developing a model to guide the medical center and regional benefits office directors' efforts to (1) determine the needs of homeless veterans and (2) develop a plan of action to meet those needs. VA estimates that its report on these efforts will be issued by the summer of 1995.

VA's Outreach and Coordination With Homeless Service Providers Varies by Community

VA's outreach and coordination with community providers in the locations that we visited varies widely. Effective outreach and coordination between VA and non-VA homeless providers helps ensure that resources are used as effectively as possible and that as many veterans as possible receive the services they need. In two of the eight locations visited (Boston and Dallas), we found relatively high VA involvement in the community in that VA staff were actively working to (1) cultivate good working relationships with the community and its service providers, (2) routinely conduct

⁷An additional 74 veterans nationwide have vouchers but have not located an apartment for rent.

⁸VA does not know how many of the approximately 6,600 veterans are homeless.

outreach to homeless veterans at local facilities, and (3) participate in local homeless coalition meetings and activities.

Factors resulting in positive VA involvement in these locations included medical center management's support of homeless initiatives and strong personal commitment by VA staff members to help the homeless. Conversely, in two locations, VA's outreach and coordination was minimal because it either lacked a presence in the area (Flint), or its staff saw these functions as futile since VA or community resources were already filled to capacity with walk-in and referral clients alone (Pensacola). Outreach and coordination efforts in Huntington, Minneapolis, San Francisco, and Washington, D.C., were between these two extremes.

In Dallas and Boston, VA homeless program personnel are part of the community's response to homelessness through their active participation in local coalition meetings and activities that address homelessness. In addition, they performed regular outreach visits to major homeless providers, including shelters, to maintain working relationships and to identify veterans who need VA services. They also accepted referrals from other providers when homeless veterans were eligible for VA services and referred veterans to community homeless providers. In general, the community providers that we visited were aware that VA was attempting to identify and assist the homeless veterans and knew how to access VA programs.

In Washington, D.C., VA outreach is performed at the location of many local providers; however, overall coordination activities are not as comprehensive as those in Boston and Dallas. Coordination between VA staff and local providers in Washington, D.C., consists of monthly HCMC staff visits to about 15 providers' facilities (the number of monthly visits varies among the providers) and participating in several locally sponsored events for the homeless such as a stand down⁹ and an event to assist the homeless during the tenth anniversary of the Vietnam War Memorial. Further, VA officials participate in several local coalitions for the homeless. Most community providers told us that they have little or no knowledge about VA's homeless programs. Rather, they rely on two or three VA staff for information when needed.

In San Francisco, VA's outreach and coordination is fairly limited and not very visible. VA staff regularly visit five homeless providers but do not

⁹A stand down is a locally sponsored 2- or 3- day event during which homeless veterans gather at one location and receive food, clothing, health care, and various other services from VA- and non-VA-sponsored sources.

conduct extensive outreach to veterans in the community. As a consequence, the local providers we met with did not consider VA part of the homeless community and did not view it as a significant player in the fight against homelessness.

Before July 1993, VA's outreach and coordination with the Minneapolis community was performed by staff from the veterans benefits office and the vet center. They (1) conducted outreach to local shelters to identify homeless veterans who were eligible for VA benefits and needed readjustment counseling and (2) participated in bimonthly meetings with public and private homeless and health care providers. In July 1993, the medical center instituted a homeless program. VA staff also participated in a stand down held in Minneapolis in August 1993.

VA's outreach and coordination with local service providers in Huntington, West Virginia, is performed by the veterans benefits office and vet center homeless coordinators who periodically visit Huntington's homeless providers. The medical center director told us that the needs of homeless veterans in Huntington are addressed on a case-by-case basis and that because the city is small and VA and community providers are close to each other, coordination works well. Officials representing the community providers we met with generally agreed that they have been able to coordinate effectively with VA.

VA coordination with community providers in Pensacola is minimal. VA personnel are not part of the local homeless coalition and are not performing outreach to local providers or to veterans. VA personnel told us that this lack of outreach is due to limited resources. In their opinion, VA and non-VA resources to house and treat the homeless fall short of the demand, and not enough resources exist to help walk-in and referral clients. Thus, they believe that performing outreach in this environment is futile. VA does not have a medical center in Pensacola but does have an outpatient clinic, a veterans benefits office, and a vet center.

VA has no presence in Flint and only minimal communication exists between the nearest VA medical center, which is about 35 miles away in Saginaw, Michigan, and the community homeless service providers in Flint. Further, providers in Flint told us that they are reluctant to refer homeless veterans to the VA medical center in Saginaw because (1) many do not have access to transportation and VA does not provide any, (2) they cannot be sure that veterans will actually receive treatment at the medical center, and (3) the possibility exists that veterans might be stranded in

Saginaw without care or transportation back to Flint. As a result, homeless veterans generally do not have access to VA services, and they rely on community resources to meet their needs.

Demand for Homeless Services Exceeds VA Program Capacity

VA does not have a comprehensive nationwide program to either help prevent veterans from becoming homeless or take homeless veterans off the streets. VA concentrates its homeless efforts on (1) serving the medical and psychological needs of homeless veterans at its medical centers, (2) serving homeless veterans in a limited number of geographic locations through programs designed to address homelessness, (3) providing monetary benefits to homeless veterans who are eligible, and (4) linking homeless veterans with assistance available from other sources in the community. While some social services, such as housing and job training, are available to homeless veterans in some locations, in the areas we visited, homeless programs are either unavailable or too small to meet the need. But homeless veterans are not exclusively the responsibility of VA. Veterans are part of the homeless population that all of the non-VA homeless programs (federal, state, public, and private) are designed to assist. Table 1 contains a summary of VA programs that assist the homeless in the eight locations we visited.

Table 1: VA Programs at Selected Locations

Location	VAMC ^a	HCM I	DCHV	HUD-VASH	CWT-CWT/TR	VC ^b	VBARO
Boston	X	X	X ^c	X ^c	X ^d	X	X
Dallas	X	X	X	X	X	X	X ^e
Flint	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Huntington	X	N/A	N/A	N/A	N/A	X	X
Minneapolis	X	X	N/A	N/A	N/A	X ^f	X ^f
Pensacola	X ^g	N/A	N/A	N/A	N/A	X	X ^g
San Francisco	X	X	X ^h	X	X	X	X ⁱ
Washington	X	X	N/A	X	X ⁱ	X	X

N/A—Not available.

^aVA medical center.

^bVet center.

^cThe DCHV and HUD-VASH programs are located at the Bedford VA Medical Center in Bedford, Massachusetts.

^dCWT and CWT/TR programs are located at medical centers in both Boston and Bedford, Massachusetts.

^eThe VBA regional office is located in Waco, Texas. A regional office staff person is assigned full time to the HCM I program in Dallas.

^fThe VC and the VBA regional office are located in St. Paul, Minnesota.

^gThe VA medical facility is an outpatient clinic and a VBA benefits office is located at the clinic.

^hThe DCHV is located in Palo Alto, California.

ⁱThe VBA regional office is located in Oakland, California.

^jThe CWT program has no therapeutic residences (TRs) and is not part of the homeless initiatives in Washington, D.C.

VA Medical Centers

All veterans who meet eligibility requirements are entitled to medical services provided through VA's 171 hospitals. Veterans with incomes below \$19,408 are generally given priority for medical care over veterans with higher incomes. In addition to the medical services provided, many of these centers also provide treatment for psychiatric illness and substance abuse—services needed by many homeless veterans. For example, of VA's approximately 1 million fiscal year 1992 inpatient discharges, 115,000 were from inpatient substance abuse treatment programs and 110,000 were from inpatient treatment of mental illness. More than 95 percent of the veterans discharged from the substance abuse programs were classified as

poor. However, no precise data exists on how many of the veterans discharged from these two programs were homeless. Of the seven medical centers we visited, all provided some type of psychiatric care and substance abuse treatment.

VA central office requires staff at VA medical facilities to identify homeless veterans who received treatment and report the number of such cases to the central office. But during 1992, VA central office stopped accumulating this information because the process being used to gather it was too cumbersome.

HCMI and DCHV Programs

VA's HCMI and DCHV programs are designed to assist homeless veterans who suffer from psychiatric, substance abuse, and medical problems. These programs require participants to take part in activities to address mental illness, drug and alcohol abuse, and other problems related to their homelessness. Participants may also receive counseling, vocational assistance, housing and employment help, and discharge planning as required.

HCMI programs are located at 57 VA medical facilities,¹⁰ and DCHV programs are available at 31 VA medical facilities. Twelve of these facilities have both HCMI and DCHV programs. During fiscal year 1992, the residential component of the HCMI program served about 2,700 veterans and the DCHV program treated approximately 2,800 veterans. Approximately 16,200 additional veterans were served by HCMI staff and received services such as medical and psychiatric assessment, substance abuse treatment, and job counseling.

In the eight locations that we visited, five had HCMI programs and two had DCHV programs. All available beds in both programs were consistently filled, and waiting times ranged from a few days to as long as 8 weeks. For example, in San Francisco, the HCMI program has 11 contract beds to serve an estimated 2,000 to 3,300 homeless veterans. We were told that veterans seeking help who meet the program eligibility requirements may wait up to 2 months before they are admitted to the HCMI residential program. The situation is similar in Washington, D.C. Its HCMI program has an average of 11 contract beds to serve an estimated 3,300 to 6,700 homeless veterans. We were told that eligible veterans may wait up to 6 weeks before admission to this program. The waiting times for the 17 HCMI beds in Dallas ranged up to 2 months and up to 2 weeks for the 8 beds in Boston. Waiting

¹⁰Seven of these 57 HCMI locations do not provide residential treatment.

times for the DCHV program ranged from about 3 to 4 weeks in Dallas. Waiting times often do not accurately reflect homeless veterans' needs in an area because in some cases veterans may not meet VA program admission requirements, or veterans may not trust VA or want VA services.

HUD-VASH

During fiscal year 1992, HUD provided \$17.9 million for about 600 housing vouchers to support the HUD-VASH initiative. These housing vouchers are subsidies to be used by homeless veterans to pay all or part of their monthly rent. VA distributed the vouchers among 19 locations.¹¹ The subsidy will cover that portion of the rent that exceeds 30 percent of the veteran's income. Veterans with no income will have their rent fully subsidized, up to the local rental payment standard (determined by locally standardized fair market rental rates). Eventually, veterans whose incomes increase may not be qualified for continued rental subsidy.

In the locations we visited, VA received a total of 118 vouchers—32 in Bedford, 27 in Dallas, 31 in San Francisco, and 28 in Washington, D.C. Since August 1992, VA has placed 73 veterans in housing—22 in Bedford, 14 in Dallas, 20 in San Francisco, and 17 in Washington, D.C. Another 29 veterans received vouchers but have not found an apartment. As of December 1993, 16 vouchers remain to be assigned to veterans.

To be eligible for the HUD-VASH program, VA requires that veterans

- must have been homeless for 30 or more days before their initial contact with the HCMI or the DCHV program and must live in a shelter or on the street (exceptions are allowed in some cases to reduce the 30-day requirement);
- must have a major substance abuse or psychiatric disorder resulting in significant disability;
- must have participated in the outreach/assessment, acute treatment, or residential phases of the HCMI or DCHV programs;
- demonstrate an interest in changing their lifestyle and in returning to work or to some other socially productive activity; and
- be prepared to make a long-term commitment to participate in a VA program of community-based treatment, rehabilitation, and supported housing.

¹¹HUD-VASH programs are located in American Lake, Washington; Bay Pines, Florida; Bedford, Massachusetts; Brooklyn, New York; Cincinnati and Cleveland, Ohio; Dallas, Texas; Little Rock, Arkansas; Loma Linda, California; Manhattan, New York; New Orleans, Louisiana; Nashville, Tennessee; San Antonio, Texas; San Diego and San Francisco, California; Tucson, Arizona; Washington, D.C.; West Haven, Connecticut; and West Los Angeles, California.

The 16 vouchers remain undistributed primarily because of the efforts needed to prepare homeless veterans for independent living. It is often very difficult for these veterans to reach and maintain a sober and motivated condition. Relapses into substance abuse often occur, and the veteran must receive additional treatment. In addition, veterans must have some source of income to meet living expenses other than rent. This is often difficult to achieve for veterans who have not worked and are not receiving Social Security income or other benefits or whose benefits are insufficient to meet their needs. This is especially important in localities where general public assistance is not available.

CWT and CWT/TR

The CWT program (also known as Veterans Industries) is conducted at 68 VA medical facilities. It emphasizes vocational assessment, rehabilitation, and improved work skills and habits through both workshops and employment. Under this program, VA contracts with private industry and the public sector to secure work for disabled veterans and uses the work as a therapeutic tool to improve the veterans' functional levels and mental and physical health. In Bedford and Dallas, the work is performed in both VA facilities and in contractors' work space. The work assigned usually involves manual tasks such as assembling packing boxes or preparing material for shipment. In fiscal year 1993, about 6,600 veterans participated in the CWT and CWT/TR programs nationwide. VA does not know how many of these veterans are homeless.

VA has established 21 CWT/TRS¹² that provide housing for veterans while they work in the CWT program.¹³ While in these residences, veterans use a portion of their CWT wages to cover rent, utilities, and food costs and practice activities of daily living to regain the skills necessary for greater independence. In the cities we visited, Boston and Dallas have purchased homes for veterans that are designated as therapeutic residences. In Boston, VA purchased two houses with a capacity of 22 veterans and, in Dallas, VA purchased four houses with a capacity of 20 veterans. Neither

¹²CWT/TR programs are located in Albany, New York; American Lake, Washington; Atlanta, Georgia; Battle Creek, Michigan; Bedford, Massachusetts; Boston, Massachusetts; Cleveland, Ohio; Dallas, Texas; Ft. Meade, South Dakota; Hampton, Virginia; Kansas City, Missouri; Knoxville, Iowa; Lebanon, Pennsylvania; Little Rock, Arkansas; North Chicago, Illinois; Northampton, Massachusetts; Oklahoma City, Oklahoma; Palo Alto, California; Pittsburgh, Pennsylvania; San Francisco, California; and Topeka, Kansas.

¹³As of January 1994, five of the CWT/TR sites had not purchased or rented any properties to house veterans.

Bedford nor San Francisco had acquired properties for their CWT/TR programs as of January 1994.

Vet Centers

Vet center staff provide outreach, counseling, and referral services to homeless veterans. The staff in the Boston and Minneapolis Vet Centers conduct regular outreach to homeless providers in the community to identify and assist homeless veterans. Specifically, they have (1) developed working relationships with service providers, (2) coordinated VA homeless activities with local providers, and (3) identified and assisted homeless veterans.

In Dallas, a vet center staff member visits one homeless service provider and conducts outreach to veterans on the streets once a week. The staff of the Huntington Vet Center conduct limited outreach specifically directed toward homeless individuals but do interact with churches and other organizations that work with the homeless. The Pensacola Vet Center staff have established a close working relationship with one local organization that focuses its efforts on assisting homeless veterans. In Washington, D.C., vet center staff coordinate with community organizations and local universities to assist veterans, including the homeless. Staff at the vet center in San Francisco do not regularly visit homeless service providers or perform consistent outreach in the community to identify and assist homeless veterans.

VBA Regional Offices

In 1986, the VBA established an Outreach and Public Information Program to ensure that homeless veterans were aware of and had access to VA benefits and services. In 1991, in response to the large number of homeless veterans, the VBA enhanced its homeless outreach program. It directed every VBA regional office to designate staff to regularly contact homeless service providers in the community, disseminate information about VA services to the homeless at local service providers and at other areas where the homeless congregate, and conduct other activities that will enable VBA to identify and provide services and benefits to homeless veterans.

VBA regional office staff in Minneapolis and Dallas (staff assigned from the St. Paul, Minnesota, and Waco, Texas, Regional Offices) make a concerted effort to identify and assist homeless veterans. These staff work closely with service providers and visit major homeless shelters in their communities. In Boston, VBA staff perform outreach and provide direct

services to veterans at one major shelter. Staff are stationed at VA medical centers in the region and attend meetings of the Boston Homeless Steering Committee. In Washington, D.C., VBA staff do not perform outreach but interact with service providers by phone to maintain a working relationship and to elicit referrals of homeless veterans. Until June 1993, the VBA regional office in Oakland (the regional office relocated from San Francisco in 1993) dedicated one staff member to conduct outreach on the streets of San Francisco to identify and assist homeless veterans. However, because of staffing constraints, the regional office eliminated the position and currently does not perform any activities specifically for homeless veterans. Likewise, the Pensacola regional benefits office performs no outreach to homeless veterans.

VA Discharge Planning for Homeless Veterans Needs Improvement

Planning for the successful discharge of a homeless veteran from a VA medical center is an essential element of good patient care. Discharge planning begins at the time a veteran is admitted for care and includes an assessment of the patient's self-care needs upon discharge, patient education, and coordination with community providers to ensure that basic services such as food, clothing, shelter, and continued nursing and medical services will be available to the veteran. However, our review of the patient files of 82 homeless veterans showed that discharge planning at the medical centers and HCMI and DCHV programs we visited needs improvement. VA staff at each location generally told the veterans where to go to obtain needed services upon discharge from the program. However, the files often did not reflect whether VA monitored the veterans' post-treatment status. VA officials told us that while they would like to conduct follow-up activities, they are hampered by such factors as inadequate staffing, difficulties in maintaining contact with homeless veterans, and resistance by some veterans to continued VA involvement in their lives.

VA Assessments of the Needs of Homeless Veterans Are Not Being Performed

VA has made limited progress in complying with the requirements of section 107 of Public Law 102-405. In August 1993, VA provided the Senate and House of Representatives Committees on Veterans Affairs with a report entitled Services for Homeless Veterans. This report discussed programs developed by VA's medical centers designed to assist homeless veterans. It addressed specially funded as well as locally developed programs with an emphasis on VA's efforts to collaborate with community providers and organizations. But as of January 1994, VA had not

(1) identified public and private homeless programs;¹⁴ (2) determined homeless veterans' needs; or (3) encouraged the development of a coordination plan with local providers, as required by Public Law 102-405.

VA officials acknowledge that more needs to be done to meet the requirement of the law. In November 1993, VA's central office staff began discussions that focused on creating a model to assist medical center and regional office directors in determining the needs of homeless veterans in their communities. The Associate Director of VA's Policy, Programs, and Operations in its Mental Health and Behavioral Sciences Service told us that the medical center and regional office directors would use the model to develop a plan of action to meet those needs. On February 10, 1994, after reviewing a draft of this report, VA provided us with estimates indicating that the model could be developed and distributed to all medical center and regional office directors by the winter of 1994-1995 and that a final report could be issued in the summer of 1995. Specific target dates were not established.

Conclusion

Despite the good faith efforts of VA program staff, the capacity of VA's programs to serve homeless veterans is far short of the demand for such services. Further, VA services for homeless veterans are not available in many localities in the United States. While the immediate food, shelter, and clothing requirements of these veterans are generally served by community providers, the substance abuse, mental health, and housing problems confronting them are not easily addressed by either VA or the community. In fact, the inability of local VA facilities to accommodate all of the veterans who are in need continually hinders VA's outreach programs.

Under Public Law 102-405, every VA medical center is required to conduct assessments of homeless veterans' needs, determine the availability of VA and other services in their respective areas, and encourage the development of plans to address those needs in coordination with public and private providers. VA has not performed these assessments and while general time frames have been proposed, no specific target dates have been set. Until it makes and analyzes comprehensive needs assessments, VA cannot accurately state what the demands on its health care system will be if it is to adequately address homeless veterans' issues.

¹⁴VA has contracted with the National Coalition for Homeless Veterans to develop a comprehensive list of all providers of services to homeless veterans. But, as previously stated, veterans are served by all homeless providers and VA should obtain a comprehensive list of all community organizations that serve the homeless.

Given the sheer numbers of veterans who are homeless, if VA is to become actively involved on a nationwide basis to deal with the medical and social concerns of these individuals, existing substance abuse, mental health, and housing programs will need to be substantially expanded and enhanced. Such action could require VA to open new beds, hire more staff, contract with private providers of health care/housing, and either renovate buildings or allow private homeless organizations to do so to provide temporary housing or domiciliary care. However, in an era of tight budget constraints, enhancing the services for the homeless could require curtailing services to other veterans.

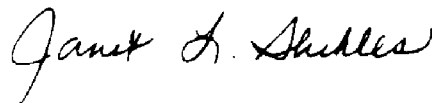
Recommendation

We recommend that the Secretary of Veterans Affairs direct the Under Secretary for Health to initiate, without delay, the assessments required under section 107 of Public Law 102-405 and establish a firm date for completion of the assessments and submission of the results to the Senate and House Committees on Veterans' Affairs.

As requested by your staff, we did not ask for VA's written comments on a draft of this report. However, we discussed it with VA program officials and incorporated their comments where appropriate.

Copies of this report are being sent to appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. We will also make copies available to others upon request. If you or your staff have any questions about this report, please contact David P. Baine, Director, Federal Health Care Delivery Issues, at (202) 512-7101. Other major contributors are listed in appendix X.

Sincerely yours,



Janet L. Shikles
Assistant Comptroller General

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Abbreviations

ACC	Associated Catholic Charities
AIDS	acquired immunodeficiency syndrome
CARE	Community, Alliance, Resource, Environment, Inc.
CCNV	Community for Creative Non-Violence
CHC	Comprehensive Homeless Center
COH	Coalition on Homeless
COHHO	Coalition of Housing and Homeless Organizations
CWT	Compensated Work Therapy
CWT/TR	Compensated Work Therapy/Therapeutic Residence
DAV	Disabled American Veterans
DCHV	Domiciliary Care for Homeless Veterans
DLF	Dallas Life Foundation
DRC	day resource center
FCFH	First Call for Help
GCCMHS	Genesee County Community Mental Health Services
GCVHF	Gulf Coast Veterans Homeless Foundation
HCH	Health Care for the Homeless
HCHP	Health Care for the Homeless Project
HCHV	Health Care for Homeless Veterans
HCMI	Homeless Chronically Mentally Ill
HERO	Homeless Empowerment Registry Organization
HHCT	Homeless Health Care Team
HIV	human immunodeficiency virus
HUD	Department of Housing and Urban Development

Contents

HUD-VASH	HUD/VA Supported Housing
NESHV	New England Shelter for Homeless Veterans
NVOP	National Veterans Outreach Program
OVA	Office of Veterans' Affairs
PATH	Pensacola Area Transitional Housing
PSP	People Serving People
RSL	Red Shield Lodge
SOME	So Others Might Eat
SSA	Social Security Administration
TR	Therapeutic Residence
UGM	Union Gospel Mission
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VBA	Veterans Benefits Administration
VBC	Veterans Benefits Clearinghouse
VC	Vet Center
VHA	Veterans Health Administration
VSO	Veterans Services Organization

Scope and Methodology

On February 17, 1993, the Chairman of the Senate Committee on Veterans' Affairs asked us to review certain Department of Veterans Affairs activities related to homeless veterans. The Chairman noted that VA, other federal, State, and local agencies, as well as private organizations, provide assistance to homeless people, including veterans, but that homelessness continues as a national problem of great magnitude. The Chairman requested that we specifically focus on (1) the extent to which VA staff interact with VA and other homeless programs in various locations, (2) VA's discharge planning efforts to prevent veterans from being discharged to the streets, and (3) VA's progress in implementing section 107 of Public Law 102-405, requiring, among other things, a comprehensive assessment of the needs of homeless veterans.

In conducting our review, we interviewed key management officials and obtained relevant information at VA's central office, Washington, D.C., visited eight locations in the United States to identify local, as well as VA responses to homelessness, and reviewed a limited number of case files for homeless veterans discharged from seven VA medical centers, four HCMH residential treatment programs, and two DCHV programs. We conducted audit work in the following locations: Boston, Massachusetts;¹ Dallas, Texas; Flint, Michigan; Huntington, West Virginia; Minneapolis, Minnesota; Pensacola, Florida; San Francisco, California; and Washington, D.C. We selected these locations primarily because they have diverse climate conditions, differing levels of VA presence in the community, both urban and rural population centers, and geographic dispersion.

To determine the extent of coordination between VA and other homeless service providers, we interviewed officials from VA and major non-VA organizations in the eight locations visited. Non-VA personnel interviewed included representatives from city and county governments and entities, local homeless coalitions, shelters, soup kitchens, veteran service organizations, private treatment and case management providers, and medical and psychiatric care associations. From these meetings we determined the efforts being made in the community to address homelessness issues; the estimated number of homeless veterans in the area; the non-VA community's knowledge of VA programs; the extent to which VA performs outreach and makes referrals to community providers; VA's involvement in community planning, coalitions, and activities; and the extent to which VA has coordinated the discharges of homeless veterans from its programs with community providers.

¹In Boston, we conducted audit work at two VA medical centers in close proximity—Boston and Bedford—to review homeless programs that they jointly conduct to provide services to homeless veterans from the Boston area.

VA officials interviewed included those representing the following programs and entities:

- medical center and social work services,
- Health Care for Homeless Veterans,
- Domiciliary Care of Homeless Veterans,
- Comprehensive Homeless Center (CHC),
- Compensated Work Therapy/Therapeutic Residences,
- vet centers,
- Veterans Benefits Administration regional offices,
- Housing and Urban Development/VA Supported Housing, and
- Social Security Administration-VA Joint Outreach Initiative.

From these meetings, we determined the scope of each VA homeless program in the area; VA staff knowledge of other federal, state, and local (both government and private) homeless efforts; the extent to which VA staff coordinate with other homeless providers and outreach to homeless veterans in the area; and VA's discharge planning efforts.

During our visits to VA medical centers, HCMI, and DCHV sites, we reviewed individual case records to assess discharge planning efforts by VA personnel. We determined whether the files contained documentation showing that the veterans received discharge planning and referrals to other VA and non-VA homeless programs. We also looked for documentation that VA staff made follow-up contacts with veterans after release from VA programs. In total, we reviewed 82 case files selected randomly from discharges made from April 1, 1992, to March 30, 1993.

The progress VA was making to comply with the provisions of section 107 of Public Law 102-405 was determined through interviews with VA central office officials.

Programs to Address Homelessness in Boston, Massachusetts

I. Extent of Homelessness

Each year the city's Emergency Shelter Commission conducts a survey of the homeless in Boston, including adults and children in locations such as emergency and transitional shelters, detoxification units, and mental health facilities, as well as those on the streets. The December 1993 survey determined that the homeless population was 4,809 compared to 4,411 in December 1992. The homeless veteran population, local and federal officials believe, accounts for about one-third (1,500) of the total homeless population.

II. Local Mandates to Protect the Homeless

For several years Boston city officials, especially under former Mayor Raymond Flynn and current Mayor Thomas Menino, have made a commitment that no individual will go without (1) a bed in a warm place, (2) transportation to shelter, (3) adequate health care, and (4) food simply because they are poor. When all shelter space is exhausted during adverse winter conditions, the city's policy is to rent motel rooms for the homeless.

III. VA Services Provided to Homeless Veterans

VA, through its Boston and Bedford medical centers, the Veterans Benefits Administration regional office, and the Readjustment Counseling Service Vet Center, all play an active role in the Boston area dealing with homeless veterans. VA also funds two CWT and CWT/TR programs, an HCMI, a DCHV, and a HUD-VASH program between the two medical centers.

The Boston area has two VA medical centers in close proximity—Bedford and Boston. The Boston VA Medical Center provides medical care. The Bedford VA is a psychiatric facility and offers a 6-month treatment program and a work therapy environment. In addition to offering services to the homeless, the medical centers have homeless coordinators and staff who provide outreach to the major shelters in Boston.

Staff from the Boston Vet Center conduct outreach for homeless veterans at the New England Shelter for Homeless Veterans (NESHV) and work with the staff of another smaller shelter. Services the vet center staff provide the homeless include individual and group counseling, medical assessments, case management, and referrals to other VA and community programs.

The Boston VBA homeless coordinator interacts with all major shelter providers as well as with VA medical center staff who conduct outreach. Further, the VBA has benefits counselors at both the Boston and Bedford Medical Centers to whom social workers refer homeless veterans. A VBA

**Appendix II
Programs to Address Homelessness in
Boston, Massachusetts**

official estimated that they served about 230 homeless veterans in fiscal year 1993. However, the estimate reflects only those veterans who indicated that they were homeless. Veterans are not asked if they are homeless when they seek VBA assistance.

Boston VA Medical Center's CWT and CWT/TR programs serve homeless and other veterans who have substance abuse problems. Boston received initial funding for this program from VA's central office in fiscal year 1990. In February 1991 and January 1992, Boston purchased two houses to be used for therapeutic residences through VA's central office funding. The residences house 22 veterans who are involved with treatment that sometimes exceeds 1 year. While in the program, the veterans receive housing and are offered transitional employment. While working and living at the residences, they are expected to use the VA medical center's outpatient substance abuse clinic.

Bedford's CWT/TR program first received funding from VA's central office in fiscal year 1991. However, the Bedford VA has operated a CWT program using its own operating funds for more than 30 years. Currently, about 250 veterans participate in these programs each week and work at public- and private-sector jobs. Participation in the program usually lasts for about 4 months. As of January 1994, Bedford had not acquired housing properties for its CWT/TR program.

In fiscal year 1987, VA began funding an HCMJ program at the Boston VA Medical Center. The residential treatment segment of this program currently has eight beds.

In February 1991, the medical center expanded the mission of the HCMJ program to include permanent affordable housing assistance to the homeless. To be eligible, veterans must have a general or honorable discharge, stay in shelters, on the street or its equivalent, or be in transitional or rehabilitative placements because of their homeless status. The center recruits participants through intensive outreach services at the many shelters and soup kitchens in Boston's downtown area and along public transit feeder paths. Another major referral source are peers of homeless veterans who are presently involved in, or who have already accomplished their housing goals through this group process. The Boston VA staff screen approximately 40 veterans per month. During fiscal year 1993, the staff assisted 117 veterans in obtaining permanent subsidized housing.

In a joint initiative with HUD, VA helps chronically mentally ill and substance abusing veterans find and secure permanent housing supported, in part, by HUD Section 8 rental assistance vouchers. VA also provides these veterans with longer term clinical support and case management in permanent housing. The Bedford VA operates the program. The director issued the first of 32 vouchers in January 1993. As of December 1993, 27 vouchers had been awarded. The program allows families to stay together and has an active waiting list of 20 veterans.

In 1989, the Bedford and Boston medical centers jointly proposed a domiciliary program to get the homeless veterans in Boston off the streets. The maximum length of time a veteran can stay in the program is 6 months. The first 2 months provide education, family therapy, and coping skills. The last 4 months primarily involve participation in the CWT program as well as trying to find housing in the community. Program candidates must have at least 30 days of abstinence from drugs or alcohol before entering the program, so Bedford established a transitional house in Leominster. This allows staff to evaluate individuals on the waiting list to ensure that they are substance free before they enter the program. The waiting list varies, but when we reviewed the program, it contained the names of 21 people. The program has 40 operating beds. In fiscal year 1993, 116 homeless veterans participated in the program.

IV. VA's Outreach/ Coordination With Local Organizations Serving the Homeless

VA's outreach and coordination in the Boston community of providers to the homeless consist of the following:

- Regular visits to all of the major shelters in Boston by staff from the Boston Medical Center as well as periodic visits to the smaller shelters. Vet center staff also regularly visit a major Boston shelter.
- Periodic visits by VA staff to non-VA service providers outside of Boston's city limits to make them aware of VA's services to the homeless.
- Assignment of a nurse and a social worker to the New England Shelter for Homeless Veterans to evaluate homeless veterans and make appropriate referrals to either medical or social services.
- Participation on the Homeless Steering Committee. The committee's objectives include (1) providing a forum for sharing information about services available in the community; (2) providing interagency collaboration, support, and coordination on issues concerning homelessness; and (3) sharing staff development and educational materials on homelessness. Committee members include representatives from VA, the city of Boston, the state of Massachusetts, and officials from

the major shelters. The committee meets once a month at different locations in the city, including various shelters, and periodically has guest speakers. The New England Shelter for Homeless Veterans is a major provider that is not currently a member.

- Participation in a 3-day stand down in August 1993, which attracted more than 600 homeless veterans.

V. Community Programs to Aid the Homeless

Boston has numerous local government and nongovernment programs to aid the homeless. Programs include city-funded shelters as well as private organizations that provide food, shelter, and medical and mental health treatment. Since January 1984, \$116 million of federal, state, city, and private funds have been spent to assist the homeless. Since 1986, Boston's shelter budget has increased by more than 600 percent.

The city of Boston funds numerous as well as diverse types of shelters. The shelters are predominantly for adults, although a significant number of beds are set aside for families. From 1983 to 1992, the number of shelter beds increased from 957 to 3,661. The totals include 2,008 adult and 636 family emergency shelter beds. The remaining 1,017 units represent transitional housing and single-room occupancy facilities.

While Boston has many shelters, two stand out because of the number of homeless they shelter and feed: the Pine Street Inn and the Long Island Shelter, both of which we visited.

The Pine Street Inn and its ancillary locations provided, as of 1992, 38 percent of the emergency shelter beds in Boston. It serves both adult men and women and is considered as a wet facility (i.e., a shelter that serves guests who are under the influence of alcohol but are not disruptive to other guests). Every day guests receive two meals a day—breakfast and dinner. In addition, a noon meal is served to some guests who remain during the day for special programs; most are required to leave during the day, except during bad weather. During 1992, Pine Street served an average of 2,068 meals per day. The Inn also provides guests with health care and clothing. In addition, counselors are available to work directly with guests, especially for referrals to employment and housing agencies. Further, Pine Street uses its outreach van to provide food and beverages to the homeless on the streets every night. Vans also provide transportation daily to area hospitals and detoxification centers. They are also used to help guests get to housing and social service agencies.

**Appendix II
Programs to Address Homelessness in
Boston, Massachusetts**

The Long Island Shelter and its ancillary facilities provided, as of 1992, 34 percent of the emergency shelter beds in Boston. It shelters adult men and women and, periodically, some families. It is considered a wet facility. Similar to Pine Street Inn, guests using the shelter receive two meals a day and are expected to leave during the day unless they are enrolled in special programs or the weather is bad. A variety of services are offered, including case management, clinical services, work rehabilitation, and employment services. Further, vans provide emergency transportation throughout the night. The vans travel Boston's streets to ensure safe access to a shelter for all homeless people during the winter months.

In addition, Boston has many publicly and privately operated shelters at locations throughout the city where people can get lodging and food. The following are examples of the range of facilities available to the city's homeless veterans.

St. Francis House

St. Francis House is a primary provider of lunch for the homeless and poor in Boston, serving 500 people daily. Other services include providing both physical and mental health care, substance abuse recovery, and employment service programs.

Boston Health Care for the Homeless

The program, founded in 1985, provides access to health care for all homeless people in the Boston area. The Robert Wood Johnson Foundation and the Pew Charitable Trust originally funded this program as one of 19 national demonstration programs. Physicians, nurse practitioners, and case workers deliver care at more than 40 sites, including shelters, soup kitchens, hospitals, and motels. In 1992, the program treated around 6,000 individuals. It is administered by Boston's Trustees of Health and Hospitals and supported by a variety of public and private funding sources.

Boston Veterans Services Department

The program is a one-stop center for veterans and their dependents. Massachusetts General Law, chapter 115, reorganized the program in 1946 to offer a variety of services to homeless veterans in Boston and other Massachusetts communities. Veterans can receive either financial or medical assistance or both. According to program officials, Massachusetts is one of only a few states that offers direct financial assistance to veterans. During fiscal year 1993, the Boston office served 1,224 homeless veterans and provided them with about \$124,000 in assistance.

New England Shelter for Homeless Veterans

NESHV deals exclusively with homeless veterans, was the first shelter of its kind in the nation, and has served as a model for other veteran shelters around the country. The shelter began its operation in January 1990 and is operated under the guiding principle of "veteran helping veteran." The shelter provides beds, meals, and attempts to heal the physical and psychological wounds of veterans. It serves veterans regardless of their type of military discharge. The shelter, however, has strict sobriety rules; every veteran must remain sober to stay at the shelter. Veterans may stay at the shelter as long as they are trying to improve their situation through education, training, or work. Services available include counseling, substance abuse treatment, job training and placement, housing placement, optometry, dental care, and legal assistance.

NESHV currently has 100 permanent beds. During winter months they add 30 emergency temporary beds. By the spring of 1994, construction is expected to be completed on 59 single room occupancy units. The units will be available to veterans who have secured a steady income while in the shelter program. These veterans will have to pay 25 percent of their earnings for a permanent residence on site. No time limit exists on how long the veterans can stay in the units.

Veterans Benefits Clearinghouse (VBC)

The VBC, a not-for-profit, community-based organization created in 1977 by a group of Vietnam-era veterans, was established to serve veterans of color. Its programs are designed to develop a long-term plan for each homeless veteran that includes taking a homeless individual from the shelters through the housing phases of single-room occupancy units, apartments, and eventually home ownership. As part of the long-term plan, VBC provides (1) community outreach to veterans living in shelters and the streets, (2) training programs, and (3) counseling for post-traumatic stress disorder and agent orange problems. VBC also offers housing assistance through an 18-room single residency independent living unit as well as 30 units of affordable housing. Rent is one-third of a veteran's income.

Other Federal Agencies' Efforts to Assist the Homeless

In fiscal year 1993, the Department of Labor selected NESHV as the program manager for its Homeless Reintegration project. The program is designed to expedite the reintegration of homeless veterans into the labor force. The purpose of the program is to (1) establish contact and open communications channels with homeless veterans, (2) help homeless veterans take advantage of the other social service benefits for which they are eligible, and (3) assist them in reentering the job market.

**VI. VA Discharge
Planning for
Homeless Veterans**

Our review of medical records for 10 homeless veterans from the Boston and Bedford Medical Centers and 10 records of clients of the HCMC and DCHV programs showed that before a veteran's release from a VA facility, VA staff generally referred the veteran to a VA or non-VA program or facility. But, there was limited documentation in the files that there was any actual coordination between the VA staff and the potential services provider. Only four records showed any evidence that VA maintained contact with the veterans after they were released from a VA program.

Programs to Address Homelessness in Dallas, Texas

I. Extent of Homelessness

Local service providers in Dallas estimate the homeless population to range from 3,000 to 9,000. Assuming veterans represent one-third of the homeless population,¹ between 1,000 to 3,000 homeless veterans live in Dallas. The homeless are visible, and they gather under bridges and in the central business district. Solving the homeless problem has become a major political issue in Dallas.

II. Local Mandates to Protect the Homeless

The city has standard operating procedures for protecting the homeless during inclement weather. Severe weather conditions are defined as temperatures below 32 degrees, a windchill index of 0 degrees or lower, or heat advisories issued by the National Weather Service. The standard operating procedures describe how government officials should respond to meet the emergency shelter and transportation needs of the homeless during severe weather conditions. Specifically, city officials may (1) arrange for additional space at nearby recreation centers or the Day Resource Center (DRC), (2) evacuate occupants from endangered areas, and (3) provide transportation to alternate shelter sites.

III. VA Services Provided to Homeless Veterans

VA serves homeless veterans in Dallas through the Dallas VA Medical Center, the VBA regional office in Waco, and special homeless programs, including HCMI and the residential component, DCHV, HUD-VASH, CWT and CWT/TR, SSA-VA joint outreach initiative, and the Comprehensive Homeless Center (CHC). VA has no current data on how many homeless veterans the Dallas VA Medical Center has served. During fiscal year 1993, 197 homeless veterans were served by the VBA regional office in Waco. The HCMI residential component has 17 beds and serves approximately 100 veterans per year; the DCHV program has 40 beds and serves approximately 144 veterans per year; the HUD-VASH program has 27 vouchers for section 8 housing, of which 23 had been distributed by December 1993; the CWT and CWT/TR programs served 278 veterans in 1993, of which 263 were homeless when they entered training; and from November 1991, to June 1993, 268 claims for social security benefits were made under the SSA-VA joint outreach initiative.

The Dallas VA has one of only two CHCs established in the United States. CHCs are coordinating units that merge all of VA's homeless-specific programs in a given area under a single organizational framework to eliminate duplication of effort and streamline services for homeless

¹The 1991-1992 Annual Report of the Interagency Council on the Homeless states that studies indicate that about one-third of the adult homeless population in the United States has served in the armed services, p. 226.

veterans. In Dallas, the CHC consists of a council of clinicians, social workers, and other staff working in homeless programs that ensures continuity in the homeless programs, deals with administrative issues across program components, and shares information about homeless veterans in one or more of VA's programs. The CHC also has one part-time staff to oversee the administration and management of programmatic units to ensure (1) efficient use of physical and staff resources and (2) delivery of services to homeless veterans in a well-coordinated, high-quality manner. The CHC director also ensures that strategic planning occurs to meet the future needs of the homeless veteran population.

Dallas has one vet center that is only peripherally involved in serving homeless veterans. The vet center is located in north Dallas, away from the downtown area, and staff perform limited outreach to homeless veterans. A vet center staff member visits one service provider and conducts outreach on the streets once a week to identify and assist homeless veterans.

IV. VA's Outreach/ Coordination With Local Organizations Serving the Homeless

VA's outreach and coordination with the Dallas community of providers to the homeless consist of

- representation at monthly meetings of the local coalition of homeless service providers to discuss homelessness issues;
- regular visits to five major service providers to maintain working relationships with community providers and identify homeless veterans; and
- program activities located at the city-operated DRC. VA is more accessible and better able to serve veterans by locating its staff offices at the center, which is close to where the homeless congregate.

V. Community Programs to Aid the Homeless

Food and clothing for the homeless are available from community providers, but based on a local official's estimate there are only about 2,000 shelter beds for all of the homeless in Dallas. This represents a shortfall of between 1,000 and 7,000 beds. The City of Dallas Homeless Health Care Team (HHCT) offers health care services at 16 locations where homeless people congregate.² Day and evening hours are offered at both stationary and mobile sites for better accessibility. Medical treatment is also provided at Parkland Memorial Hospital. However, local providers

²The HHCT was established in 1987 under a federal grant from the Department of Health and Human Services.

told us that the community is unable to meet the demand for inpatient drug, alcohol, and mental health treatment.

We visited the following organizations that serve the homeless in Dallas. They were identified to us as major service providers in the community but not the only providers in the area.

Dallas Life Foundation

The Dallas Life Foundation (DLF) is the largest shelter for the homeless in Dallas. DLF has a capacity of 500 beds but currently operates 400 beds. It shelters, on average, about 300 people nightly and serves three meals a day. Other services offered by DLF to the homeless include free clothing, an adult library, and a children's learning center. DLF accommodates regular clinical visits from the HHCT. Clients can reside at DLF indefinitely. However, to stay beyond 7 days, the person must be engaged in some activity that will improve his or her life's situation. Clients are also required to attend chapel every evening.

Salvation Army

The Salvation Army has three facilities in Dallas—a division headquarters, an adult rehabilitation center, and a social services center. The Salvation Army social service center has about 450 beds and provides social work and supportive services for the homeless. Services offered by the Salvation Army include shelter care for men, women, and children, a substance abuse program with long-range rehabilitation treatment, and a detoxification unit. The Salvation Army also provides its residents with three meals daily, clothing, and transportation, if needed. Salvation Army services are only available as long as the homeless are interested in improving their lives. The Salvation Army also facilitates regular clinical visits from the Dallas Homeless Health Care Team.

Austin Street Shelter

Austin Street Shelter provides temporary lodging for about 300 homeless people every night. Austin Street Shelter also provides clothing, and residents receive an evening meal from area churches or other service organizations. Other services that the Austin Street Shelter offers include Alcoholics Anonymous meetings; counseling sessions for Emotions Anonymous; and a day shelter (Monday through Saturday) for women, children, elderly men, and those unable to work.

Union Gospel Mission (UGM)

UGM has been serving the homeless in Dallas for more than 40 years and, in 1986, decided to serve men only. The two primary programs for the

homeless are the overnight shelter and rehabilitation center. UGM provides food and clothing for its residents, and its shelter has a 105-bed capacity. The shelter is available to those who agree to attend evening chapel. Exemptions from chapel services are given to residents who are working during service hours. While UGM serves the needs of the homeless, it is also interested in rehabilitating the homeless through a religion-based rehabilitation program.

The Stewpot

The Stewpot serves about 80,000 meals per year and has a dental clinic that provides about 15,000 dental treatments to more than 2,500 patients annually. The homeless can also participate in the Stewpot's mail service and representative payee program to help manage their income. The Stewpot operates a daytime shelter for the homeless during the week.

The Stewpot also established a homeless prevention program that includes assisting with rent and utility payments, a food pantry, and financial planning. Finally, The Stewpot has youth and children programs that offer activities such as educational and recreational opportunities, summer day camp, explorer scouting program, and a college scholarship fund.

Trinity Ministry to the Poor

Trinity Ministry to the Poor is a multi-purpose center that offers the homeless a variety of services. For example, the Ministry operates a day shelter that offers haircuts, shower facilities, and a soup kitchen that provides approximately 132,000 meals annually. In addition, Trinity Ministry to the Poor runs a work program that provides the homeless with employment services such as job training, counseling, and searches.

Other programs the Ministry offers include a family stabilization program for women and families to enable them to reenter mainstream society. It also provides crisis emergency services to assist those with immediate needs, such as suicide prevention, and efforts to avoid homelessness.

**Community Outreach
Coalition**

The Community Outreach Coalition is the primary source of psychiatric services for the homeless in Dallas. The Coalition, which has four caseworkers, maintains clinics at five locations in the city and conducts outreach on the streets and under bridges where the homeless congregate.

**Appendix III
Programs to Address Homelessness in
Dallas, Texas**

Dallas County

Dallas County has one full-time social worker who conducts outreach to identify and assist the homeless. The staff member performs outreach at several community providers and makes about 700 to 800 contacts with homeless people each month.

**Veterans Services
Organizations**

The Disabled American Veterans (DAV) and the American GI Forum were identified as two major veterans services organizations (VSOS) working with the homeless in Dallas. The DAV provides clothing and transportation to homeless veterans. It also refers veterans to community providers for additional services. The American GI Forum of the United States, founded in 1948, is the nation's largest organized group of American military veterans of Hispanic descent. The Forum's primary role is an advocate for all American veterans. In Dallas, the Forum has received federal funding to operate the National Veterans Outreach Program (NVOP) and the Vietnam Veterans Family Counseling program. Through the NVOP, veterans receive job training and placement, case management, and referrals to other service providers. To qualify, veterans must be one of the following: (1) a Vietnam veteran, (2) a Vietnam-era veteran, (3) disabled, (4) discharged within the past 4 years, or (5) an active reservist for at least 1 day during Desert Storm. The Vietnam Veterans Family Counseling program is available to Vietnam veterans who served in or near Vietnam between 1961 and 1972. This program offers a full array of counseling services, including post-traumatic stress disorder; substance abuse; individual, family, marital, support groups; and therapy groups. The Forum provides direct assistance to eligible veterans and refers other veterans, including the homeless, to community providers.

**City of Dallas Day
Resource Center**

The city operates a DRC to serve the homeless Monday through Friday between 9 a.m. and 5 p.m. The DRC (1) provides laundry and shower facilities for the homeless and (2) houses programs of several agencies that offer a variety of services to the homeless. These services include case management and referral services and access to health care professionals, social security staff, and VA personnel.

**Dallas Association of
Services to the Homeless**

The Dallas Association of Services to the Homeless is a coalition of community providers founded to promote humane services for the homeless by educating the community and public officials about homelessness issues. The association also strives to foster communications and cooperation among agencies serving the homeless.

Most of the major providers we visited are members of this association, including VA.

VI. VA Discharge Planning for Homeless Veterans

Our review of 13 patient treatment files showed that in 12 cases homeless veterans about to be discharged from the Dallas VA Medical Center, HCMI, and DCHV were being referred to other providers for services. However, VA staff did not consistently monitor the veterans' progress once they were released from the VA medical center or homeless program. Only four records showed any evidence that VA maintained contact with the veterans after they were released from a VA program.

Programs to Address Homelessness in Flint, Michigan

I. Extent of Homelessness

Based on statistics compiled by the Hamilton Family Health Center, Flint's homeless population numbers between 5,000 and 7,000. A 6-year-old survey performed by the Veterans of Foreign Wars found that about 38 percent of these individuals are veterans. However, no studies have been conducted to determine a more exact number. One service provider believes that Flint's homeless problem is largely attributable to the downsizing of General Motors—Genesee County's largest employer (about 40,000 jobs lost). In addition, approximately 2 years ago, state officials discontinued General Assistance for single people without dependents. This action affected 110,000 people statewide and increased homelessness, particularly among males. The homeless are not readily visible on the streets of Flint. However, many of Flint's homeless double up with friends or relatives or occupy Flint's abandoned houses. In 1992, the annual average unemployment rate for Flint was 20 percent compared to the national average of 7.4 percent.

II. Local Mandates to Protect the Homeless

The city's housing specialist told us that Flint does not have any formal written mandates or procedures to protect the homeless during periods of extreme weather conditions. He further stated that community service providers, city human relations personnel, and law enforcement officials work together to ensure that no one is without shelter during severe weather conditions.

III. VA Services Provided to Homeless Veterans

VA has no facilities in Flint so the area's homeless veterans depend on non-VA service providers for medical services as well as food, shelter, and clothing. Neighboring cities with VA medical centers include Saginaw, Ann Arbor, Allen Park, and Battle Creek, Michigan, which are about 35 to 100 miles from Flint.

IV. VA's Outreach/Coordination With Local Organizations Serving the Homeless

VA agencies in surrounding cities do not perform outreach to homeless veterans or coordinate with service providers in Flint, according to non-VA community officials.

V. Community Programs to Aid the Homeless

Food and clothing are available to Flint's homeless in adequate quantities, according to local providers. However, providers believe that there are not enough shelter beds for those in need. Specifically, a total of 175 shelter beds are available for single males and an additional 26 beds for single

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Programs to Address Homelessness in
Flint, Michigan**

women, but not enough to meet the need. In addition, there are no shelters for two-parent families that desire to stay together as a unit.

Generally, emergency medical treatment is available for the homeless. However, sustained ongoing care for the homeless is almost nonexistent. Community officials noted that Flint is a medically underserved community because it is difficult to recruit or attract doctors to the area. Flint also has a shortage of substance abuse programs for the homeless. Those that are available have long waiting lists.

We visited the following organizations that serve the homeless in Flint. They were identified to us as major service providers in the community, but not the only providers in the area.

Vista Drop-In Center

The Vista Drop-In Center was established in August 1985 to draw the homeless away from Flint's downtown area. It is a daytime drop-in center (not a residential facility) that offers counseling, structured activities, and shower and laundry facilities. It does not serve meals other than bread and doughnuts that are donated to the facility by a local vendor twice a week. The center averages 100 visitors per day.

Carriage Town Mission

The Carriage Town Mission provides shelter, food, clothing, and spiritual guidance to the homeless. It has a 33-bed emergency shelter for men (clients are limited to 30 days per year), a 50-bed emergency shelter for women and children, a 6-week transitional housing program for women and children, a day room that is used for overnight shelter for an additional 10 to 12 men in winter months, and one family apartment. In addition, it provides a daily evening meal to an average of 184 individuals after they attend the required chapel service.

**Community, Alliance,
Resource, Environment,
Inc. (CARE)**

CARE provides outpatient substance abuse treatment, group therapy for relapse prevention, and prevention workshops for both men and women. During fiscal year 1993, CARE served 503 chronically dependent, dual diagnosis clients. In addition, CARE has a homeless shelter that currently houses eight women.

**Hamilton Family Health
Centers, Inc.**

The Hamilton Family Health Center (a McKinney fund grantee) is one of Flint's main medical and dental treatment facilities for the homeless. It

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provides services on site and through its mobile medical team. The center serves about 6,000 people annually (approximately 17,000 visits).

Hurley Hospital

Hurley Hospital is another of Flint's main medical treatment facilities for the homeless. However, recent budget constraints caused the hospital to close its detoxification unit to homeless patients. Now, only homeless people who are considered to be homicidal or suicidal will be admitted to this unit.

**Genesee County
Community Mental Health
Services (GCCMHS)**

GCCMHS received McKinney funds in November 1987 to initiate a homeless adult outreach program for the mentally ill. It has 35 inpatient beds for acute treatment of mental health disorders and is Flint's main mental health treatment facility for the homeless. However, like Hurley Hospital, GCCMHS has implemented strict admission criteria, requiring that the homeless be homicidal or suicidal. In addition, GCCMHS requires that clients be drug- and alcohol-free before admittance.

**Personal and
Psychological Growth**

Personal and Psychological Growth is a private outpatient mental health facility that provides psychological counseling to the homeless as part of a contract it maintains with the Hamilton Family Health Center.

North End Soup Kitchen

The North End Soup Kitchen serves a hot meal 7 days a week to anyone. The soup kitchen is Flint's largest on-site feeding place and serves an average of 225 people per day. It also provides sandwiches (approximately 350 daily) to the homeless at two off-site locations.

Transition House

Under a contract with the Hamilton Family Health Center, Transition House provides residential services for alcoholics and other substance abusers. It operates a 37-bed, 60-day residential treatment program at no cost to the client. This program currently has a 3-week waiting list.

**Veterans Information
Center**

The Veterans Information Center is a Genesee County-funded agency that assists veterans in applying for educational benefits and other entitlements. The center is not affiliated with VA.

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**Veterans Service
Organizations**

Representatives of the Veterans of Foreign Wars and the Disabled American Veterans—two of the largest veteran service organizations in Flint—provide various services to veterans but do not focus on homeless veterans' issues.

**Homeless Empowerment
Registry Organization
(HERO)**

HERO was established in March 1992 to match homeless and unemployed individuals with volunteer community mentors. These partnerships offer training opportunities, assistance with life skills, and other supportive services. HERO participants meet weekly. As of January 1994, the local organization had a capacity of 25 clients, based on the current number of mentors available.

**VI. VA Discharge
Planning for
Homeless Veterans**

According to some community providers, VA medical centers frequently discharge veterans to the streets without follow-up. Two community officials told us that they visited the Ann Arbor, Battle Creek, and Saginaw VA Medical Center Directors and Chiefs of Staff in 1987 to improve discharge planning for veterans. The officials said they asked VA to contact GCCMHS when veterans from Genesee County were about to be discharged; although the VA representatives were receptive, improvements have not been made, and veterans are still being discharged to the streets.

Programs to Address Homelessness in Huntington, West Virginia

I. Extent of Homelessness

In January 1993, 206 homeless people were identified in Huntington, West Virginia. However, this is a very transient population because approximately 800 different people used homeless services in each of the past 3 years. The number of homeless people has grown; in 1986, the city had 120 to 180 homeless people. The local VA medical center estimates that about one-third of the homeless are veterans.

Most of the homeless in Huntington are from West Virginia, but some are from Kentucky and Ohio. Huntington has one of the greatest concentrations of homelessness in the state and is in a rural area that has experienced severe economic difficulties for the past 30 years. In 1992, West Virginia had the highest unemployment rate in the country, at 11.3 percent compared to the national rate of 7.4 percent. Unemployment is the primary cause of homelessness in Huntington.

II. Local Mandates to Protect the Homeless

Under a 1983 State Supreme Court Decision, the West Virginia Department of Health and Human Resources is required to provide shelter, food, and medical care for the homeless. The Department accomplishes this in Huntington through contracts with organizations that provide the required assistance. But, if the demand for services exceeds the supply, the Department will provide vouchers to community providers to purchase any needed services.

III. VA Services Provided to Homeless Veterans

The Huntington VA Medical Center does not have any programs specifically designed to serve the homeless, but it serves the medical needs of these veterans when they seek assistance. The VBA regional office also has a homeless coordinator who works with local providers to determine if any homeless veterans are eligible for veterans benefits. While Huntington has a vet center, staff conduct limited outreach specifically aimed toward homeless veterans. Staff do, however, interact with churches and other community organizations that work with the homeless.

VA social work staff at the Huntington Medical Center refer homeless veterans to other VA programs such as the DCHV programs located at the medical centers in Martinsburg, West Virginia and Mountain Home, Tennessee. However, these programs are several hundred miles away from Huntington. To help overcome this problem, the Huntington VA Medical Center will pay for veterans' bus transportation to these other VA facilities. During fiscal year 1993, the social work service worked with 28 veterans who identified themselves as homeless.

The Huntington VA Medical Center, in October 1993, submitted a proposal to VA's Central Office to establish an HCMI program. A similar proposal was denied in 1992, but the medical center expects to receive funding for its most current application. Under its proposal, the medical center plans to use staff for outreach and case management of homeless veterans.

IV. VA's Outreach/ Coordination With Local Organizations Serving the Homeless

According to the Huntington VA Medical Center Director, the center's outreach activities for homeless veterans are limited. However, these veterans are served when they seek assistance from the center. The Director stated that he does not believe that Huntington has a large homeless veteran population and that activities for the homeless are well coordinated at the local level. The Director expected that coordination efforts will improve once the medical center is approved for and implements the HCMI program. Through the program, the medical center will establish a case management system with outreach performed by the social work staff at the vet center. Currently VA's only outreach to local service providers is performed by the VBA regional office's homeless coordinator, who regularly interacts with the Cabell-Huntington Coalition for the Homeless, and the vet center homeless coordinator who visits the Huntington City Mission.

V. Community Programs to Aid the Homeless

Generally, Huntington has sufficient resources to feed, clothe, and house the homeless as well as to meet their other medical and social needs. Huntington is unique because VA and community providers are close to each other. The VBA, Cabell-Huntington Coalition for the Homeless, vet center, Prester Center, Information and Referral Service, Huntington City Mission, and State Department of Veterans Affairs office are all in downtown Huntington. Only the VA medical center is not. As a result, agencies assisting the homeless know about the services available from either VA or community providers. Some of these organizations and their responsibilities are discussed below.

Cabell-Huntington Coalition for the Homeless

The Cabell-Huntington Coalition began in 1986 and comprises local providers such as Valley Health Systems, the Information and Referral Service, and the State's Health and Human Resources Department. Its goal is to develop comprehensive, permanent solutions to homelessness in the area. It also operates Harmony House in downtown Huntington, which provides "one-stop shopping" for the homeless. The concept of the coalition is to provide all supporting services at one easily accessible site.

Services available include case management, primary health care, mental health and substance abuse counseling, life skills training, housing counseling, transportation, personal care items, and clothing. Several state and local agencies working in conjunction with the coalition, such as the State Department of Health and Human Resources, Information and Referral Service, Valley Health Systems, and the Prestera Center, provide services. Veterans eligible for VA health care are referred to the local VA medical center because the coalition has limited resources.

In addition to providing the above-mentioned services, the coalition maintains 53 single-room occupancy housing units and is planning to add another 47 units. Further, it has a 12-unit apartment complex used by individuals with mental health problems who need to reside in supervised living conditions. The units are considered permanent housing. Therefore, the residents can stay in the units until they either want to leave or are evicted.

Huntington City Mission

The Huntington City Mission is an interdenominational, private, nonprofit organization that operates the only shelter in the Huntington area. It is a wet shelter and serves anyone who maintains reasonable behavior and is not a threat to other clients. Each night, 125 to 150 homeless people, including approximately 20 families and 30 women, are sheltered in the mission's three buildings located in downtown Huntington. The mission also serves meals at the shelter. During peak demand periods in the winter, people may have to sleep on the floor. In extreme conditions when no further room is available at the shelter, the mission seeks assistance from other local agencies that can arrange for individuals to be housed in local motels or transported to shelters in other parts of the state.

Other services available at the mission include free clothing, transportation, children's summer day program, medical care, food baskets for residents outside the mission, and mental health counseling. Daily living services, especially for families, include diapers, formula, baby food, milk, as well as personal hygiene items.

Prestera Center

Prestera Center in downtown Huntington is 1 of 14 community behavioral centers in West Virginia. The center contracts with the West Virginia Department of Health and Human Resources to provide a variety of services for children and adults with mental illness, including those who are homeless. These services include intensive case management,

supported housing programs, psychological rehabilitation programs, and community service programs. Additionally, the center has contracts with the Vet Center in Huntington and the VBA regional office to conduct psychological evaluations of eligible veterans. The center has had an outreach case manager at Harmony House since 1987 to assist in identifying homeless people with substance abuse and mental illness problems. Further, the center assists the Huntington State Hospital in planning for the discharge of all new clients. Discharge planning focuses on the services offered at Prestera. These services include case management, housing, employment counseling, day treatment services, as well as advocacy to secure other resources, such as Social Security Income Disability Insurance.

**Information and Referral
Service**

The Information and Referral Service links people with human service needs such as food, shelter, and medical care to agencies that provide such services. The service's activities include (1) helping people identify their needs; (2) providing comprehensive information to the community about existing resources; and (3) advocating coordination and cooperation in planning for, and providing, needed human services. The service is located in the public library in Huntington.

**State Department of
Veterans Affairs**

The State Department of Veterans Affairs has 16 field offices around the state, including one in downtown Huntington. One of the Department's functions is to process applications for the Barboursville State Veterans Home that is located near Huntington. Department staff also coordinate with the local VA medical center and refer eligible veterans to the DCHV program in Martinsburg, West Virginia. Additionally, staff help veterans file claims for VA benefits.

The Barboursville State Veterans Home, opened in 1981, is a domiciliary that provides care to a maximum of 190 ambulatory veterans who can attend to their own personal needs. It has strict rules against alcohol and drug use. Residents contribute 50 percent of their monthly income to the home and, in return, receive food and shelter. Medical treatment is not provided.

**VI. VA Discharge
Planning for
Homeless Veterans**

Our review of the medical records for 10 homeless veterans being discharged from the Huntington VA Medical Center showed that VA personnel generally referred a veteran to a VA or non-VA treatment program or facility. But there was limited documentation in the files that would

**Appendix V
Programs to Address Homelessness in
Huntington, West Virginia**

indicate whether there was any actual coordination between the VA staff and service providers to whom the veteran was referred. Only two records showed any evidence that VA maintained contact with the veterans after they were released from a VA program. One VA official, however, stated that follow-up is inherent when a veteran is discharged to a nursing home or residential care facility, and that follow-up will be expanded when the HCMF program is up and running.

Programs to Address Homelessness in Minneapolis, Minnesota

I. Extent of Homelessness

In October 1991, the Wilder Research Center of the Wilder Foundation, a tax-exempt publicly supported organization, performed a survey to determine the number of homeless adults and children in the Minneapolis/St. Paul area.¹ Their survey projected that in Minneapolis/St. Paul 2,177 people were homeless, consisting of 1,302 in emergency shelters, 218 in battered womens' shelters, and 657 in transitional housing. Homeless veterans were projected to represent 20 percent, or 435 of the 2,177 homeless population. The survey also identified another 89 individuals living on the streets of which 33, or 37 percent, identified themselves as veterans.

Surveys of emergency shelter use conducted quarterly by Minnesota's Department of Jobs and Training indicate that shelter use increased from 1,300 clients in November 1991 to 1,741 clients in May 1993.

Many of Minneapolis's homeless are from out of state. The greatest need for shelter in the Hennepin County area, which includes the city of Minneapolis, occurs during the summer months when families migrate to the Minneapolis area looking for a better life. During the summer of 1993, Hennepin County shelters were receiving as many as 260 requests per day over capacity. Because of the demand, the state instituted a rationing policy by prohibiting the use of the state-funded shelters by undocumented workers. The county expects an increase in demand for shelter space over the next few years, especially by families.

II. Local Mandates to Protect the Homeless

Hennepin County requires that shelter be provided to all who seek it between October 15 and March 15. When the shelters are full, the county uses budget-rate hotels and motels to house the homeless.

III. VA Services Provided to Homeless Veterans

VA serves homeless veterans in the Minneapolis area through its medical center, VBA regional office, a vet center, and an HCMV program. Until the HCMV program was instituted in July 1993, only the VBA regional office and the vet center had an active role in interacting with community homeless providers.

VBA Regional Office

In 1987, officials at the VBA regional office determined that homelessness among veterans in the Minneapolis area was a problem and that homeless veterans needed help. As a result, they established an outreach function

¹The Wilder Foundation Survey did not separately break out information for Minneapolis.

and staffed it with a benefits counselor who visited the major shelters in the Minneapolis area and four other locations 5 days a week. The counselor made veterans aware of VBA benefits as well as benefits available through community resource agencies, such as the Minnesota Department of Veteran Affairs. He also referred and facilitated the transfer of those veterans needing medical help from local shelters to the Minneapolis VA Medical Center.

During 1992, VBA management and the counselor agreed to change some of the locations visited in the outreach effort. As a result, weekly visits were limited to locations in the Minneapolis/St. Paul area. Visits to the outside communities were basically stopped because they were not resulting in the identification of homeless veterans. According to the counselor, he had about 1,560 contacts with homeless veterans during fiscal year 1992.

Vet Center

Officials from the vet center have been involved with helping homeless veterans for about 14 years. The center was chartered in 1979 and in that year established outreach activities at two shelters. The staff informs the homeless of federal services available and offers them the opportunity for readjustment counseling. The staff continues outreach for the homeless at various shelters in the area and provides readjustment counseling when necessary.

In 1989, the vet center director in St. Paul, in conjunction with the St. Cloud VA Medical Center, which is about 70 miles from Minneapolis, implemented a work therapy program at the medical center. This was done because of the lack of homeless assistance programs in the Minneapolis/St. Paul area. The St. Cloud Medical Center also formalized a work therapy program for the veterans at a food processing plant in Cold Spring, Minnesota, about 20 miles from St. Cloud. The veterans are psychologically screened at the medical center for 30 days before they are allowed to go to work at the plant. According to the vet center director, the employment program has worked well. The veterans have been able to save money and move into housing on their own volition.

HCMC Program

The HCMC program became operational in July 1993 as the result of a joint proposal between the Minneapolis Medical Center and the VBA regional office. HCMC staff conduct outreach to veterans at various shelters to identify their needs and make appropriate referrals to either community or

VA resources. From July 1 through September 30, 1993, the staff enrolled 46 veterans in the program.

HCMC staff provide case management services to the homeless who are on the street through continuous contacts and referral to appropriate resources. They also manage the cases of the homeless whom they have referred to the medical center for medical treatment or chemical dependency. Further, the staff manages the cases of individuals enrolled in a transitional housing program.

In 1992, the Minneapolis VA allowed a community nonprofit agency, the Transitional Housing for Veterans Council, to lease a building on the medical center grounds to provide temporary housing to homeless veterans. The VA medical center rehabilitated the building with its own funds. In January 1993, the rehabilitation was completed and the building provided a capacity of 13 beds. In July 1993, the HCMC staff began contracting with the Transitional Housing organization to serve veterans participating in the program. From July 1 through September 30, 1993, the HCMC staff has placed 20 veterans in the facility.

IV. VA's Outreach/ Coordination With Local Organizations Serving the Homeless

VA's outreach and coordination with community providers in the Minneapolis area primarily involve the VBA benefits counselor and officials from the vet center. However, since July 1993, a health care nurse and a substance abuse counselor from the HCMC program have accompanied the VBA benefits counselor on his visits to the shelters. Specific outreach and coordination activities of these individuals consist of the following:

- The VBA benefits counselor participates in the local Poverty Information Network, which meets bimonthly and includes public and private homeless and health care providers. The meetings are used for information gathering and sharing. They provide information to assist VA in serving the needs of homeless veterans.
- The VBA benefits counselor regularly interacts with the Hennepin County Medical Center and the Hennepin County Health Care for the Homeless project and discusses the issues of homeless veterans with various groups.
- The vet center staff meets with state and county officials to share information on services available to homeless veterans. Formal monthly meetings were discontinued in 1992 because all providers knew about the VA programs.
- The vet center participated in the Minneapolis Stand Down conducted in August 1993. According to the Minneapolis Medical Center director, the VA

medical center, the VBA regional office, the vet center, the state, the veterans service organizations, the military, and church groups effectively coordinated efforts for the event.

In contrast, the Minneapolis VA Medical Center Director told us that the medical center has not coordinated with agencies at the county level who fund all the public shelters because he was not familiar with the role played by the county. The director stated that establishing a steering committee with all parties involved with the homeless might be a positive step for more effective coordination. The HCMI outreach team will also improve coordination at the county level.

V. Community Programs to Aid the Homeless

Minneapolis has many local government and nongovernment programs to aid the homeless. Programs include county-funded shelters and organizations as well as private organizations that provide food, shelter, medical, and mental health treatment. Further, there is a strong sense of community response to help the poor and disadvantaged especially from major companies doing business in the area.

County-Funded Shelters

Hennepin County funds about 880 emergency shelter beds in numerous shelters in Minneapolis. The shelters are predominantly for single adults, who use about 600 of the beds. But, many shelters also offer specific accommodations for families, including those with children. In fact, about 280 beds are set aside for these families. People Serving People is the predominant county shelter. It accounts for more than 70 percent of the county's beds in Minneapolis.

People Serving People (PSP)

PSP was established in 1982 to help single men who had chronic alcoholic and chemical dependency problems. As the homeless population grew and more services were required, the agency began providing board and lodging on an emergency basis. PSP now serves single men and childless couples, as well as families, and has 640 beds. The shelter will house only those individuals who are sober, can care for themselves, and are not a threat to themselves or others.

PSP operates several programs to help the homeless. The Rapid Exit Program helps the homeless find housing. Case managers set up appointments for clients and may actually take them to the housing location. PSP also offers social, recreational, and tutorial programs for

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Programs to Address Homelessness in
Minneapolis, Minnesota**

children. Other services include legal aid, medical clinics, and access to mental health services.

County Organizations

In addition to the county-funded shelters, the county offers other services to help homeless people with mental or physical health problems or who need financial assistance.

**Hennepin County Health
Care for the Homeless
Project**

This project provides health care services to homeless people through 11 health clinics in emergency shelters, drop-in centers, and other community based facilities in the downtown Minneapolis area. When clinic staff encounter a veteran, they first determine if he or she is eligible for VA services. If eligible, they will refer the veteran to the VA medical center if he or she has medical, chemical dependency, or psychological problems. The project served 4,311 homeless individuals in fiscal year 1993. According to the project's supervisor, not all clients identify themselves as veterans and the questions asked by program staff to elicit this information are not achieving their intended results. Consequently, the project's supervisor could only specifically identify about 30 homeless veterans served during fiscal year 1993. These clients had indicated that they had access to VA medical care.

**Hennepin County Access
Unit**

This unit provides outreach and social services to homeless adults with special needs due to emotional, mental, developmental, or physical impairments. It also serves those who are chemically dependent or socially dysfunctional. Services include emergency housing to those in need who do not qualify for or receive economic assistance and referral to crisis intervention and detoxification programs conducted in the community. Outreach occurs at 14 community sites in Minneapolis, including the major shelters and drop-in centers.

**State Organizations
Assisting the Homeless**

The state of Minnesota has a local veteran service office in each county in the state. County service officers counsel and assist veterans and their families to obtain maximum benefits available to them through state and federal programs, including VA medical centers. The Hennepin County Service Officer coordinates with VA and refers veterans to the Minneapolis VA Medical Center.

**Private Efforts to Assist
the Homeless**

Minneapolis has several private organizations that feed and house the homeless. Private shelters provide approximately 260 beds and supplement the 880 beds funded by the county. These shelters are primarily associated with religious organizations and serve both veterans and nonveterans.

In addition to these shelters, Minneapolis has two primary organizations that feed the homeless. Loaves and Fishes Too serves from 380 to 600 evening meals per day. Sharing and Caring Hands serves meals to as many as 900 people during the day, starting with breakfast. Both organizations receive generous contributions from the business community and foundations. Some companies donate 5 percent of their pre-tax profit to such causes.

To meet the need for more housing, Sharing and Caring Hands is undertaking a \$6 million fundraising effort to build 24 units of transitional housing for women and children and another 32 units just for women. When we visited in August 1993, close to \$3 million had already been raised. Further, the organization spends approximately \$300,000 per year on housing the homeless in private hotels.

**VI. VA Discharge
Planning for
Homeless Veterans**

Our review of medical files for 10 homeless veterans discharged from the Minneapolis VA Medical Center showed that VA personnel generally told them about either a VA or non-VA program or facility. But, there was limited documentation in the files that would indicate whether there was any actual contact or coordination between the VA staff and the potential service providers to arrange for shelter or care for the veteran once he or she was released from the medical center. None of the records showed evidence that VA maintained contact with the veterans after they were released from a VA program.

Programs to Address Homelessness in Pensacola, Florida

I. Extent of Homelessness

A survey conducted by the Escambia Coalition on the Homeless, Inc., identified 951 documented cases of homelessness in Pensacola in June 1990. However, VA and non-VA personnel involved with Pensacola's homeless have differing opinions on the extent of the problem. Their estimates range from 100 to 1,000 on any given night (Pensacola's general population is 59,000). Both groups estimate that veterans represent more than 30 percent of the homeless population.

II. Local Mandates to Protect the Homeless

Pensacola does not have any local mandates to protect the homeless from extreme weather conditions, according to city police and fire department officials.

III. VA Services Provided to Homeless Veterans

VA does not have any programs specifically designed for the homeless in Pensacola. It does, however, provide a variety of services to eligible veterans through an outpatient clinic, veterans benefits office, and a vet center. Specifically, the VA outpatient clinic provides medical, substance abuse, and mental health treatment on an outpatient basis; the veterans benefits office provides assistance in filing benefits claims and appeals; and the vet center, which has served more than 3,600 veterans since it opened in December 1985, provides readjustment counseling, employment counseling, and social work services. At the vet center, one of the counselors serves as a homeless coordinator.

IV. VA's Outreach/Coordination With Local Organizations Serving the Homeless

VA depends on the community to provide needs such as inpatient medical care, shelter, food, and clothing to homeless veterans. Further, local VA staff perform minimal outreach to homeless veterans and, in general, only coordinate with community homeless providers on a case-by-case basis. For example, vet center officials contact the Salvation Army to request temporary shelter for veterans awaiting a vacancy in a VA homeless program such as the DCHV program at the VA medical center in Biloxi, Mississippi. Vet center staff have established a close working relationship with one local organization that focuses its efforts on assisting homeless veterans.

V. Community Programs to Aid the Homeless

Food and clothing are readily available to Pensacola's homeless. However, there are not enough shelter beds, substance abuse, mental health, or psychiatric treatment facilities in the community to meet the demand. For example, there are about 175 beds available from the homeless service

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Pensacola, Florida**

providers we visited. But access to many of them is restricted by requirements that the clients be sober, drug free, and/or male.

We visited the following organizations that serve Pensacola's homeless population. These organizations include the largest service providers in the area, according to both VA and non-VA officials. However, they are not the only service providers in the community.

Loaves and Fishes

Loaves and Fishes is a nonprofit, spiritually based organization that started as a soup kitchen. However, Loaves and Fishes has evolved into a multifaceted provider offering the following services specifically for families with minor children: (1) 10 rooms for 24-hour emergency shelter, (2) seven properties for long-term transitional housing, and (3) a parent/child center that focuses on parenting skills. In addition, Loaves and Fishes provides breakfast and dinner Monday through Saturday (lunch is served for residents only), clothing, showers, and limited medical treatment to any homeless individual on request.

United Ministries

United Ministries, is a nonprofit, spiritually based organization that is an outgrowth of Loaves and Fishes. United Ministries provides assistance in paying rent and utilities for families with minor children. Thus, their clients are generally not homeless.

Salvation Army

The Salvation Army maintains one of Pensacola's largest shelters. It supports approximately 45 beds—36 for men, 7 for women—and 1 unit available for a whole family. The Salvation Army basically has two programs to aid homeless men and women—the Red Shield Lodge (RSL) program and the Pensacola Area Transitional Housing (PATH) program. The RSL program provides immediate, short-term assistance/housing to 10 individuals for up to 3 days. The PATH program is a 90-day transitional housing program that helps individuals return to mainstream society. PATH provides life management programs, vocational and educational assistance, and various support services for 26 clients. To participate, clients must be referred by a social service organization, have proper identification, and be sober and drug free.

Waterfront Rescue Mission

The Waterfront Rescue Mission is another of Pensacola's largest shelters and is open 24 hours per day, 365 days a year. The mission is spiritually

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Programs to Address Homelessness in
Pensacola, Florida**

based and provides overnight shelter and three meals a day for male clients. Clients are generally allowed to stay only 1 night per month at the shelter. However, if the client is making an effort to better himself or herself, seeks employment, and adheres to the mission's religious setting, he or she is allowed to stay from 1 night to several weeks. The mission averages 20 clients per night but is often at its capacity of 60. It also offers a 12-week alcohol and drug rehabilitation program at its New Hope Home in Gulf Breeze, Florida (with a capacity of 36). In addition, the mission recently started an 18-bed women's shelter at another location.

**Gulf Coast Veterans
Homeless Foundation
(GCVHF)**

GCVHF provides transitional housing for homeless veterans. The foundation currently operates a long-term, male-only residence that houses six individuals—its capacity. In addition, the foundation is in the process of acquiring two other properties that will provide long-term housing for an additional 24 individuals (one of these properties may also accommodate females). In addition to shelter, GCVHF provides food, personal care items, clothing, and substance abuse and mental health care.

First Call for Help (FCFH)

FCFH, a United Way organization, is an information and referral service whose primary function is to connect homeless people with the appropriate service or agency that can assist them. In addition, FCFH has a contract with Florida's state welfare agency to (1) help prevent families from being split and children placed in foster care and (2) provide case management for low-income families.

**Veterans Service
Organizations**

Pensacola's veterans service organizations, including the Vietnam Veterans of Northwest Florida, Inc., Veterans of Foreign Wars, Disabled American Veterans, and, Military Order of the Purple Heart, provide readjustment and support services to veterans. However, they do not focus on homeless veterans issues, such as shelter.

**Local Government
Agencies**

Local government officials from agencies, such as the Area Housing Commission, HUD, and the Neighborhood Enterprise Foundation, Inc. (a government contractor), told us that their focus is on low-income housing residents—not homeless individuals.

**VI. VA Discharge
Planning for
Homeless Veterans**

Because VA has no inpatient services or homeless programs in Pensacola, discharge planning is not an issue.

Programs to Address Homelessness in San Francisco, California

I. Extent of Homelessness

Local San Francisco providers and city officials estimate the number of homeless to be in the range of 6,000 to 10,000. Assuming that veterans represent about one-third of the homeless population,¹ between 2,000 and 3,300 homeless veterans live in San Francisco.

Although the city spends about \$46 million annually on homelessness issues, the homeless remain a visible and significant problem in San Francisco. A homeless person dies about every 3 days in San Francisco, and homelessness is a highly charged political issue in the city. Some local advocates for the homeless believe that the mayor's homeless policies have unnecessarily restricted the homeless and do not address the problems associated with homelessness. They cite the police department's practice of issuing citations for offenses, such as aggressive panhandling, trespassing, and sleeping in public parks between 10 p.m. and 6 a.m., as evidence of this situation.

II. Local Mandates to Protect the Homeless

No local ordinances or regulations exist that direct the city of San Francisco to assist the homeless during adverse weather conditions.

III. VA Services Provided to Homeless Veterans

VA serves homeless veterans in San Francisco through the San Francisco VA Medical Center, the VBA regional office in Oakland, and special homeless programs, including HCMI and its residential component, CWT and CWT/TR, and HUD-VASH. A medical center official estimates that the center serves approximately 100 homeless veterans each month. During fiscal year 1993, 81 homeless veterans were served by the VBA regional office in Oakland. In addition, the HCMI residential component has 11 beds and serves approximately 47 veterans per year; the HUD-VASH program has 31 vouchers for section 8 housing, of which 29 have been distributed; and in 1993, the CWT and CWT/TR programs served 27 veterans, all of whom were homeless at the time they entered training.

San Francisco has one vet center, located downtown, that provides an avenue for homeless veterans to access VA services. While vet center staff do not conduct outreach, they assist homeless veterans who visit the center and refer them to other VA and non-VA providers as appropriate. The nearest DCHV that serves homeless veterans from San Francisco is located in Palo Alto, California.

¹The 1991-1992 Annual Report of the Interagency Council on the Homeless states that studies indicate that about one-third of the adult homeless population in the United States has served in the armed services, p. 226.

IV. VA's Outreach/ Coordination With Local Organizations Serving the Homeless

VA's outreach and coordination with the San Francisco community of providers to the homeless consist of

- regular HCMV staff visits to five community service providers for the homeless to maintain working relationships with community providers and identify homeless veterans;
- participation in stand downs for homeless veterans; and
- representation at meetings of the San Francisco Council on Homelessness (a coalition of providers).

V. Community Programs to Aid the Homeless

Food and clothing are available at numerous sites throughout San Francisco. However, demand for shelter beds far exceeds supply. As of October 1992, San Francisco had about 1,400 shelter beds for the homeless. Based on a local survey, between April 1992 and March 1993, community shelters turned away an average of 14,575 people each month.

The homeless can obtain primary medical care for the city's Health Care for the Homeless (HCH)² program and the San Francisco Department of Public Health. HCH provides primary health care services at six community clinics. It also operates a mobile van that provides health and social services and referrals to homeless who are located in parks, food lines, and other places where they congregate. The homeless can also obtain health care such as emergency treatment and mental health services at San Francisco General Hospital. However, the demand for mental health and substance abuse programs is greater than the supply.

We visited the following organizations that serve the homeless in San Francisco. They were identified to us as major service providers in the community, but not the only providers in the area.

Swords to Plowshares

Swords to Plowshares is a veterans' rights organization that has been serving veterans, free of charge, in San Francisco since 1974. It offers a wide range of services to veterans such as employment counseling, legal assistance, counseling services for post-traumatic stress disorder, alcohol and drug abuse, and other mental health problems. It also assists veterans

²The Health Care for the Homeless Program was established in 1985 and funded by the Robert Wood Johnson Foundation. It is now funded under the McKinney Homeless Assistance Act. Beyond primary health care, the program offers homeless clients mental health care and counseling, substance abuse prevention education and outpatient treatment, and human immunodeficiency virus (HIV) education and treatment services.

**Appendix VIII
Programs to Address Homelessness in
San Francisco, California**

by providing information and referral services, case management, outreach activities, and advocacy.

Swords to Plowshares has applied for and received several federal grants to provide services to veterans. It receives funding from (1) HUD to perform non-residential case management services and (2) the Department of Labor (two Job Training Partnership Act grants) to provide job counseling and placement services for the economically disadvantaged. It has also received a grant from Labor, under the Homeless Veterans Reintegration Projects, to provide employment services to homeless veterans. Swords to Plowshares has a contract with VA to provide residential treatment in the HCMV program. The residential treatment program has six beds. It has also contracted with VA to provide lodging and treatment services in halfway houses for veterans with substance abuse problems.

McMillan Drop-in Center

The McMillan Drop-in Center was established in 1992 to provide the homeless a refuge from the streets. It is open 24 hours a day, 7 days a week. The maximum occupancy is 50, but as many as 300 clients visit the drop-in center each day. At McMillan, a homeless individual may rest up to 16 hours in 1 of its 28 beds. McMillan also has a shower facility and provides food on a limited basis.

Central City Hospitality House

Central City Hospitality House opened in 1967 to serve the people of the Tenderloin community in San Francisco. It provides a full array of programs and services for the youth, homeless, and others in the Tenderloin. Its homeless adult services include a drop-in center, emergency shelter program, job readiness and placement, health screening, and a mail and message service. The Hospitality House publishes a community newspaper—The Tenderloin Times. The Times has a circulation of about 15,000 and is printed in English, Cambodian, and Vietnamese. The Hospitality House also operates the Tenderloin Self-Help Center.

Tenderloin Self-Help Center

The Tenderloin Self-Help Center offers homeless adults social services such as crisis intervention, individual counseling, and support groups. Their activities focus on substance abuse, job seeking/keeping skills, acquired immunodeficiency syndrome (AIDS), and sexual orientation issues. Center staff also help eligible individuals gain access to government entitlement programs.

St. Anthony Foundation

St. Anthony Foundation is a private, multiservice agency that serves, through a variety of ways, the needs of people in the Tenderloin community of San Francisco. It provides the homeless with basic necessities such as clothing, shower facilities, access to a laundry room, and food. It also maintains an overnight shelter for 40 females and operates a medical clinic, staffed with three full-time physicians, with specialized programs for clients in need of podiatry and AIDS care.

In addition, the foundation offers several rehabilitation programs for any homeless individual who desires to return to mainstream society. One rehabilitation program includes a 4-to 6-month drug and alcohol treatment program located at a 375-acre dairy farm, where clients work and receive individual and group counseling.

Multiservice Centers

The City of San Francisco funds two multiservice centers for the homeless that are operated under contract by private organizations. Multiservice Center-North, operated by Episcopal Community Services, offers a wide range of services for homeless men and women. These services include a health clinic, shower facility, day drop-in center, meals for clients, donated snacks, and 315 shelter beds.

Multiservice Center-South is operated by the St. Vincent De Paul Society of San Francisco. It is an all-male facility that maintains 232 beds. Of these beds, 122 are allocated to social workers for use by their clients. Clients receive case management services while participating for up to 6 months in programs that consist of vocational rehabilitation and job placement services. Also included are mental health treatment and substance abuse counseling. Of the remaining 110 beds, 55 are available each evening for overnight shelter, and the remaining 55 beds are used for other specific purposes.

Salvation Army - Harbor Light Center

Harbor Light Center offers services and treatment to male and female substance abusers. The center has 109 beds, including 27 beds in a detoxification facility and 10 beds for HIV/AIDS clients. In addition, it operates a 28-day intensive substance abuse treatment program, and a 6-to 12-month recovery program. The center provides services such as voluntary chapel, Alcoholics Anonymous meetings, after-care sessions (for relapse prevention), alumni activities that involve clients who have successfully completed center programs, and employment services.

**Appendix VIII
Programs to Address Homelessness in
San Francisco, California**

Glide Memorial Church

Glide Memorial is a multiservice center that provides a variety of services for the homeless in the Tenderloin community of San Francisco. These services are free and include a youth and families program, computer training, HIV/AIDS outreach education and support, women's services, substance abuse prevention, treatment, and recovery, and a jobs and life skills program. Glide Memorial operates a large food program that serves three meals daily—more than 1 million meals a year. In addition, it also conducts several community activities for homeless adults and children each year.

Martin dePorres

Martin dePorres serves two meals daily to the homeless. Approximately 300 to 500 breakfast meals and between 700 to 2,000 lunches are served daily. These numbers vary greatly because the demand is much greater at the end of the month. Martin dePorres also has a shower facility and operates an informal daytime drop-in center for the homeless to have a safe place to visit during the day.

**Coalition on Homelessness
(COH)**

The COH was established in 1987 to work for change in city policies and practices affecting homeless people. The coalition has more than 120 members, including representatives from more than 60 service providers, legal assistance and community agencies, housing developers, and neighborhood and religious associations. The coalition publishes a monthly newspaper, *The Street Sheet*, that is distributed (30,000 copies) by homeless people. The newspaper is intended to increase public awareness of homeless issues and is sold for a \$1 donation per copy. The coalition considers selling the newspaper a viable alternative to panhandling and the homeless keep the proceeds of their sales.

**Homeless Veterans Action
Committee**

The Homeless Veterans Action Committee was established in November 1990 to provide advocacy for homeless veterans. The committee also provides homeless veterans with blankets, food, clothing, and transportation. In addition, Committee members conduct outreach on the streets, parks, and other places where the homeless congregate to identify and assist homeless veterans.

**San Francisco County
Veterans Service Office
(VSO)**

The VSO works as an advocate for veterans by providing direct assistance in obtaining benefits to which they are entitled. The VSO, through its telephone network with VA, helps veterans who have lost or misplaced

their discharge papers obtain discharge verification. Telephonic verification of a veterans' discharge takes about 10 minutes—by mail verification takes about 3 weeks. In addition, the vso works closely with the San Francisco Department of Social Services to assist veterans who may be eligible for social security benefits. The vso serves approximately 300 veterans each month and has assisted more than 800 homeless veterans since the office opened in February 1993.

The vso also offers a representative payee program to veterans. This program allows the vso to help veterans, especially those suffering from substance abuse or mental illness, to manage their income. Finally, the vso provides administrative assistance to veterans attempting to upgrade their military discharges.

Department of Labor Homeless Veterans Reintegration Project

The Department of Labor provides grants to large municipalities to support flexible and innovative approaches to help homeless, unemployed veterans reenter the labor force. The funded projects offer employment and training services for the homeless either directly or by referral to existing resources. Services provided for by the grant include job training, remedial education, basic literacy instruction, job counseling, and referrals.

In fiscal year 1993, the Department contracted with San Francisco's Swords to Plowshares program to provide employment and placement services for homeless veterans. According to Department officials, the contract requires Swords to Plowshares to meet the following goals for the year:

- reach out to 600 homeless veterans,
- enroll 195 veterans in the Department's program,
- find employment for 90 program participants, and
- find housing for 60 program participants.

Traveler's Aid

In 1991, San Francisco was awarded a federal grant³ to assist the homeless population residing in or around public transit facilities. Under the grant, Traveler's Aid was awarded a contract by the San Francisco Department of Public Health to participate in a federal interagency demonstration

³The Federal Interagency Council on the Homeless, the Department of Health and Human Services, HUD, the Department of Labor, and the Department of Agriculture are participating with the Department of Transportation in the review and approval, funding, monitoring, and evaluation of the projects.

project aimed at meeting the immediate and long-term needs of the homeless. The resultant Traveler's Aid-Transbay outreach project offers the following homeless services: outreach, intensive case management, referrals, advocacy, and counseling. About 2,100 to 2,300 homeless clients receive these services annually. Although no data are collected, one official estimated that approximately 30 percent of Traveler's Aid's clients are homeless veterans.

VI. VA Discharge Planning for Homeless Veterans

Our review of 19 patient treatment files showed that in 17 cases homeless veterans about to be discharged from the San Francisco VA Medical Center and HCMI were referred to other providers for services. However, VA staff did not consistently monitor the veterans' progress once they were released from the VA medical center, and none of the medical center records showed any evidence that staff maintained contact with the veterans after discharge. Conversely, all 10 of the records we reviewed of veterans served by the HCMI program showed follow-up and regular contact by VA personnel after the clients left the program. In these cases, the HCMI staff appeared to provide a social support network for the veterans.

Programs to Address Homelessness in Washington, D.C.

I. Extent of Homelessness

Local providers and homeless agencies in Washington, D.C., estimate the homeless population to be in the range of 10,000 to 20,000. Assuming that veterans represent about one-third of the homeless population,¹ between 3,300 and 6,700 homeless veterans live in the District. During the past 5 years, the District government has spent approximately \$100 million in local and federal funds to address the issue of homelessness. Because District government officials believe the current effort has not reduced or prevented homelessness, the city is modifying its homeless program.

II. Local Mandates to Protect the Homeless

D.C. Law 7-204, the Frigid Temperature Protection Amendment Act of 1988, ensures protection for homeless people when the temperature falls below 26 degrees. The mayor is authorized to open any District building in order to comply with the provisions of this act. However, the District currently provides hypothermia assistance when the temperature falls below 32 degrees. Further, city employees and volunteers patrol the streets and areas frequented by the homeless to offer homeless persons access to medical assistance, food, and clothing.

III. VA Services Provided to Homeless Veterans

VA serves homeless veterans in Washington, D.C., through the Washington VA Medical Center, the VBA regional office, and special homeless programs, including HCMI and its residential component and HUD-VASH. VA has no current data on how many homeless veterans the Washington, D.C., VA Medical Center has served. During fiscal year 1993, the VBA regional office in Washington, D.C., served 62 homeless veterans; the HCMI residential component provided an average of 11 beds and served approximately 56 veterans; and the HUD-VASH program has 28 vouchers for section 8 housing, of which 23 have been distributed as of December 1993.

Washington, D.C., has one vet center, centrally located in the District, that provides an avenue for homeless veterans to gain access to VA services. Outreach to homeless veterans is limited, and staff primarily rely on others to identify and refer veterans to the office. The vet center staff coordinate with community organizations and local universities to assist veterans, including the homeless.

¹The 1991-1992 Annual Report of the Interagency Council on the Homeless states that studies indicate that about one-third of the adult homeless population in the United States has served in the armed services, p. 226.

IV. VA's Outreach/ Coordination With Local Organizations Serving the Homeless

VA's outreach and coordination in the Washington, D.C., community of providers to the homeless consist of

- representation at meetings of several local coalitions for the homeless,
- regular visits to 15 community service providers and organizations for the homeless to maintain working relationships with community providers and identify homeless veterans,
- regular visits by HCMI staff to non-VA service providers in nearby communities to identify and assist homeless veterans, and
- participation in local events for the homeless and homeless veterans such as a stand down conducted in June 1992 that served about 40 homeless veterans.

V. Community Programs to Aid the Homeless

Most services for the homeless are provided by local community providers. The District of Columbia contracts out to private providers for its homeless services, including food, shelter beds, and health care.

A community organization, the Coalition of Housing and Homeless Organizations (COHHO), exists in Washington, D.C., to address homeless issues. COHHO is a group of 70 nonprofit organizations and homeless individuals that seeks to improve housing and supportive services for all homeless and nearly homeless people in the District.

Food and clothing are available at numerous sites throughout the District and more than 5,000 shelter beds are available to the homeless. The city contracts out to local providers for almost 1,400 emergency shelter beds for single men and women, and the Community for Creative Non-Violence (CCNV) operates an additional 1,400 shelter beds. But the demand for shelter beds is greater than the supply, which forces some individuals to sleep on the streets.

The Health Care for the Homeless Project, Inc. (HCHP)² provides primary health care services at 11 stationary clinics and operates one mobile van. The homeless may obtain emergency medical services at D.C. General Hospital. The city is responsible for but cannot meet the demand for mental health services. Consequently, some homeless mentally ill are on the streets with no place to go because they cannot get the help they need.

²The HCHP was established in 1985 and was originally funded by the Robert Wood Johnson Foundation. It is currently supported by grants from the Department of Health and Human Services, the District of Columbia, and private sources.

We visited the following organizations that deal with the homeless in Washington, D.C. They were identified to us as major service providers in the community, but not the only service providers in the area.

Central Union Mission

The Central Union Mission has been serving the homeless in Washington, D.C., for 108 years. The two primary programs for the homeless are the overnight shelter and rehabilitation. The mission's overnight program provides 58 shelter beds each evening for men and serves meals to both its long-term rehabilitation clients and overnight guests. Clothing is also available for anyone who needs it. While the mission provides for the basic needs of its homeless clients, it also attempts to improve the lives of the homeless through its religion-based rehabilitation program.

Coalition for the Homeless

The Coalition for the Homeless provides residential and social services to the homeless. For example, each night over 300 homeless men may receive shelter and food at the coalition's emergency shelters. Other services provided by the coalition include transitional housing, family shelters, single-room occupancy facilities, and a substance abuse treatment program. The coalition also provides comprehensive case management services for clients at each of its facilities.

**Community for Creative
Non-Violence (CCNV)**

CCNV is a 1,400-bed homeless shelter facility serving about 2,500 meals daily. It offers its clients shower and laundry facilities, clothing, primary health care, and other services. In addition, it offers medical treatment in an infirmary, mental health counseling, dental services, legal services, job counseling, and benefits counseling. It also conducts a drug and alcohol recovery program and maintains a library for its clients.

**So Others Might Eat
(SOME)**

SOME offers a full array of services to more than 1,500 clients (homeless or poor) each day. For example, SOME serves over 1,200 meals daily and provides clothing and shower facilities to anyone in need. It also provides medical and dental care to 9,000 people annually. Through its social services activities and rehabilitative programs, SOME helps the homeless improve their lives. In SOME's rehabilitative programs, the homeless can (1) participate in a 90-day residential program designed to make them job ready and prepared for independent living, (2) receive 90-day residential treatment for substance abuse, and (3) obtain outpatient treatment for

mental illness. Day services include group and individual counseling, meals, life skills training, educational program, and recreation.

**Associated Catholic
Charities (ACC)**

ACC provides assistance to the homeless and others requiring its services in Washington, D.C., and five suburban counties in Maryland. ACC receives funding from the District of Columbia to provide overnight shelter for the homeless in the city. ACC operates four shelters (Randall, Martin Luther King, Crummel, and Mt. Vernon) in the District that serve a total of about 600 homeless people each evening. Shelters for the homeless constitute approximately 40 percent of ACC's programs. ACC also offers adoption services, foster care, and refugee assistance.

**Office of Veterans' Affairs
(OVA)**

The District of Columbia Department of Human Services helps veterans through the OVA, which acts as an advocate and assists veterans in filing benefits claims and provides other services as appropriate. OVA staff also conduct outreach to homeless veterans and participate in local homeless providers meetings. The office is collocated with the VBA regional office in Washington, D.C., and OVA staff work with VA personnel and are familiar with VA's homeless program activities.

**VI. VA Discharge
Planning for
Homeless Veterans**

Our review of 10 patient treatment files showed that in 9 cases homeless veterans about to be discharged from the Washington, D.C., VA Medical Center and HCMC were referred to other providers for services. However, VA staff did not consistently monitor the veterans' progress once they were released from the VA medical center or homeless program. Only four records showed any evidence that VA maintained contact with the veterans after they were discharged.

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