A REPORT ON

HOMELESS ASSISTANCE POLICY AND PRACTICE IN THE NATION'S FIVE LARGEST CITIES

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August 1989

PREFACE

Addressing the tragedy of homelessness has become a national priority. Through income transfer and in-kind programs that offer basic assistance, the Federal government has traditionally provided aid to low-income persons, more recently, Federal funds have been directly targeted to the homeless through the Stewart B. McKinney Act. However, it is the local communities of the Nation that for many years have been dealing firsthand with the problem of homelessness. Collectively, their policies and practices provide the core of the Nation's response, and it is to their experiences that we must turn to understand better what is being done and, consequently, what remains to be done.

Many reports have characterized the homeless assistance activities of particular states and localities, but there are relatively few systematic efforts that compare trends in local policy and practice across places Such comparisons are necessary if we as a Nation are to continue to improve on our efforts to assist the homeless. As an initial step in developing a comparative information base, a research team from the U.S. Department of Housing and Urban Development studied the homeless assistance activities of the Nation's five largest cities — New York, Los Angeles, Chicago, Houston and Philadelphia.

Some of the things we observed transcend city and regional boundaries For example, local officials and service providers in all of the places expressed a desire to place increased emphasis on assistance to families and special-need populations, and to provide more transitional and preventive programs. However, given existing demands for emergency services, existing homeless assistance facilities, and traditional means of delivering services,

policy preferences and practices are not always consistent This has placed considerable stress on local systems. There is certainly a role for the McKinney Act to play in relieving some of this stress, and we look to our Supportive Housing and Section 8 single-room-occupancy programs, among others, to help in this regard.

Although there are similarities among places, each city's homeless assistance efforts has a distinctive character, reflecting unique local conditions and histories, which lead to variations in the kinds and levels of assistance provided. For example, communities place different relative emphasis on providing shelter through not-for-profit organizations, city government agencies, for-profit entities, or voucher-type programs. Other examples of noteworthy variations among the cities involve: approaches used to assess the extent of homelessness; sources and amounts of money targeted to the homeless, the numbers and kinds of facilities used to shelter the homeless; the amounts of shelter designated for different groups, the division of responsibility between the public and private sectors; the extent of shelter entitlement provided; and the degree of coordination among diverse homeless assistance activities. Clearly, no single model applies to all of these cities.

The variety of community strategies and systems have important consequences for Federal homeless assistance initiatives. This became clear when speaking with local observers about likely near-term effects of the McKinney Act. Despite broad support for Federal assistance, several observers suggested that the mix of categorical programs established by the Act did not always result in reinforcement of their community's priorities. Others were concerned that the Act's multi-

channeled system for delivering funds to states, counties, cities, and private organizations was complicating the already difficult task of coordinating diverse programs and building community consensus. It may be time to look at whether the McKinney Act, notwithstanding its current requirements for Comprehensive Homeless Assistance Plans, is sensitive enough to local needs and priorities.

An additional observation drawn from comparing the five largest cities involves the impacts of right-to-shelter policies. This repeatedly emerged as having powerful and far-reaching consequences on local homeless assistance policy and practice. Two of the cities guarantee unrestricted shelter entitlement, one of them provides limited entitlement to certain persons, and two provide no such entitlement. Entitlement cities have more shelter beds per capita and utilize voucher-type programs more extensively than the others; they also rely more extensively on public-sector funds and devote relatively greater amounts of local revenues to the problem than non-entitlement cities that utilize higher proportions of private-sector and McKinney Act funds. While the ultimate effects of right-to-shelter policies on helping to alleviate homelessness are not known, this is an area that deserves further inquiry in these cities as well as in other places throughout the Nation.

Finally, this study makes clear the need for better information about critical aspects of homelessness upon which to base both Federal and local policy. For example, despite considerable effort to determine the amount of money being spent on homeless assistance activities through both targeted and untargeted Federal, state, local and private programs, it is still not entirely clear how much is being spent, how many people are being assisted, and where, if any, duplications or gaps exist Another example involves estimates of the extent of the homeless problem in any locality. Different definitions, sources of information, and estimating procedures are used in different localities to assess the scope of homelessness, and the resulting estimates sometimes reflect different concepts of homelessness. In general, lack of complete or consistent information has implications not only for local planning efforts but also for any attempt to design appropriate and equitable allocations of State or Federal resources.

Knowledge of how the five largest cities of the Nation are meeting the challenge of homelessness should strengthen all our efforts in this area. We at HUD hope that the reader will find the descriptions and analyses furnished in this report both informative and useful.

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INTRODUCTION —
THE COMMUNITY SETTING

By the late-1980s, local task forces, coordinating groups, advocacy organizations, religious coalitions, and governmental agencies in cities across the country, including the five largest, were focusing their attention and energies on the problem of homelessness. At the turn of the decade, it was the private sector, including religiously affiliated organizations, that constituted the dominant force in homeless assistance. As the decade progressed, the private sector role remained significant, but the public sector began to play a much more substantial role in the organized community response to homelessness. In 1987, this role was reinforced when close to $900 million was appropriated, for the years 1987 and 1988, through the Stewart B. Mc-Kinney Act; it authorized homeless assistance through 16 different programs administered by five agencies of the Federal government.

As more attention was paid to the problem of homelessness over the last decade, there was a very evident branching out of assistance networks to include many different sectors of the community. This has resulted in an extension of the range of services available to the homeless and an emerging problem of coordinating such services. In prior years, homeless persons mainly received emergency assistance, particularly shelter and food Currently, services such as medical care, alcohol and drug treatment, psychiatric care, job training, counseling, child care, transportation assistance, and so forth, are oriented not only toward survival-level needs but, also, to the longer-term needs of the homeless. Both shelter and other services are being underwritten by the greatly expanded funding sources now available.

Notwithstanding this increasing commitment of resources to alleviate the problem of homelessness, there have been few systematic efforts to document and compare trends in local homeless assistance policy and practice. Continued improvements in the Nation's effort to assist the homeless depend, in part, on such documentation, for it is only by understanding what is happening in communities across the country that a responsive and effec-

tive strategy can be developed. A useful starting point is the Nation's five largest cities—New York, Los Angeles, Chicago, Houston and Philadelphia. Certainly, much media attention devoted to homelessness has centered on these places.[1] Also, insofar as there is some correspondence between the size of a city, the magnitude of its homeless problem, and the depth of its experience in dealing with the problem, a comparative analysis of homeless assistance activities in these cities can yield a rich array of information to aid generally in efforts to address the problem of homelessness in the United States.

STUDY DESIGN

This report examines the Nation's largest cities with respect to local perceptions of the scope of homelessness, the funding of homeless assistance programs, the local capacity to shelter the homeless, the characteristics of local shelter systems, and the nature of the services offered to homeless persons. The major questions that guided the research are:

- Upon what do communities base their perceptions of the scope of the problem of homelessness, and how do these perceptions influence the assistance provided?

- What objectives are communities aiming to achieve when they plan for shelter and services?

- How do the customs, laws, and traditions of a community influence the

kinds and levels of assistance being provided?

- What is the relative contribution of the private and public sectors in providing homeless assistance?

- To what extent does the shelter system of a community reflect various local objectives for assisting the homeless?

- What are the sources as well as the kinds of services now available, and to what extent are they targeted for, or being used by, homeless persons?

To gather needed information, researchers from the U.S. Department of Housing and Urban Development went to the Nation's five largest cities and some of the suburban cities and counties in their metropolitan areas during April and May, 1988. Lengthy discussions were held with local officials, representatives of community organizations, and other local observers knowledgeable about homeless assistance activities.[2] The organizations and agencies contacted included local government departments, coalitions and task forces, charitable agencies, advocacy groups, and service providers. Topics discussed included trends in local policy, funding, shelters and services. Even though it was too early to observe the impacts of the Stewart B. McKinney Act, some likely effects of the Act on the communities' homeless assistance activities were touched upon.

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1 One of these cities, New York, receives the most attention In 103 stories on homelessness appearing on the ABC, CBS and NBC evening newscasts, and in 26 stories appearing in *Time*, *Newsweek*, and *U S News & World Report*, between November 1986 and February 1989, New York City was featured five times as often as any other city (52 percent of all vignettes), together, New York City, Philadelphia, Chicago and Los Angeles accounted for 83 percent of the coverage. See "The Visible Poor. Media Coverage of the Homeless 1986 - 1989," *Media Monitor*, Volume III, Number 3, Center for Media and Public Affairs Washington, D.C., March 1989, p 3

2 The discussions were generally unstructured and open-ended, in an attempt to capture the unique elements of each community's policies and programs, but comparable information was gathered across all of the communities wherever this was possible.

THE FIVE CITIES

Although the Nation's five largest cities are, by definition, unique with respect to size of population, there is variation among them that can have a bearing on homelessness and homeless assistance policy and practice. Geographically, of course, the places are quite dispersed; two are on the East Coast, one is in the Midwest, one is in the Southwest, and one is on the West coast.[3] The largest of the cities, New York, contains over seven million people while the smallest, Philadelphia, contains less than two million. There are also differences in their rates of population change; Philadelphia lost 2.5 percent of its population during the first half of the 1980s, while Houston grew by 6 9 percent. Likewise, the New York suburbs grew by one percent during this period, while the population of the Houston suburbs increased by almost 30 percent. The fourth largest city is the largest in terms of total square miles. Houston encompassed 573 square miles in 1985 compared with Philadelphia's 136 square miles. New York was between these two extremes with just over 300 square miles among its five boroughs.

In a number of ways, four of the five communities had similar economic growth during the mid-1980s while the fifth, Houston, grew but otherwise lagged behind the others. The unemployment rate decreased by almost 50 percent in Los Angeles, New York, and Philadelphia between 1984 and 1988, while it decreased less than 15 percent in the Houston area. Similarly, in the same time period, median family income rose between one-quarter and one-third in four of the five largest places, while it rose only 15 percent in Houston. The trends in household income, generally a larger value than family income, were almost exactly the same. The Consumer Price Index (CPI), a frequently used measure of the cost of living, reflects an increase during the 1984-1988 period of about 15 percent in four of the five communities (as well as nationally), but only a five percent increase in the Houston area.

The rental housing markets within the metropolitan areas of the five cities differ in several respects, tending to place the New York City area at one end of a continuum, Houston at the other end, and the other three cities generally close to New York's position. Houston's housing market clearly reflects the region's economic problems; rents declined from 1984 to 1988, and the construction of new apartments dropped by about 85 percent.[4] The rental vacancy rate was exceptionally high in 1984, over 15 percent; it has remained around that level as the local economy deteriorated [5] In the other four cities, rents have risen at annual rates of 5.5 to 6.6 percent, slightly above the national average,[6] and apartment construction has expanded since 1984. New York City has had a very low vacancy rate, under three percent, throughout the period; the others have had vacancy rates slightly below the national average. In all four, vacancy rates have been rising since 1984. The national vacancy rate, itself, has been unusually high; it peaked at 8.1 percent in the third quarter of 1987, and has been at the highest level in 20 years throughout 1987 and 1988.

THE POLICY SETTING

To understand better the current status of, and trends in, homeless assistance activities in the Nation's largest cities, it is important to keep in mind that these activities reflect the collective decisions and policies of many dif-

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3 Unless otherwise indicated, data presented in this section are either estimates produced by HUD's Office of the Assistant Secretary for Policy Development and Research, or from its Urban Data System

4 U S Census of Housing, *Building Permits Authorized*, December 1984 and December 1987

5 Current Housing Reports H-111, *Housing Vacancies and Homeownership*, U S Department of Commerce, Bureau of the Census

6 *CPI Detailed Report*, U S Department of Labor, Bureau of Labor Statistics, January 1985 and January 1989 These data cover all urban areas within a PMSA

ferent groups that constitute what can be called a local homeless assistance network. Such net-works generally include a mix of both the public and private sectors, and can range from loose confederations of agencies and organizations to more cohesive, integrated systems. Either way, they consist of diverse entities, some of which may have little connection to the others, and may appear to be moving in separate and sometimes opposite directions. What they have in common is a concern about, or service to, homeless persons.

Decisions made by individual organizations of a homeless assistance network may be made without consultation, and local observers report that this is often the case. Over time, however, dialogues involving local officials, service providers, advocates and others have become more common in the Nation's largest cities. This has been facilitated through the formation of task forces, coalitions, and other organized bodies which attempt to coordinate aspects of homeless assistance and, in some cases, to formulate community-wide policy.

The development of homeless policy in the Nation's largest cities has been influenced not only by the organization and composition of homeless assistance networks, but also by the division of responsibility between the public and private sectors that has evolved over time. This, in turn, is influenced by local custom and law, as well as by the actions of interest and advocacy groups, the resources that can be commanded to provide assistance, and the perceived efficacy of the assistance being provided. While these relationships are complex, and are difficult to capture in a comparative study that involves only a small number of places, they are important to mention because they provide the context for interpreting the information that is presented in Chapters Three through Six, below

The following sections highlight some basic similarities and key differences across the five communities with respect to homeless assistance policy and practice.

SHARED VIEWS ABOUT HOMELESS ASSISTANCE

There appears to be basic agreement across all of the largest cities about the relative importance of homelessness as a community problem, and about appropriate and promising approaches for addressing it It is clear, in each, that homelessness is a priority issue, and that attention is being paid to dealing with the stages of homelessness as opposed to only reacting to it after the fact Also, in all of the places, there is a growing concern about the ability of the local community, through both its private and public sectors, to continue to be able to marshal necessary resources. These common views are briefly discussed below

Homelessness As A Priority Concern

Most local officials and observers contacted for this study agree that homelessness should receive special attention relative to other social problems. Although the same cannot be said for all of the suburban communities that surround the Nation's largest cities, in most of them the issue is also receiving increasing attention and, in some, it is a top priority.

In the Nation's largest cities, the increasing priority given the homeless issue over the decade has generally evolved into a more active local government, either in terms of funding, participation on community-wide task forces or coalitions, or as a direct provider of shelter and services. Other evidence of the priority given to the issue includes the establishment of new coordinating mechanisms, the creation or expansion of special programs, increased funding, and increased volunteerism. Finally, in all cases, more and more assistance has become available.

The fact that homelessness has received increased attention in each of the five communities appears to be attributable, in part, to

media coverage.[7] Local and national newspapers, radio and television have depicted homelessness as an extreme form of deprivation, and have sympathetically portrayed the plight of homeless persons in shelters, on the streets, and in other public places.[8] Priority seems also to be premised on perceptions of the size of the problem and its rate of growth. It is interesting that despite a paucity of high quality studies on the magnitude of the homeless problem in most of the cities, and no credible study of changes in the homeless population in any of them, the operating presumption is that the numbers are large and growing.[9] Hence, even in places where some local observers chart a leveling off in the demand for certain types of shelter beds or where there are studies or other indications of lower rates of homelessness, more credence is generally given to higher estimates where a range is available.

The Need To Serve More Families And Hard-To-Serve Homeless Persons

According to local observers in all five of the Nation's largest cities, there are now more mothers with children who are being provided with shelter and related services than there have been in the recent past. Also, families are now a "target group" for services in each city and in most of the suburban communities around them. Concomitantly, more assistance for homeless families has been made available

Although families are specifically targeted for assistance, the ability of a local system to accommodate special groups is hampered because the older shelter inventory is not always suited to the needs of the current population. Much of it was originally targeted to the then more dominant single male population Thus, efforts to serve newer populations involve a slow recycling of older resources with the incremental addition of new, more suitable forms of assistance, a point that is made in more detail in the chapters that follow.

In addition, all five communities are challenged by the need to assist some groups of homeless persons who are particularly hard to serve For example, homeless substance abusers or the chronically mentally ill are well represented in the homeless populations of each large city, and there is a general recognition of the need for specialized treatment programs and, in some cases, long-term supervised living arrangements for them. There seems also to be a recognition that current

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7 According to Donna Wilson Kirchheimer, homeless advocacy organizations have considered two channels most important the media and the courts With respect to the former, "(t)heir leadership considered the press a valuable ally and invested time and effort in courting its attention   As research has shown generally   the attention of the media influenced the salience of the homelessness issue in the public mind and helped to shape the public agenda " "Social Programs for Homeless Families Subnational Expansion Despite Federal Retrenchment," paper prepared for delivery at the 1987 Annual Meetings of the American Political Science Association, September 1987, pp 30-32

8 Sociologist Howard M Bahr has observed that the homeless have been "studied, followed, tested, interviewed, photographed, and human interest-storied   more than any population of comparable size almost anywhere " Reported in Constance Holden, "Homelessness Experts Differ on Root Causes," *Science*, Vol 232, May 2, 1986, p 569 A systematic content analysis of stories on homelessness by the major television networks and national news magazines characterizes the media's coverage as being "mainly a symphathetic portrayal of people in trouble rather than an arena of policy debate " Anecdotes occupy a central role in reporting on homelessness "(b)ecause of their concreteness, visual impact, and emotional appeal." The review indicates that "(t)ypical quotations involved homeless people telling their own stories or advocacy groups, volunteer workers describing the difficulties of meeting their needs, and advocates calling for social action   Thus, the homeless story represents a particular genre of reportage —news from the bottom up, rather than the more typical top-down approach that relies on quotes from recognizable names and officially sanctioned positions of authority" "The Visible Poor," *op cit*, pp. 3 and 5

9 Commenting on the literature dealing with trends in homelessness, Barrett A Lee concludes, "What the foregoing review of past work points to is a serious gap in our knowledge of the demographic parameters of a major social problem little hard evidence exists to indicate how the homeless populations of American cities have been changing during the 1980s " Despite this, he notes that, "Members of the media also like to feature 'guestimates'—the more extreme, the better—by advocates, researchers, and government officials regarding the magnitude and character of urban homelessness " "Stability and Change in an Urban Homeless Population," Department of Sociology, Vanderbilt University, Nashville, TN (undated), pp 3 and 18 For discussions of limitations in studies of the magnitude of the homeless population, see Peter Rossi, *Without Shelter Homelessness in the 1980s*, Priority Press Publications, New York, 1989, pp 14-18, and the U S General Accounting Office, "Homeless Mentally Ill Problems and Options in Estimating Numbers and Trends," Washington, D C , August 1988, Chapter 2

efforts to assist hard-to-serve groups are inadequate.

The Need to Break
The Cycle Of Homelessness

· Many observers in all five cities have come to view homelessness as having distinct, although not necessarily sharply defined, stages through which people can pass. At any point in time, there are those at risk of becoming homeless, those who are homeless, and those who are in transition out of homelessness. This characterization has contributed to some common thinking about how best to deal with the problem.

People in each of the largest cities see the need to deal with the first stage. Although the communities do not emphasize prevention to the same degree, they all appear to acknowledge that preventive strategies have to be part of the overall approach to reducing homelessness In this regard, however, policy intentions and practice are somewhat apart; in large cities, where the problem of helping those who are already homeless has taken considerable resources, prevention tends to be more of a goal than a dominant approach. In those places where the problem is not believed to be as pressing, especially suburban communities, preventive programs have played a more central role Preventive programs have focused on· halting evictions or utility cut-offs through rent, mortgage, and utility assistance programs, reducing the erosion of the low-income housing stock by, for example, restricting further losses of single-room-occupancy housing; enhancing the stock of low-income housing; and providing services (such as job training and counseling) that also diminish the risk of homelessness.

Providers and officials in all of the communities have also had sufficient experience with the revolving door of homelessness to seek ways of moving people who are already homeless in the direction of independent living arrangements. There is a growing recognition that, without a refocus of efforts, the shelter system tends to evolve into a new tier of semi-permanent housing in which some people are virtually "warehoused." This recognition has often entailed a priority on case management and on supportive services like counseling and skills development, viewed as critical for a successful transition to self-sufficient living. As a result of high rates of recidivism among those who cycle through emergency shelters, where few such services are provided, many of those involved in establishing local homeless policy have concluded that the investment in such services is worthwhile in the long run. Here also, however, policy preference and practice are not always matched: while the stock of transitional housing with supportive services has increased, the dominant approach to shelter in the Nation's large cities remains more oriented to emergency assistance than to transition out of homelessness.

Concern About The
Limits Of Local Resources

Although the Nation's five largest cities now have more resources available to deal with homelessness than at any previous time, local observers generally believe them to be inadequate. Concern is also being expressed that some of the resources now available are time limited. Foundations that have been providing funding for homeless assistance, for example, may not always be as responsive to requests from homeless providers as priorities change. Likewise, it is presumed that volunteers cannot be counted on indefinitely to provide needed assistance. In both the large central cities as well as suburban communities, observers are beginning to wonder whether the non-profit sector is near the limit of the amount of assistance it can provide.

While homelessness is a high priority in the largest cities, those active in homeless assistance see other pressing issues on the social agenda that cannot be overlooked. They suggest, however, that a spreading of resources makes the amount available for homeless assistance that much less, unless existing resour-

ces are expanded through public action. Thus, many of those active in homeless assistance are looking to the public sector to fill resource gaps. To some extent, the infusion of funding from McKinney Act programs has been viewed as just such a necessary supplement to the local public and private resources that are being used to assist the homeless. Notwithstanding this perceived need, some local observers are worried that increased public funding could substitute for, or cause retrenchment in, private-sector funding, resulting in no net increase in available resources.[10]

DISTINGUISHING FEATURES OF LOCAL HOMELESS ASSISTANCE EFFORTS

There are some aspects of homeless assistance policy and practice in which differences among the Nation's five largest cities are more noteworthy than are similarities. These include the number of shelters designated for different groups, the way in which responsibility for homeless assistance is divided between the public and private sectors, the extent to which shelter is provided as an entitlement, and the extent of coordination among homeless assistance activities.

Shelters For Different Groups

The characteristics of the homeless populations of each of the five cities are not known with certainty. However, both shelter occupancy reports and anecdotal information about the unsheltered homeless suggest that there may be inter-city differences in the relative proportions of various homeless subgroups. A majority of the sheltered homeless in New York, for example, are family members while most shelter beds elsewhere are oc-

cupied by unaccompanied individuals. Other possible differences among cities relate to age distribution, racial and ethnic composition, occupational and employment histories, length of time in the city, as well as the proportions of the homeless exhibiting various types of problems. The point to be made here is simply that, whatever differences (or perceived differences) there are can help to explain some of the place-by-place variations in homeless assistance policies and practices.

The Roles Of The Public And Private Sectors

The Nation's five largest cities, as well as their suburbs, differ with respect to the roles played by the public and private sectors in the provision of homeless assistance. Although the distinctions are not always sharp, the public sector plays a more dominant role in some communities, the private sector in others and, in yet others, both sectors seem to take responsibility in a more or less shared fashion. The division of responsibility between and within sectors, however, continues to evolve.

In some localities, there is a longstanding tradition of local government having responsibility for providing welfare assistance to low-income people. Where this is the case among the communities studied, the government has also been a major actor in providing assistance to the homeless as an extension of this tradition. For example, although there are many private, non-profit organizations that are intimately involved in homeless assistance in New York City and Philadelphia, local government in both places appears to play a primary role. New York is unique among the five cities in that, through its Human Resources Administration, the City actually owns or operates about 10 percent of all shelters (containing about one-third of all shelter beds) and a centralized shelter intake and referral system. Likewise, Philadelphia is unique among the

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10 See, for example, "National Funding to Assist the Homeless Unkept Commitments/ Bitter Prospects," The Partnership for the Homeless, New York City, December 15, 1987

five in that the Mayor has appointed a high-level official to oversee both the coordination of City activities as well as the implementation of programs. The central coordinating point for homeless policy, the Office of Services to the Homeless and Adults, provides a variety of shelter and social services to the homeless and acts as the focal point within the City government for planning, coordination, and service delivery. It also provides staff support and leadership to the Mayor's Public-Private Task Force, to coordinate efforts of the public and private sectors.

In Los Angeles, shelter and services are provided mainly by religious groups or secular non-profit organizations, and the public sector provides funding and welfare-related services, including vouchers for obtaining shelter. There is, however, a division of responsibility within the public sector because, in California, counties play at least as prominent a public-welfare role as do cities. Although the functions of the two levels of government do not always overlap, the responsibilities of each bear directly on the other. For example, Los Angeles is responsible for providing housing for the low-income and homeless populations within its borders, while Los Angeles County is responsible for providing health, welfare, and social services to those populations throughout the County, including the City. Under fiscal pressures, the City and County have been inclined to press each other to assume additional responsibility for assisting the homeless. At times, this has taken the form of lawsuits and countersuits between the two levels of government. While historically the City has been more active in assisting the homeless, the suits have resulted in the County assuming a greater share of responsibility.

Chicago has pursued a somewhat different approach to homeless assistance. It involves a strong public-private Homeless Task Force, chaired by the City's Commissioner of Human Resources, but no City official has responsibility for both coordinating and implementing all homeless assistance efforts. The Task Force, which does not operate any programs, provides policy advice to the Mayor. It appears to have achieved a relatively high degree

of cooperation and coordination, however, as reflected by the fact that City funds are pooled with United Way funds in deciding about projects to be undertaken. This pooling of funds is made possible by joint priority setting within the Task Force structure.

In Houston, by way of contrast, private, non-profit organizations have traditionally played more of a leading role in assisting those in need, likewise, the private sector, especially organizations with religious affiliations, have played the dominant role in providing shelter and other assistance to the homeless. Local government has not established a coordinating mechanism, although this may be in the process of changing. Following the enactment of the Stewart B. McKinney Act, the City and surrounding Harris County pooled their Emergency Shelter Grants in order to maximize the efficient use of these resources, and there was a public-private committee responsible for issuing requests for proposals for these grants and for selecting recipients.

The Extent Of Shelter Entitlement

The Nation's largest cities differ rather dramatically in the extent to which shelter is provided as an entitlement to homeless persons. In two of them, there is an unrestricted right to shelter; in one, there is a limited right to shelter for certain persons; and, in two, there is no publicly guaranteed right to shelter.

In New York City, Philadelphia, and Los Angeles, advocates for the homeless have gone to court to argue for the right of homeless persons to be given shelter. In New York, a lengthy legal process, initiated early in the decade, resulted in a consent decree in which the City government provides shelter to all individuals and families requesting it, for as long as they request it. In Philadelphia, the City itself first extended a guarantee of shelter to the homeless through a City ordinance, but compliance with the ordinance was a result of a lawsuit. There, also, shelter entitlement is unrestricted In Los Angeles, the City and

County governments have decided that any homeless person who requests shelter in cold weather will be provided it In addition, as a result of a lawsuit against the California State Department of Social Services, Los Angeles County, as part of its Aid to Families with Dependent Children (AFDC) program, provides cash payments for shelter assistance to any homeless family which meets basic AFDC rules.[11] Those applying for General Relief receive vouchers for a limited period, beginning with the time they apply for assistance and ending when eligibility determination is made.

In all three communities, the success of the legal approach is attributable to state constitutions or city or county charters, as well as to state welfare statutes, which allow the right to shelter to be construed from general welfare provisions.[12] Such an approach is not possible in Texas where the State constitution expressly prohibits the use of local resources for welfare purposes, and severely limits the use of State resources for such purposes The fact that in three of the Nation's largest cities the right to shelter has been upheld through the courts and that, in a fourth, such action is not feasible, follows from the wide latitude states and localities have with respect to welfare.

The relationship between the amount and nature of homeless assistance being provided, and the extent of shelter entitlement afforded, is discussed in more detail in the chapters that follow.

The Extent To Which Homeless Assistance Is Coordinated

The degree of cohesion or fragmentation within a community's homeless assistance network can give some insight into the ways that community-wide policies and priorities are established, and shelter and services are

provided. Similarly, the degree to which homeless assistance networks are integrated into broader welfare systems has a bearing on the extent to which the homeless are targeted for assistance

In some communities, homeless assistance networks are relatively more inclusive and centralized, making possible a high degree of shared responsibility for allocating resources and providing shelter and services. Others are more independent and atomistic, with each sector and various organizations pursuing their own missions. Three examples highlight the differences.

In Chicago, the membership of the Mayor's Task Force on the Homeless includes many City agencies as well as private-sector organizations, including such groups as the Chicago Coalition for the Homeless and the Illinois Coalition. The Task Force makes many of the funding allocation decisions necessary for implementing homeless assistance policy For this reason, there is a higher degree of consensus about the projects undertaken than might be found in communities with a less inclusive assistance network. In New York City, there is coordination between the two largest homeless assistance providers: the City itself, which operates or contracts for most of the bed space, and the Partnership for the Homeless, which coordinates about 1,500 shelter beds generally located in churches and synagogues. Clients for the Partnership's beds come from either City-operated, City-funded or privately operated drop-in centers. The City also provides for transportation and bedding. Finally, in Houston, the homeless assistance network is very diffuse and more a loose confederation of individual providers

In the case of a community like Chicago, there is less likelihood that projects will go forward which are not at least generally consistent with the set of priorities established by the Task Force. In cities with less cohesive networks, there is a greater likelihood of duplication or of unaddressed gaps in service,

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11 These cash payments, which must be used for shelter, are considered a voucher-type program as described later in this report

12 See Kenneth M Chackes, "Sheltering the Homeless Judicial Enforcement of Governmental Duties to the Poor," Journal of Urban and Contemporary Law, Vol 31 155, 1987, for a more complete discussion of the legal approach to obtaining shelter for the homeless

as each group pursues its own objectives without consultation.

Even when homeless assistance networks have internal cohesion, they may not be able to command resources which are controlled by the larger and more comprehensive welfare system because they are peripheral to it Whereas the welfare system is set up to deal with indigents in general, homeless assistance networks have singled out a specific sub-population, those who are without shelter. Yet, many of the services that the homeless could benefit from are provided under the aegis of welfare departments, and access to them by the homeless may be restricted. In some communities, these lines of division between homeless assistance and welfare systems are drawn more sharply than in others. In Los Angeles, the Welfare Department has been the object of lawsuits because of its alleged failure to take account of the special problems faced by the homeless when trying to gain access to its services. In Chicago, on the other hand, the Commissioner of Welfare is also the Chairperson of the Homeless Task Force. In New York, where homeless assistance and the welfare bureaucracy are under one organizational umbrella, agencies associated with the welfare system often provide assistance to the homeless at City-operated shelters that go beyond simple income support, and include help in navigating through the welfare system, case management, and other services. Thus, differences in the relationship between welfare and homeless assistance systems can have an impact on a community's policies and practices regarding the homeless.

PRELIMINARY THOUGHTS ON THE EFFECTS OF THE McKINNEY ACT

One relatively new element in the effort to assist the homeless is the Stewart B McKinney Homeless Assistance Act, which was signed into law on July 22, 1987 While it is too early to evaluate systematically the effects of the Act,

local observers contacted for this study indicated some of their expectations. From their comments, it appears as if the Act has potential for contradictory consequences. It may bring about some increased uniformity across communities in the way they deal with homelessness, and it may also reinforce some differences among them. Furthermore, for some communities, it may have minimal effects on the directions that they were taking prior to the Act while, for others, it may result in redirections of homeless assistance activities.

Contradictory expectations follow from the fact that the purposes of the McKinney Act are many and diverse, resulting in multiple programs that channel funds to a variety of recipients Consider the shelter-related programs administered by HUD, for example. The Act supports emergency shelters, transitional shelters, long-term housing for the handicapped, and single-room-occupancy housing. In addition, HUD-owned single-family properties, surplus federal buildings, and underutilized space in Veterans Administration facilities have all been designated for potential shelter use under the Act. McKinney programs administered by HUD also support a wide range of services for a number of different groups, singling out persons who are capable of making the transition to independent living arrangements, the handicapped, the elderly, and families with children. McKinney programs administered by other agencies underwrite health care, substance abuse treatment, mental health care, education, training, and other services. Hence, the Act supports a multitude of different initiatives.

In terms of immediate effects as of 1988, the McKinney Act increased the amount of money each of the five communities had to work with in its homeless assistance efforts, and this began to result in some additions to the shelter supply and services. However, the proportional increase attributable to the Act varies considerably across the communities, depending both on the amount of money provided by it and the amount of money that was previously available. This will be further discussed in Chapter 3.

The mix of McKinney Act programs utilized by the five cities differs. Some programs, like Emergency Shelter Grants, go to all of the communities; to the extent that they are used to support shelters for targeted groups like families and the elderly, they are likely to produce somewhat similar effects in all places. Other programs, such as Section 8 Assistance for Single Room Occupancy Dwellings, are awarded on the basis of a nationwide competition Since some communities are recipients of these funds, and others are not, activities may differ from place to place.

While the longer-term consequences of the McKinney Act are yet to be manifest, observers in the Nation's largest cities expressed some concerns about possible unintended effects. Some suggested that the Act was not necessarily reinforcing program strategies that their communities had adopted on their own. Targeting on emergency shelter is one such example. As will be discussed in subsequent chapters, a number of communities are beginning to move away from an earlier emphasis on emergency shelter, and are concentrating on the development of other types of facilities. To the extent some McKinney Act funds underwrite the former, it was argued, the community's own priorities may be overridden. The categorical nature of the Act was singled out as the reason for this Its total appropriation is divided into 16 separate components, each of which explicitly lays out both eligible and ineligible activities. For example, in the Emergency Shelter Grant program, renovation and conversion of buildings for emergency shelter is acceptable, but acquisition or construction of shelters is not. Likewise, there is a limit on the amount of the grant that can be spent on services as opposed to shelter These uses and restrictions may or may not be consistent with local needs or preferences. Some observers are concerned that, despite many different programs to choose from within the Act, overall it may not be flexible enough to adapt to local conditions and priorities

There are observers in the five communities who also believe that some effects of the McKinney Act may run counter to the coor-dination and consensus building that has been occurring within local homeless assistance networks. This is partly a consequence of the fact that some programs authorized by the Act take the form of direct grants to the city, others are grants to the state which may or may not be passed along to the city, and others are direct grants to providers that bypass the community's organized homeless assistance network. Notwithstanding requirements related to the submission, by cities and states, of Comprehensive Homeless Assistance Plans, there is a concern that, instead of joining forces and pooling resources to accomplish common ends, cities will find themselves competing with states, individual providers will compete among themselves, and all could be working at cross purposes.

Over the longer term, as its programs are further implemented, the McKinney Act will undoubtedly have both intended and unintended impacts on the homeless assistance policies and practices of the Nation's communities. The result will reflect an interaction between the Act's provisions and funding levels, on the one hand and, on the other, the homeless assistance activities and trends in each community prior to that time. The latter are described in detail in the remainder of this report on the Nation's five largest cities.

ORGANIZATION OF THE REPORT

To interpret local goals and strategies adopted to deal with homelessness, it is helpful to understand what local observers judge to be the scope of the problem. The extent to which there is consensus about this within each community is variable, however. As discussed in Chapter Two, this is attributable, in part, to the fact that, observers with different vantage points, definitions, and sources of information perceive and assess the problem differently.

The funding of homeless assistance programs comes from many different sources; an exhaustive accounting would have to in-

clude the small, one-time donations of individual donors as well as the large, multi-year allocations of major charities and government agencies. Chapter Three distinguishes between public and private funding sources as well as targeted and non-targeted programs that can assist the homeless. Differences in funding levels across communities are explained in terms of the costs associated with: shelter entitlement; emphasizing more than emergency shelter; and serving special-need populations

The first line of response to homelessness has been the provision of shelter for those who are without it. As basic as this is, there are many ways in which communities have assembled bed space. A community can rely on a fixed and relatively permanent bed supply or on a more flexible inventory of already existing beds which can be used as the need arises, or it may choose a combination of these. Differences in the way communities provide bed space are discussed in terms of variation in the perceived scope of the problem, the way that responsibility for sheltering the homeless is divided, and the resources available to bolster bed capacity. Chapter Four describes these

aspects of the shelter bed capacity of each of the five communities.

Communities also vary with respect to the types, sponsorship, funding, location, and sizes of shelters, as detailed in Chapter Five. Among other things, differences across communities are associated with variations in perceptions of the characteristics and changing composition of the local homeless population, the availability of resources, and local thinking about the purpose and function of shelter care.

Finally, Chapter Six focuses on the kinds of services available to the homeless in the Nation's largest cities. Included are non-targeted assistance (both non-entitlement and entitlement services) and targeted assistance from both the private sector and government-sponsored programs. More than in the past, many services are available to the homeless, but access or use is by no means guaranteed. In addition, there is considerable variation in the extent to which services are coordinated across communities, subject to such factors as the degree to which assistance networks are diffused or centralized.

UNDERSTANDING THE SCOPE
OF THE HOMELESS PROBLEM

How many homeless people are there in the community?" "How many families and children are homeless?" "Is the population growing?" Answers to questions such as these are central to any community's policies and practices designed to assist the homeless. Central as they may be, however, the scope of the problem is one of the least well understood, or agreed upon, aspects of homelessness in most of the large cities and suburban jurisdictions included in this study.

Within each community, a range of perceptions about the scope of the local homeless problem can be found. Without question, these can influence the policy agenda, as well as subsequent actions, programs, and funding decisions. This chapter identifies some of the ways in which different perspectives arise and discusses what is reported in each community about the size of the homeless population

DIFFERENT PERSPECTIVES ON HOMELESSNESS

The way that local observers come to know and understand the problem of homelessness depends, in part, on their particular vantage point, on how they define homelessness, and on their sources of information. Differences in these regards have resulted in quite divergent estimates of the size and nature of the homeless population.

Vantage Point

There are a wide variety of people who assist the homeless within a community and each has a somewhat distinct vantage point from which to view the problem. Some pro-

vide direct assistance, which can take many forms, including: shelter, food, clothing, medical care, mental health care, child care, and job training. Others are involved as officials of different government agencies that directly, as well as indirectly, assist persons who are homeless; included are health, mental health, welfare, and housing departments. Still others are politically elected representatives, officers of charitable foundations and non-profit organizations, and advocates for the homeless. Because each has a somewhat unique relationship to, and set of responsibilities for, assisting the homeless, they do not necessarily share a common frame of reference. This, in turn, undoubtedly influences how the local homeless population—which is both diverse and hard to count—is defined, viewed, and evaluated.

Definitions

Another reason why local observers have divergent perspectives about the scope of the homeless problem is that different definitions are used. A range of situations can comprise homelessness,[1] and there are observers in each of the largest communities who focus on different segments of that range. It should be noted that there is often a relationship between the definition used and the difficulty of estimating population size. Moreover, the inclusion of some groups within a definitional framework (by some observers and not others) can impose a fair degree of imprecision over estimates of the scope of the homeless problem.

Some people concentrate on the segment of the homeless population that is easiest to observe and count—persons in shelters or who use certain services (such as soup kitchens). Even though counting these persons should be

relatively straightforward, information about the sheltered homeless or service users is not always accurate or complete In some communities, there is no central bank of information covering all of the shelters or services, raising the possibility of duplicate counts, missing information, or misinterpretation of information. The latter involves such things as failing to distinguish between homeless individuals as opposed to households, or between the number of people in a shelter at a particular point in time (such as a given night) as opposed to a time interval (such as a month or a year). Furthermore, many service providers do not keep records that distinguish between homeless and non-homeless recipients.

If the definition of homelessness goes beyond those in shelters or receiving certain services, the informational problems are compounded. For example, a second segment of the homeless population consists of persons who request a service or shelter but who do not receive it. This may occur because the number of beds or other services is limited, because the individual does not qualify, or for various other reasons. Frequently, information about such persons comes from "turnaway" statistics, unfulfilled requests to referral services, etc., which can have limited utility because of problems of duplication, accuracy, or completeness For example, a person turned away from one shelter may receive shelter elsewhere within the community. Even where there are centralized referral systems, such as in Los Angeles, turnaway records may not indicate whether, on the one hand, a single caller made several requests or, on the other, whether people did not even call the service because of a belief that facilities were full. The primary point is that, when the definition of homeless-

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1 According to Franklin James "Homelessness is not a simple yes/no state, but rather comprises a range of situations Is the battered wife who sought refuge with family or friends or in a battered women's shelter homeless? On what does the answer depend? Her income or earning capacity? The willingness of friends and relatives to help? Her plans to permanently exit her marriage? All of the above? Is a single person in an SRO or flophouse homeless? Does the answer depend on the economic status of the person? How about the unemployed father and mother who have lost their home and moved in with family while looking for work? Most available quantitative research limits the definition of homelessness to a person sleeping on the street, in abandoned buildings, or in emergency shelters By this narrow definition, none of the above examples would count as homeless By other common standards, each of the above situations could meet criteria for homelessness " "Numbers and Characteristics of the Homeless A Preliminary Application in Colorado of a New Methodology," (Graduate School of Public Affairs, University of Colorado at Denver December 1988), p 4

ness includes those who seek but do not receive assistance, the difficulties of assessing the scope of the homeless problem are increased.

Those who define homelessness to include a third segment—people who neither receive nor seek assistance—are likely to encounter more difficult informational problems. Regardless of the reasons for their not seeking assistance, this group is especially elusive when it comes to observation or systematic counting. Consequently, there is usually even more disagreement among observers as to the size and demographic characteristics of persons in this category

Finally, the observational problems seem most acute when the definition of homelessness includes those who are deemed to be "at risk" of homelessness. Such persons may be doubled up with family or friends, living in substandard, overcrowded, or otherwise unsatisfactory accommodations, living at or near the margin in terms of ability to satisfy mortgage or rent requirements, etc. Again, the point is that this more inclusive definition, going beyond what has been referred to as the "literal" homeless,[2] alters one's perspective on the scope of the problem In this case, the magnitude of difference that results by including the "at-risk" group can be extremely large.

Sources
Of Information

The above discussion suggests that different vantage points and definitions have a bearing on people's access to information about homelessness, and on the quality of that information. Clearly, the various sources of the information used constitute a third reason that there are divergent perspectives about the scope of the homeless problem within the communities studied here.

It is apparent from local news accounts, reports, documents, and discussions with local observers, that people rely on many different sources of data to assess the size and character of the homeless population and that these sources differ substantially in quality and reliability. Since the issue of homelessness is relatively new in most places, there is not a long history of community-wide information gathering, and there is no generally accepted standard methodology for doing so. There is not always a consistent base of information nor guidelines as to how to create it As a result, many perceptions are formed by "mixing and matching" from a number of sometimes incompatible sources. These range from informal (or casual) observations, through more formal, although not necessarily rigorous, information gathering, to more systematic and scientific studies.

Informal sources of information incorporate the kinds of things people observe in the normal course of events, such as homeless persons seen on the streets in various places. Often vivid and moving, these observations give people a basic "sense" of the problem and, for them, sometimes form a powerful base for generalization. Beyond casual observations, and possibly reinforcing them, are more formal sources of information like user statistics from shelter and service facilities. Although these sources consist of "hard" numbers, they may relate to only selected facilities, and may be based on definitions that are not necessarily comparable across facilities. Moreover, they exclude those who do not use shelters or services. The most rigorous attempts to assess the scope of the homeless problem include formal studies that start with clear, consistent definitions. Such studies are based on scientific methodologies and attempt to account for all of a locality's homeless persons—both in and out of shelters. Very few such studies have been undertaken in the Nation's five largest cities.

There are several reasons why the most formal, scientific methods are not routinely employed in assessing the scope of the homeless problem. Cost is an obvious one. For example, the cost of sampling and surveying

2 Peter H Rossi, et al , "The Urban Homeless Estimating Composition and Size," *Science*, (Vol 235 March 13, 1987), pp 1336-1341

homeless persons in the City of Chicago in 1986, using state-of-the-art procedures, exceeded one-half million dollars.

Finding a sampling and enumeration methodology that is acceptable to all parties is another problem. Because of the very nature of the homeless population, as well as sensitivities associated with the issue of the number of such persons, technical and operational criticisms have been raised about most, if not all, of the approaches that have been tried in one place or another.[3] Not only may this have had a dampening effect on the number of efforts to formally assess the scope of the homeless problem, it may also have contributed to a preference for non-empirical assessments in some places.[4] So that the community can move ahead and take common action, people with divergent perspectives agree to suspend their disagreements about the scope of the problem of homelessness. In the absence of a definitive data base, they use, instead, compromise numbers. However arrived at, these are designed to satisfy both those who believe that the true numbers are higher as well as those who believe they are lower. Once such a consensus has been arrived at, the need to more formally assess the scope of the problem is apparently less imperative

In sum, reliable data are not always available about key aspects of homelessness, and

there are different perspectives within each of the Nation's large cities about the extent of the problem and the sizes of various homeless subpopulations. In spite of this and, possibly, as a result, there are some beliefs about the scope of the homeless problem that have gained acceptance by key segments of the community and have become "conventional wisdom." According to the principal investigator of a major study of the scope of homelessness, such conventional wisdom sometimes displays "remarkable tenacity" even when it does not have a firm, documented base.[5]

WHAT IS REPORTED ABOUT THE SIZE OF THE HOMELESS POPULATION?

The present study did not set out to survey local observers about the scope of the homeless problem in their communities, but information on this subject was frequently volunteered by them in the course of discussions on homeless assistance policy and practice. Given the divergence of perspectives on this subject, it is not surprising that many of those who gave estimates offered ranges that, in some instances, are quite wide. The following discussion

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3 According to Peter H Rossi, many such criticisms have been raised by advocacy communities which tend to regard research by outsiders with much suspicion He describes their belief system as consisting of several elements, including the following: "(1) the general public and policymakers do not appreciate the extent and seriousness of 'the' problem Thus, consciousness raising is essential. (2) Given the manifest seriousness of the problem and the pressing need for raised consciousness, it is justifiable, even morally imperative to play fast and loose with facts (5) The quality of a research study is not the prime consideration in its judgment Research is to be applauded when it produces findings in accord with the conventional wisdom and to be condemned when it does not (which renders all research on the problem pointless) ." "No Good Applied Social Research Goes Unpunished," *Society,* November/December 1987, p 76 Rossi concludes that, "(i)n general, empirically credible attempts to estimate the size of the homeless population have produced numbers well below the expectations of the advocacy community. ." "The Urban Homeless, *op cit ,* p 13, footnote 21 See also, Brian Hall, "Homelessness Honest Research Takes It On The Chin," *Perspective Harvard's Liberal Monthly,* Vol. III, No 6, December 15, 1986 In discussing a 1990 Bureau of the Census attempt to count the homeless, the National Coalition for the Homeless comments. "While there is only a slim possibility that the Census will be able to formulate a satisfactory count of the homeless, it is certain that the Bureau's conclusions will be disputed — after all, every other count of the homeless, whether conducted by a government agency or a non-profit organization, has been controversial. Methodology debates, however, do not address the main issue at hand not the numbers themselves, but the uses to which they will be put — to either help or harm homeless Americans " *Safety Network,* Vol 7, No 8, November, 1988, p 2

4 Richard Freeman suggests that the controversy over the extent of the homeless problem has led many "to believe that issues regarding homelessness are more matters of opinion (or politics) than of evidence." "The Magnitude and Duration of Homelessness," Harvard University, National Bureau of Economic Research, February 1987, p. 1

5 See Rossi, "No Good Applied Social Research Goes Unpunished," *op cit ,* p 74

provides some of these estimates, including figures appearing in the Comprehensive Homeless Assistance Plans (CHAPs) for the Nation's five largest cities.[6]

New York City

The 1987 New York City CHAP indicates that the City's homeless numbered between 35,000 and 90,000 persons at any given point in time. According to the CHAP, the range is so wide because of the impossibility of determining the total number of persons who have no permanent address. The lower end of the range is close to the number of persons served by the local shelter network.[7] The upper end appears to be a calculation based on some form of street-to-shelter ratio, and may include some number of people who are at-risk of homelessness. According to officials of the New York State Department of Social Services, the "at-risk" group may total some 100,000 households.

New York City collects an extensive amount of data about the local shelter system by conducting regular censuses of families and individuals served by the network.[8] It is easier for New York to do this, compared to other large places, since it administers a large portion of the shelter network. Although the City did attempt (in its CHAP estimate) to incorporate those served by the private, non-profit sector, the only verifiable data it reports are those dealing with people served by the City-operated portion of the shelter network. Since

New York City guarantees shelter to all who seek it, the City does not devote much effort to collecting data about persons who are not sheltered.

The Partnership for the Homeless, a private, non-profit coalition that coordinates shelters located primarily in churches and synagogues around the City, suggests that the homeless number is somewhere between 52,000 and 58,000 persons,[9] a value close to the mid-point of the upper and lower boundaries provided by the City in its CHAP. The Partnership estimates that between 120,000 and 150,000 families (400,000 to 500,000 people) are among the at-risk group.

Philadelphia

Because the City, through contracts with private operators and other funding arrangements involving referrals and placements, provides most of the shelter beds in Philadelphia, it maintains extensive data about shelter usage at any point in time. Although no firm, fixed number exists for the total size of the homeless population, the City's CHAP reports 12,550 homeless persons, while others say that it ranges from 15,000 to 20,000. The 12,550 figure appears to be a consensus number that has been adopted by various groups "as a basis for planning," according to local observers, it is neither a point-in-time nor an annual figure but, rather, combines those sheltered at any time with those estimated to be in need of

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6 CHAPs are documents required under the McKinney Act in which cities, counties and states provide information about their homeless populations, and indicate how McKinney Act programs can be used to meet local need Few guidelines were issued covering the preparation of a CHAP, especially regarding format, resulting in different presentations from place to place.

7 About 30,500 family members and individuals were sheltered in 1988 (see Appendix A, Exhibit A-1)

8 Suburban Westchester County also collects census-type information on the number of homeless persons served for at least one night during the course of a month Based on this, about 4,100 persons were served during March 1988 Local officials estimate that by including those served by relatively small church-related shelters, those on the streets, and those at risk of homelessness, the number could reach 10,000 It should be noted that data for New York City and Westchester County cannot be aggregated to a regional estimate. New York uses point-in-time estimates while Westchester uses "annualized" data, the two are not comparable.

9 The Partnership for the Homeless, "Assisting The Homeless In New York City (A Review of the Last Year and Challenge for 1988)", New York, January 1988, p 11

assistance at some point over the course of a year.[10]

Most of the government officials and assistance providers who were contacted for this study in Philadelphia seemed to believe that the vast majority of all homeless persons were, in fact, being sheltered. In 1987, this was approximately 5,800 persons on any one night.[11] In addition, "several hundred" people were believed to be living on the streets, and an unknown number (ranging from several hundred to several thousand) were thought possibly to be in abandoned buildings The relationship between these numbers and the planning number is not clear, but discussions with local observers suggest that the 12,550 figure was acceptable to many because it placed an upper bound on the size of the homeless problem while, at the same time, was high enough so as not to appear to minimize the problem. Although the calculations on which the 15,000 to 20,000 range was based are not clear, it may be that an at-risk group is included in this higher estimate.[12]

Chicago

The 1987 Chicago CHAP provided the City's estimate of between 12,000 and 25,000 homeless individuals "over a year's period of time." During the early and mid-1980s, the

upper end of this range had gained credibility and general acceptance as representing the size of the City's homeless population at a single point in time However, in 1986, in his landmark study of the Chicago homeless population, Peter Rossi estimated that 2,344 persons were homeless in the fall of 1985, and 2,020 in the winter of 1986. The annual incidence of homelessness was estimated to be 5,907 persons and 3,719 persons, respectively, for 1985 and 1986 [13]

In 1987, the Department of Human Services reported that the average nightly occupancy of 29 shelters, accounting for three-fourths of all beds available in Chicago, was about 1,600 persons. The remaining facilities, primarily mission shelters, have about 550 beds.

Los Angeles

Throughout much of the decade, officials and providers in Los Angeles have generally used, for planning purposes, a "consensus" figure of the homeless population. This figure, 35,000 persons at any point in time, is reported in the 1987 Los Angeles CHAP. Local observers suggest, however, that the exact number is often in contention, and that perceptions of the size of the homeless population vary

10 The CHAP explains the 12,550 figure as follows "The planning figure represents the absolute minimum number for which additional services, jobs and housing units are needed after taking into account resources in hand or at least previously budgeted. It is believed that these projections provide a basis for planning in the scale that is required in order to expand efforts to resolve the problem of homelessness " No further documentation is provided as to the precise method of calculation

11 City of Philadelphia Comprehensive Homeless Assistance Plan, p. 10 This document reports 2,475 single males, 1,424 single females, and 626 families

12 Paul Sager and Marion Reitz, in reporting on the activities and accomplishments of the Mayor's Public-Private Task Force on Homelessness in Philadelphia, state that "Such apparently straightforward matters as assessing the numbers of the homeless proved to be highly charged " In 1984, prior to the establishment of the Task Force, it was commonly thought that there were 20,000 homeless persons in the City Calculations developed for the Task Force, however, indicated that the maximum number of homeless persons on any one night was 2,200, and the maximum number of persons homeless at some time in the year was 7,000 However, ". . although 2000 homeless in Philadelphia were reason for alarm, to cite such a low estimate in 1984 was to be accused of gross insensitivity" The City, therefore, "did not press for formal acknowledgement of these figures, and though the media and others in whose interest it lay continued to cite higher ones, the issue of counting the homeless thereafter ceased to vex the Task Force." "The Philadelphia Task Force on Homelessness," *Cities*, Butterworth & Co (Publishers), Ltd , February 1987, p 73.

13 Peter H Rossi, Gene A Fisher, and Georgianna Willis, "The Condition of the Homeless In Chicago," Social and Demographic Research Institute, University of Massachusetts, and National Opinion Research Center, University of Chicago, September 1986, p. ix.

dramatically according to definitions used and geography.

The 1987 estimate is apparently taken from an estimate derived at a meeting of key providers and other interested organizations in the early 1980s, during which different numbers were presented and the Delphi-method of arriving at a consensus was used. However, as of 1988, relatively few of those contacted for this study were clear as to the origin of the number Interestingly, the U.S Department of Housing and Urban Development (HUD) used the consensus number in a 1984 national study of homelessness,[14] and many local observers now cite HUD as the primary source.

As reported in the CHAP, some observers believe the homeless population to be about 20,000 persons while others believe it to be 50,000. Some City officials suggested that, by including at-risk families, the number may exceed 250,000. The Los Angeles police reported that, in 1985, there were approximately 900 homeless persons on a given night in the City, probably representing the unsheltered portion of the population. There are no recent reports on the occupancy rate of Los Angeles's shelters, although some data from the Shelter Referral Hot-line suggested that City shelters may have served about 6,000 persons on an average night in 1988

Finally, according to news reports in the mid-1980s, about one-half of all homeless persons in Los Angeles were believed to be located in the Skid Row area of the City, a number that amounted to some 15,000 persons However, an extensive survey conducted in 1986 for the Community Redevelopment Agency estimated that the number of persons in Skid Row who resided in missions, secular shelters, or who were unsheltered totaled approximately 3,200.[15]

Houston

The 1987 Houston CHAP indicates that between 3,000 and 15,000 persons were homeless in the area on an annual basis. It uses data from a 1986 study completed by the United Way of the Texas Gulf Coast In that study, the United Way reported that capacity at 13 supported shelters was 1,000 beds (with one shelter able to add 200 more beds very quickly). The study also estimated a 790-bed capacity at non-supported shelters, plus an unknown number of beds at shelters that chose not to participate in the survey. The local Coalition for the Homeless did a limited street and shelter count in June 1987 in which 1,928 persons were identified as homeless; an additional 282 persons made requests for rental assistance. Of these, 1,443 persons were in 17 (of a reported 64) shelters.[16] According to the United Way report, the two largest shelters in Houston operated at full capacity for one month and one-and-one-half months, respectively, during 1985.

The wide range appearing in the CHAP appears to result from the inclusion, by some observers, of an estimate of the "at-risk" portion of the local population. The operator of a large shelter network in Houston suggested that the number of persons who were homeless in the City in 1988, at any point in time, was between 2,500 and 3,000, exclusive of households that may be "at risk" of homelessness Others, who were less explicit about the inclusion or exclusion of at-risk groups, volunteered numbers ranging from 7,500 to 15,000 persons

14 U S Department of Housing and Urban Development, "A Report to the Secretary on the Homeless and Emergency Shelters," Washington, D C., May 1984 The study reports a most reliable range for the Los Angeles metropolitan area of 31,300 to 33,800 homeless persons at a point in time for the Winter of 1983-1984

15 Hamilton, Rabinovitz, and Alschuler, Inc , "The Changing Face of Misery Los Angeles' Skid Row Area in Transition," July 1987.

16 The area's two largest shelters (which total close to one-half of all beds available in Houston) participated in the survey Some facilities included in the Coalition's survey serve runaway youth and other facilities may not be shelters

FUNDING FOR
HOMELESS ASSISTANCE

T his chapter reports on the funds that are being used to assist homeless persons.[1] It discusses funding sources and beneficiaries, differences in levels of spending in the Nation's five largest cities, and the factors that help to account for a community's level of spending for homeless assistance purposes.[2]

FUNDING SOURCES
AND BENEFICIARIES

Money to provide assistance to the homeless comes from both government and private (non-profit and for-profit) sources. In either case, homeless persons are sometimes the sole beneficiaries and sometimes they receive benefits along with others because of some shared characteristic. These distinctions are important to understanding the types and levels of assistance available to the homeless; they are graphically depicted in Exhibit 3.1. The four major categories of programs that

EXHIBIT 3.1
CATEGORIES OF PROGRAMS
THAT BENEFIT THE HOMELESS

SOURCE OF FUNDS

	PUBLIC	PRIVATE
TARGETED	I	III
UNTARGETED	II	Iv

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1 It is exceptionally difficult to account for all of the money that is spent to assist homeless persons in any of the Nation's five largest cities Reliable data do not always exist on the extent to which untargeted support programs (like welfare benefits) are utilized by the homeless as opposed to other eligible recipients Tracing Federal homeless assistance funds that are allocated to states and, then, sub-allocated to cities or counties is also problematic since each sub-allocation can lead to a co-mingling or double-counting of such funds Also, data on funding of homeless assistance by non-profit and charitable entities are often not available given the proprietary nature of such information As a result of these factors, comparisons of funding levels are severely restricted, particularly in the case of funding which is untargeted and/or from private sources

2 As difficult as it is to collect funding information in cities, it is even more difficult to do so in many of the suburban jurisdictions around cities Therefore, in New York, Philadelphia, and Chicago, this chapter reports on the patterns of homeless assistance funding in only the central cities In Los Angeles, it covers both Los Angeles City and County because available funding data could not be disaggregated into the amount of County funds and the amount of City funds used for homeless assistance In Houston, it covers both Houston and surrounding Harris County because the City and County have begun to pool their Emergency Shelter Grants and because both use some of their Community Development Block Grants to support homeless assistance activities across their boundaries

assist the homeless each involve a number of components:

i. Publicly funded programs specifically targeted to the homeless. These include programs at the city, state and Federal levels. In addition, there are some broad purpose Federally funded programs that include components targeted to the homeless, or which may be so targeted at local discretion Into the latter category fall the Community Development Block Grant (CDBG) and Community Services Block Grant (CSBG) programs.[3] Some state Aid to Families with Dependent Children (AFDC) programs also include a provision for emergency assistance in the case of homelessness or other crises.

ii. Untargeted, publicly funded programs. These can be subdivided into two types: (a) those that provide income support and are available to all persons who meet certain eligibility requirements regardless of their housing situation such as AFDC, General Assistance, and Supplemental Security Income (SSI); and (b) those that provide services or other non-income support for persons in need, some of whom are homeless (including, among others, job training provided by JTPA and mental health services).

iii. Privately funded programs specifically targeted to the homeless. These usually involve the provision of food and short-term shelter and are often sponsored by the local United Way, community foundations and private religious and charitable organizations such as the Salvation Army and Catholic Charities. They can also be funded by organizations or foundations that are not locally based, such as the Robert Wood Johnson Foundation and the Pew Memorial Trust

iv. Untargeted, privately funded programs. These include community-based as well as national programs funded by foundations,

charities, etc., that benefit the indigent but do not single out the homeless. Included among these are food and clothing programs such as those sponsored by Second Harvest through its national network of food depositories and by Goodwill Industries through its clothing collection and distribution network.

The first three of these categories, and some of their components, are discussed below.[4]

Government Assistance Specifically Targeted To The Homeless

The simplest comparisons across cities (and, in two cases, counties)[5] are of funds that are both targeted to the homeless and directly traceable to their original sources.[6] Included are funds from the Stewart B. McKinney Act, state general revenues earmarked for homeless programs, and city general revenues or corporate funds which are so targeted.[7] These general funding sources include programs and budget line items that vary from city to city. For example, in New York, a sizeable portion of the public funding earmarked for the homeless comes from two sources the City's share ($45 million in 1988) of AFDC Special Needs and Emergency Assistance Funds, assistance to homeless families to which all three levels of government contribute; and the Department of Housing Preservation and Development, which earmarked $233 million in 1988 for the renovation of housing units for homeless families Exhibit 3 2 shows the targeted public funding for the five cities.

For that portion of targeted public funding that is local in origin, New York City and Houston provide sharp contrasts. New York City revenues specifically earmarked for the homeless approached $400 million in FY 1988,

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3 Although these funds are not targeted to the homeless at the Federal level, local communities can decide to target them to homeless activities That portion so allocated is considered targeted in this context.

4 Information on the fourth category, the amount of private, untargeted funding that benefits the homeless, was not obtained

5 In the cases of Houston and Los Angeles, county and city funding are combined because, in Houston, funding programs are intertwined and, in Los Angeles, local funding data were only available at the County level.

6 Programs funded by more than one level of government are explained in the notes to Exhibit 3 2

7 This accounting does not include smaller homeless programs such as the Homeless Veterans Reintegration Program.

Exhibit 3.2

Targeted Public Funding For The Homeless In FY 1988 (In 000's)

Source:	New York City	Los Angeles City & County	Phila.	Chicago [o]	Houston & Harris Cty
Local	$ 374,772 [c]	$ 13,418 [h]	$ 23,309 [l]	$ 3,570	$ 0
CDBG	39,700 [d]	1,265	200 [m]	257	461 [p]
State	230,408 [e]	13,742 [l]	11,775 [n]	2,114	0
Total Federal [a]	112,994 [f]	15,619 [j]	8,458	10,244	4,845
McKinney sub-total: [b]	22,500	8,865	8,073	10,244	4,845
To the City	15,267	8,316 [k]	6,751	8,736	4,750
Through the State	7,233 [g]	549	1,322	1,508	95 [q]
Total	$ 757,874	$ 44,044	$ 43,742	$ 16,185	$ 5,306

[a] These are total Federal funds exclusive of Community Development Block Grant expenditures

[b] The McKinney dollars are the average of the funding provided for FY 1987 and FY 1988 Funding levels in FY '88 were lower than FY '87 as a consequence of several factors, including large Emergency Shelter Grants in FY '87, followed by smaller grants in FY '88, and certain grants in FY '87, such as those for the Community Mental Health Services Demonstration, that were for two years These values do not represent any amounts spent from prior- years' funding The information source for McKinney funds distributed to cities and states, unless otherwise indicated, is the Interagency Council on the Homeless

[c] City FY 1988 (July 1 - June 30) expense budget using City funds This figure includes actual capital expenditures for rehabilitating units for use by homeless individuals ($45M transitional housing, $7M permanent housing), $181M for families (all permanent) (New York City Office of Management and Budget, and Housing and Economic Development), City funds ($45 2M) for operating expenses for families, which are used for Special Needs AFDC (about 90 %) and Emergency Assistance Funds matching funds (25% city, 25% state, 50% Federal) (New York City Office of Management and Budget, Welfare Task Force), and $96 3M for other programs, including $82 1M for operating shelters for individuals (New York City Office of Management and Budget, Welfare Task Force)

[d] The New York City Offices of Management and Budget, and Community Development

[e] This figure includes $45 2M for Special Needs and Emergency Assistance Funds matching funds, and $236 2M New York State-appropriated funds for programs specifically for the homeless, of which $105M is for housing rehabilitation (the New York State Department of Social Services) The rehabilitation funds are appropriations, not actual expenditures in FY 1988

[f] This includes $90 5M in Special Needs and Emergency Assistance Funds matching funds, as well as the listed McKinney funds

[g] The New York State Departments of Education, State, Social Services, and General Services, the New York City Department of Mental Health, Mental Retardation and Alcoholism Services, and the U S Department of Labor

[h] This represents FY 1988 estimated City expenditures for homeless shelter programs of $1 2M, it also includes $12 2M of County revenue funds, of which $729,000 are Emergency Assistance Funds) (the County of Los Angeles, Chief Administrative Office)

[i] This includes $6M Emergency Assistance Funds (the County of Los Angeles, Chief Administrative Office)

[j] This includes $6 8M Emergency Assistance Funds (the County of Los Angeles, Chief Administrative Office)

[k] This includes $5 8M distributed to the County of Los Angeles

[l] This includes $14 5M of Office of Services to the Homeless and Adults funds, and $8 8M to treat drug and alcohol abuse and the mentally ill among the homeless (the City of Philadelphia Office of Drugs and Alcohol, and the Office of Mental Health)

[m] The City of Philadelphia Office of Housing and Community Development

[n] The Pennsylvania Department of Public Welfare, the Philadelphia Office of Mental Health, Governor's Policy Office, State of Pennsylvania, the Pennsylvania Housing Finance Agency, the Pennsylvania Department of Community Affiars, the Pennsylvania Department of Health, Drugs, and Alcohol, the City of Philadelphia Office of Services to the Homeless and Adults, and the City of Philadelphia Office of Drugs and Alcohol In some cases, funds are allocated for two-year periods, the averages for these are shown here

[o] All data for Chicago were provided by the City of Chicago, Department of Human Services

[p] The Department of Community Development and Planning, City of Houston, and the Department of Community Development and Planning, Harris County

[q] Contract between the Texas Department of Community Affairs and a recipient agency in Houston This is a single award made with FY 1987 State Community Services Block Grant funds (under the McKinney Act), divided in half

whereas no local revenues were spent on homeless assistance in the Houston area. In all five of the cities; local funding was equal to or exceeded that of the state. Local funding also exceeded McKinney Act funding in three of the cities—New York, Los Angeles and Philadelphia. In Houston, the only government funding available to the homeless in 1988 came from the Federal McKinney Act and the CDBG program In sum, while the Federal funding available through the McKinney program has represented a sizeable infusion of targeted public funding for homeless assistance, it exceeded targeted funding from other·government levels only in the two study cities where there is no entitlement to shelter—Chicago and Houston.

Government Income-Support Assistance Not Specifically Targeted To The Homeless

Turning to non-targeted programs, Exhibit 3.3 gives an estimate of the value of income support going to the sheltered homeless via the Aid to Families with Dependent Children and General Assistance programs.[8] Income support is not universal among the sheltered homeless.[9] Though there are unsheltered homeless persons in these communities, the assumption is that even fewer of them are receiving income-support assistance.

The estimated level of funding from income-support programs is relatively small compared to the funding available from programs targeted specifically for the homeless. In all of the cities, when targeted public funding is disaggregated into·the amount

separately available at the city and state levels, each amount exceeded the estimated value of income support. In Houston, where City and State revenues cannot be earmarked for·welfare purposes, including homeless assistance, it is the City's CDBG allotment targeted to the homeless which exceeded the value of the income support.

If all of the sheltered homeless were entitled to income support by virtue of their low incomes, the potential value of such funding, assuming all were to receive it, would, of course, far exceed current funding levels. Nevertheless, even then, the value of such income support to all sheltered homeless persons would still be less than the value of all of the targeted programs.[10]

Other Government Assistance Not Specifically Targeted To The Homeless

Government assistance that is not specifically targeted to the homeless extends beyond income support, and homeless persons benefit from a variety of programs involving, for example, food and shelter. Estimating these values is difficult because, in most cases, separate accounts are not maintained for homeless and non-homeless persons. Nevertheless, from the evidence available, it appears as if the amount of funding benefitting the homeless through targeted programs exceeded the amount available through untargeted programs. In Los Angeles County, the entire budget for untargeted government drug, alcohol, psychiatric and medical programs going to low-income persons, most

8 To compute this figure, the number of vouchers and occupied beds available in a city to shelter the homeless is used as a proxy for the total number of homeless households which are potential recipients of income support This is multiplied by estimates (provided by local welfare agencies or reports) of the percentage of the sheltered homeless population receiving income support Finally, the result is multiplied by the annual value of the average assistance payment made under AFDC or General Assistance .To the extent that non-sheltered homeless people receive income support, the result will, of course, understate the total amount of assistance provided to homeless persons through these sources

9 There is wide variation in the literature with regard to estimates of the amount of income support received by homeless persons, some of which is due to methodological differences in sampling and estimating procedures Therefore, appropriate caution should be employed when interpreting and comparing such estimates

10 Since there is no reliable count of the street homeless population in most of these cities, there is no way of valuing the income support going to them, assuming that universal coverage existed. Therefore, this conclusion applies only to the sheltered portion of the homeless population

Exhibit 3.3

Estimated Amounts of Selected Annual Income Support Funds For Sheltered Homeless Households, 1988

	New York	L.A. City & County	Philadelphia	Chicago	Houston & Harris Cty
Annual Gen. Assistance Payments per Individual [a]	$1,812	$3,360	$2,520	$1,848	$1,308
Annual AFDC Payments (Family of Three) [b]	$5,964	$7,596	$4,380	$4,104	$2,208
Number of Shelter/ Voucher Beds: [c]	30,500	10,332	6,936	2,588	3,168
Pct. Family Members	62	30	34	37	29
Pct. Individuals	38	70	66	63	71
Estimated Percent Receiving Income Support [d]					
Family Groupings	100	91	95	72	1.5
Individuals	10	17	23	12	0.5
Weighted Average	67	45	46	34	<1
Total Estimated Annual Income Support [e] **(000s)**	$39,691	$8,371	$5,925	$1,089	$12

[a] Information on General Assistance benefit levels was obtained from the New York City Human Resources Administration, the Los Angeles County Department of Public Social Services, the Illinois State Public Aid Department, the Philadelphia County Department of Public Welfare, and the Harris County Department of Social Services. General Assistance benefits may not be available continuously for a full twelve months

[b] Information on AFDC benefits was obtained from *Characteristics of State Plans For Aid To Families With Dependent Children*, 1988 Edition, U S Department of Health and Human Services, Family Support Administration, Office of Family Assistance; Washington, D C In Los Angeles, applicants for AFDC receive a "welfare assistance" cash grant of the lesser of what their monthly AFDC grant would be or $100, in addition to a grant of up to $30 per night for shelter The annualized value of the cash grant ($1,200) has been included in the calculations for this exhibit

[c] In the case of shelters which provided beds for both single individuals and families, to determine the number of beds in each category, beds were equally split between the two categories

[d] For this analysis, income support consists of AFDC and General Assistance, the value of Food Stamps and Medicaid, as well as SSI or other welfare benefits, are not included Sources for the estimates the New York City Human Resources Administration, the Philadelphia Office of Services to the Homeless and Adults, the City of Chicago Department of Human Services, the Houston Department of Community Development and Planning, *A Social Services and Shelter Resource Inventory of the Los Angeles Skid Row Area*, prepared for the Community Development Agency of the City of Los Angeles by Hamilton, Rabinovitz, and Alschuler, September 1986 (for information on the City of Los Angeles), and the Los Angeles County Department of Public Social Services In the case of Los Angeles, the estimate of welfare receipt among single individuals and family members was extrapolated from information separately available on the percent of single individuals and family members in the sheltered homeless population and on the extent of welfare support within a larger homeless population In addition, voucher and shelter residents received welfare at different rates and these differences have been accounted for in the weighted average The "30-70" ratio of family members to individuals, in Los Angeles, relates only to the homeless who occupy regular shelter beds in Los Angeles Among voucher holders, i e , those applying for AFDC (families) or General Relief (individuals), the ratio is 46 percent families and 54 percent individuals The occupancy rate for voucher beds, in Los Angeles, is assumed to be 100 percent Although the weighted average is 45 percent, receipt of welfare by those holding vouchers differs from that by those in regular shelter facilities Among single shelter residents, 33 percent receive welfare, whereas no unaccompanied homeless person holding a voucher (i e , who is in the General Assistance application process) receives additional welfare (except for a small, one-time allotment of Food Stamps) Among family members, 75 percent of those in regular shelters, and 100 percent holding vouchers, receive welfare benefits Those with FEMA vouchers are assumed to be receiving welfare benefits at the same rate and in the same amount as those receiving AFDC shelter assistance In the case of Chicago, the percent receiving welfare was extrapolated from information indicating that few, if any, residents of emergency shelters received welfare and that most residents of transitional housing and all residents of "second-stage" housing receive welfare Local observers indicated that about 75 percent of residents in several large transitional shelters receive welfare benefits

[e] This is calculated by multiplying the annual payments per individual times the number of individuals occupying shelter beds times the estimated percent receiving income support, the number of families is derived by dividing the number of shelter beds serving family members by three In the cases of Los Angeles and Houston, the estimated levels of income support are for both the central cities and the surround counties in which they are located In all other cases, the level of income support is for the central city To calculate these values, certain occupancy rate assumptions were made It should be noted that, insofar as families and single individuals have different occupancy rates, applying an average rate to the entire population will either under- or overstate the proportion of each subgroup among shelter occupants who are welfare beneficiaries In the cases of shelters in cities with unrestricted shelter entitlement (New York and Philadelphia), as well as with vouchers in all five cities, occupancy is presumed to be 100 percent In the absence of occupancy information for Los Angeles, the occupancy rate is presumed to be 100 percent Based on local information, the occupancy rates for shelter facilities in Chicago and Houston are estimated to be 84 percent and 47 percent, respectively

of whom are not homeless, totals about $27 million, an amount slightly less than State and local targeted funding available for the homeless alone. While the budget for drug, alcohol, psychiatric and medical programs in Philadelphia going to low-income persons and not targeted especially to the homeless is more than twice the amount of funding going specifically to the homeless, as in Los Angeles most recipients of these untargeted funds are not homeless. In New York City, where separate accounts are kept of the untargeted State funding going to the homeless, such funding amounts to less than three percent ($21.4 million) of all targeted funding available to the homeless.

Private Assistance Targeted To The Homeless

Following sizeable increases in Federal and local government funding of homeless programs over the past several years, it is estimated that the percentage of private, non-profit and charitable support of homeless programs in 1988 is 10 percent or less in New York and Philadelphia, and a little more than 10 percent of the total funding in Los Angeles and Chicago.[11] Although private funding has increased in some of these cities since 1984, the growth in public funding has eclipsed it On the other hand, in Houston, where local public funding has generally not been available, the private share of funding is considerably higher than in the other cities, although the exact percentage is not known to local observers.

Private funding comes from a variety of sources. In Los Angeles, the United Way alone provides $3 million annually for homeless and hunger program activities, and the Salvation Army and Catholic Charities also contribute large amounts. There is also funding from foundations, corporations and individual donors. The Greater Los Angeles Partnership for the Homeless, which draws funding from all of these sources, provided a total of $1.3 million in grant money during a recent 15-month period. There are also some 500-plus pantries and kitchens at shelters or other sites providing substantial amounts of food. The private sector contributes an estimated seventy-five percent of all of the funds that support shelters, a much higher percentage than in the other large cities.

Of the cities studied, Houston is unique in its degree of reliance on the private, non-profit sector to provide assistance to the homeless. The largest sources of funds are agencies like the United Way (which provides about $3 million annually to the homeless), the Salvation Army (which provides $4.5 million), the Star of Hope Mission (which provides $2.7 million), and the Texas Association of Ministries, a confederation of 14 church denominations (which provides about $400,000). However, since some of this funding is recorded in the budgets of both private-sector funding agencies and grantees like the Salvation Army, the above amounts cannot be totalled.

Summary

Over time, there has been more targeting of funds to the homeless; although the homeless belong to a larger population of low-income persons, they are more often than in the past treated separately when communities develop assistance programs. At the same time, more effort has recently been devoted to assuring that the homeless have access to the untargeted income-support programs they may be entitled to by virtue of their low incomes.

In 1988, targeted public funding for homeless assistance exceeded estimates of untargeted public funding coming from income-support programs reaching the home-

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11 Although there are a number of sources of non-targeted private assistance benefitting the homeless, including a number of large food and clothing distribution programs, there is no way of estimating the proportion of funding or the dollar value of the commodities from these programs that go to homeless, as opposed to non-homeless, persons According to Michael R Sosin, et al, only a minority of the homeless were utilizing these programs in Chicago in 1986 "Homelessness In Chicago Poverty and Pathology, Social Institutions and Social Change," The Chicago Community Trust, June 1988.

less. The available evidence suggests that targeted funding also exceeded funding from other untargeted sources besides income-support programs.

In New York and Philadelphia, where access to shelter is unrestricted, local revenues were the major source of targeted public funding for homeless assistance, followed by state general revenues; McKinney programs provided the fewest dollars. In Los Angeles, where shelter is a restricted entitlement, local and State targeted funding were slightly less than Federal funding. The McKinney Act provided about one-half of total Federal funding, with the remainder being the Federal contribution to the emergency assistance program for homeless AFDC recipients.

In both Houston and Chicago, funding through the McKinney programs was the major source of targeted public funding for homeless assistance. In Houston, it accounted for the overwhelming share of targeted public funding because of State and City prohibitions against using local revenues for welfare-related purposes.

In four of the five cities, the amount of money from private sources that was earmarked for homeless assistance was distinctly less than the amount of targeted public funding. Houston is the exception; private sources provided a considerably larger share of the funds that benefit the homeless.

SHIFTS IN THE LEVELS OF PUBLIC AND PRIVATE FUNDING OVER TIME: THE CASE OF CHICAGO

Although time-series data for all funding sources in each of the cities are not available to document sectoral changes in funding, such data are available for major public and private funding sources in Chicago. Between 1984 and 1988, overall funding for homeless programs increased nine-fold. At the beginning of this period, private as well as City and State fund-

ing levels for homeless assistance were on the increase. But, between 1987 and 1988 alone, while funding levels increased by over $5 million, nearly all of this was attributable to the Stewart B. McKinney Act. During this two-year period, when funding from private sources as well as from the State and City remained almost constant, the Federal share rose sharply (compared to the previous two years, during which it had decreased). Thus, at least in Chicago, McKinney funds have resulted in a fairly dramatic shift in the source of public funds, as well as in the proportion of funds from private vs. public sources. These sectoral changes are shown in Exhibit 3.4.

WHAT ACCOUNTS FOR CITY-BY-CITY DIFFERENCES IN LEVELS OF FUNDING FOR HOMELESS ASSISTANCE?

According to local observers, increased demand for shelter and services has stimulated increased levels of homeless assistance funding in all five cities. But, several other factors also affect funding levels, and account for some of the differences among cities. One is the status of shelter as an entitlement. If all persons who request shelter in a community are guaranteed it by the public sector, funding levels are higher than in places where there is no such guarantee. Another factor is the breadth of each community's response to the problem of homelessness—whether it is primarily focused on emergency measures or whether it encompasses large-scale transitional and preventive initiatives, as well. A final factor is the complexity of the needs of the population requiring assistance. If the local homeless population includes many persons suffering from mental and physical disabilities as well as families with children, more specialized and costly services are required than if the homeless population consists of fewer people with these problems Each of these factors is discussed below.

Exhibit 3.4

Percentage Of Funding From Various Public And Private Sources In Chicago 1984-1988 [a]

Year	Private Vs. Public Funding		Public Funds [b]		
	Percent Private [c]	Percent Public	Percent City [d]	Percent State	Percent Federal
1984	44	56	36	4	60
1985	36	64	53	10	37
1986	37	63	77	13	10
1987	25	75	41	30	29
1988	13	87	28	14	57

[a] The last row (1988) does not add to 100 because of rounding

[b] Information on public funding for the years 1984 through 1988 was supplied by the City of Chicago, Department of Human Services, Planning, Research and Development

[c] Private funding information includes United Way funding for the 1984-1988 period Those knowledgeable about funding for homeless assistance in Chicago regard United Way funding as the largest source of private dollars for this purpose Private funding information also includes that available from Catholic Charities which was only available for 1985, 1986 and 1987, funding was estimated for 1984 and 1988 based on the patterns of the three-year period for which information was available Altogether, an estimated $1M of private funding has been imputed to fill the private funding information gaps

[d] Community Development Block Grant funds are included as City funding Counting them as Federal funds would have no appreciable effect on the share of either City or Federal funds as a percentage of all public funds

The Costs Of Providing A "Right To Shelter"

Of the several factors that affect funding levels, the establishment of shelter as an entitlement may be the primary one because it influences the others.   The effect of shelter entitlement is apparent when targeted public funding is compared across the five cities. The proportion of the total amount spent on homeless assistance that comes from city general revenues is higher in the three cities that provide some right to shelter than in the other two. In New York and Philadelphia, local government is the source of the majority of homeless assistance funding. In Philadelphia, the City contributed the major share (53%) of the total homeless budget in FY '88, with the largest contribution going to the Office of Services to the Homeless and Adults (which received about $14.5 million and expects to receive $29 million in FY '89). In Los Angeles, on the other hand, it is primarily the County that is responsible for providing the greater share of funding since it is charged with provision of welfare and other social services.

In Houston, where there is no entitlement to shelter, the City spends no locally generated revenues on homeless assistance. In part, however, this is a consequence of Texas State law which prohibits the use of locally generated revenues for welfare programs. Further, only one percent of State revenues can be used for welfare-type programs. In Chicago, where shelter is also not an entitlement but where no law precludes the use of locally-generated revenues for assisting the homeless, the amount the City spends per shelter bed is significantly less than that spent by New York and Philadelphia, the cities with an unrestricted right to shelter. In the latter two, there appears to be greater urgency to institute transitional and more permanent programs to increase the likelihood that some of the homeless will be able to achieve housing independence, reducing their dependency on government assis-

tance. Furthermore, where shelter is an entitlement, some people, including those living in inadequate housing situations but not actually homeless, may fall back on the shelter system as a viable alternative to such living arrangements.

In shelter entitlement cities, government funding is provided not only by the local jurisdiction but also from state revenues. In New York City, shelter-related funds for families come principally from the State AFDC Special Needs and Emergency Assistance Funds (EAF), established as a sub-part of AFDC to provide emergency, short-term shelter. In Los Angeles County, the State is also a significant funding source and underwrites heavily funded programs benefiting the homeless Its Homeless Assistance Program for Families with Children provides homeless families with a shelter subsidy (of up to $30 a day for a family of four, for up to 28 days), and a move-in allowance.

The Costs Of Emphasizing More Than Emergency Shelter

In addition to whether a community guarantees homeless persons a right to shelter, and perhaps related to it, the level of funding for homeless assistance seems to be associated with attempts to move from an emergency level of response, to transitional and more permanent housing programs. New York has an ambitious program of this sort which expends substantial sums of money. In fact, a sizeable part of all homeless funding in the City—$389 million, in 1988 alone—was targeted by the City and the State for the restoration of housing units to provide more permanent and appropriate housing than that available in welfare hotels. Homeless families are to be the principal beneficiaries.

Beyond renovating these units to provide permanent housing for those now sheltered in welfare hotels, New York City is moving aggressively from a short-term shelter strategy to a transitional strategy for all of its homeless. Hence, homeless persons are increasingly being moved from large congregate shelters to smaller, transitional housing projects with on-site social services. In the short term, this strategy has boosted funding levels but, in the long term, it is expected to offer funding relief to the extent that the homeless who receive the benefit of transitional services will move to independent housing arrangements.

The Costs Of Emphasizing Special-Need Populations

Relatively greater attention paid to the special needs of the homeless may also be partly responsible for higher funding levels For example, if a community places special emphasis on assisting those with disabilities, this can substantially increase costs. One such example is the mobile outreach effort in Philadelphia, the homeless assistance program for which the City is perhaps best known. It provides general health care and psychiatric aid to the hard-to-reach homeless population on the streets This is part of the reason given by local observers for the high funding levels for homeless assistance in Philadelphia.

FUNDING PATTERNS PER SHELTERED HOMELESS PERSON

In absolute dollar terms, it is obvious that there are widely varying levels of funding across the five largest cities. But funding levels can also be compared on a per-capita basis Such comparisons require a base, such as the number of homeless persons in a city or the number of persons sheltered. In the absence of information on the former, as detailed earlier, the following analyses employ the number sheltered on an average night (see Appendix A). The extent to which Federal McKinney funding reflects the size of the sheltered homeless population is seen in Exhibit 3 5 The figures represent an annual average of 1987 and 1988 McKinney funds

Exhibit 3.5

**Average Annual McKinney Funds and
Funding Per Shelter Bed (FY 1987 and FY 1988)**

	Shelters & Vouchers [a]		1987 & 1988 Average	Funding	
	Total Beds	Occupied Beds	Annual McKinney Funding (000's) [b]	Per-Total Bed	Per-Occupied Bed
Chicago	2,588	2,176	10,244	3,958	4,708
Houston & Harris Cty.	3,168	1,616	4,845	1,529	2,998
Philadelphia	6,936	6,936	8,073	1,164	1,164
L.A. City & County	10,332	10,332	8,865	858	858
New York	30,500	30,500	$ 22,500	$ 738	$ 738

[a] See Appendix A for additional information on occupancy rates and number of beds occupied

[b] Average annual funding includes both McKinney funding going directly to a city as well as McKinney funding which cities receive indirectly through states In the cases of Los Angeles and Houston, McKinney funding is for the cities and their surrounding county

Some places receive considerably more McKinney funds per sheltered person than others. ·For example, the three cities that shelter the largest number of homeless persons on a daily basis receive the smallest per-capita allocations. These differences are due to the fact that some of the McKinney funds are discretionary, and are not distributed to cities on the basis of the number of shelter beds or homeless persons in a community, and to the fact that some of the formulae used in local entitlement grants may not reflect the level of homeless need.

The pattern is different when the total of all public funding sources is considered Exhibit 3.6 shows targeted public expenditures per the number of total and' occupied shelter and voucher beds in each community.[12] The two cities that provide unrestricted entitlement to shelter, New York and Philadelphia, have higher levels of funding per bed than do the other three cities. The high New York figure reflects sizeable AFDC-related Emergency Assistance Funds expenditures as well as large outlays for capital costs for construction of

transitional and long-term housing. When the McKinney contribution is excluded, per-capita funding is greatest in the three cities with some shelter entitlement. Chicago outranks Los Angeles in total public funding when McKinney is included This is entirely attributable to the fact that it outranked all of the other cities in per-capita McKinney funding.

FUNDING FOR SHELTER VS. SERVICES

Traditionally, aid to the homeless has gone primarily to provide overnight shelter and, in some cases, a meal in conjunction with shelter. Perhaps reflecting this tradition, Federal aid was initially targeted toward shelter and food. Both HUD's Emergency Shelter Grants (ESG) program ($60 million in FY '87) and FEMA's Emergency Food and Shelter program ($125 million in FY '87), two of the largest homeless assistance programs, are heavily focused on

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12 Funding levels calculated in terms of the sheltered homeless population do not, of course, account for the non-sheltered portion of the population and, therefore, do not , in all cases, mirror how government funding is being spent For example, in Chicago, some McKinney Act money is being used to support programs that are benefitting the non-sheltered homeless However, it is probably the case that the majority of McKinney program funds are benefitting the sheltered portion of the homeless population

Exhibit 3.6

Annual Targeted Public Funding for the Homeless Per Total and Occupied Shelter Bed, With and Without McKinney Act Funding, 1988 [a]

	New York		Philadelphia	Chicago	L.A. City & County	Houston & Harris Cty.
	With Rehab Funding	W/O Rehab Funding				
Public Funding Per Total Bed	$ 24,848	$ 13,766	$ 6,307	$ 6,254	$ 4,263	$ 1,675
Public Funding Per Occupied Bed	24,848	13,766	6,307	7,438	4,263	3,283
Public Funding W/O McKinney Per Total Bed	$ 24,111	$ 13,028	$ 5,143	$ 2,296	$ 3,405	$ 146
Public Funding W/O McKinney Per Occup. Bed	24,111	13,028	5,143	2,730	3,405	285

[a] The calculations in this exhibit are based on funding and occupancy data presented elsewhere in this report See Appendix A for total shelter/voucher beds and for occupied beds See Exhibit 3 2 for total public funding of homeless assistance activities Public funding without McKinney can be derived from Exhibit 3 2 by subtracting the "McKinney sub-total" row from the "Total" row The values in the column labelled "New York - W/O Rehab Funding" in this exhibit are based on the funding amounts shown in Exhibit 3 2 minus $338M used for the rehabilitation of existing units intended for the homeless

these basic needs. In fact, under the ESG program, no more than 15 percent of grant funds can be spent on social or supportive services. Non-profit providers, primarily church and charitable groups such as the Salvation Army, have also focused on shelter needs, partly because many of them have oversized or underused inner-city facilities that are better positioned to provide shelter than supportive services.

Because of the earlier emphasis on shelter, there is a general consensus that the shelter needs of the homeless are more fully funded relative to other needs. Partially to provide an appropriate balance, current homeless assistance funding is increasingly focused on services, including those related to health, job training, and psychiatric care, all of which tend to be more costly than shelter. There is even some evidence that more homeless aid is now being directed toward services than shelter. An analysis of Chicago funding that was earmarked for either shelter or services showed that, of $11.5 million in program funds available, 72 percent was spent on services and 28 percent on shelter. In Philadelphia, the estimated split is 60-40 in favor of services. A trend favoring the funding of services is likely as cities increasingly focus on the goal of helping the homeless to achieve self-sufficiency.

LOCAL CAPACITY TO SHELTER THE HOMELESS

Shelter has traditionally been the primary form of assistance provided to the homeless. This chapter describes the different modes of shelter assistance that are available through the private and public sectors, and examines changes over time in local capacity to shelter the homeless in the Nation's five largest cities.

DIFFERENT MODES OF SHELTERING THE HOMELESS

Facilities designated as "shelters" usually come to mind when temporary housing for the homeless is discussed. Shelters, however, are not the only mode of emergency housing available to homeless persons Some of the communities studied here, including suburban cities and counties, also make use of a voucher option which incorporates all forms of vendor payments for space in commercially operated facilities such as hotels, motels, boarding houses or single-room-occupancy (SRO) dwellings. In fact, in some places, the number of vouchers issued to homeless persons or vendor payments made on their behalf rivals the bed space provided in shelter facilities. Yet shelters, and not these alternative vehicles, are often the focus of community policies concerning the housing of the homeless While voucher-type programs provide shelter in any number of different settings, shelter facilities are fixed and relatively permanent, and are often associated with packages of services that have become part of the focus of local homeless assistance networks.   Also, the budget authority under which vouchers are issued or vendor payments made is sometimes independent of the funding and policy-making bodies that focus on assisting the homeless In some cases, voucher-type programs are managed by welfare departments and may be linked to entitlement programs that are administered at the county and state levels, whereas homeless assistance networks that oversee or coordinate shelters are often community based.

In addition to shelters and vouchers, a number of communities also use public buildings as "warming centers" or temporary shelters where the homeless can 'get' protection from severe weather conditions. Finally, "unofficial" space is also sometimes available, on an overflow basis, when regular shelter facilities have reached their peak capacity levels

These different modes of sheltering the homeless in the Nation's largest cities are discussed below.

BED CAPACITY

This section describes the communities' capacity to shelter the homeless in 1988 using shelter facilities, voucher-type programs, and contract programs. The data presented here, collected through extensive field work, go beyond what communities provided in their 1987 CHAPs, as reported in Chapter Two.

The Number Of
Shelter Beds Available

Before the establishment of homeless assistance networks during the current decade, homeless people, usually men, were often provided domicile in mission-type shelters. Over the years, as they became needed, armories were sometimes mustered into use to provide shelter to large numbers of people, and smaller facilities that were specially built or renovated to provide shelter have been put on line. Some of these facilities are owned by the public sector, but most are owned by private, not-for-profit groups. Some of the latter are individual operations with no particular affiliation, whereas others are part of nationwide networks of facilities to asssit the homeless and affiliated with organizations such as the Salvation Army, Catholic Charities, and the International Union of Gospel Missions

Exhibit 4.1 indicates the total number of shelters, both public and private, and the number of shelter beds in each of the five largest cities. It shows that the Nation's largest city, New York, provides considerably more regular shelter beds than the other four cities combined.

The Number Of Beds Available
Through Voucher-Type Programs

A complete picture of how the homeless are sheltered includes such vehicles as vouchers

Exhibit 4.1

Number Of Shelter Facilities And Shelter Beds, 1988

	Shelter Facilities	Beds
New York	270 [a]	18,700 [b]
L A. City	49 [c]	3,812 [d]
Houston	38 [e]	2,845
Chicago	52	2,578
Philadelphia	34 [f]	2,553 [g]

[a] Not included among New York facilities are the 50 welfare hotels that in1988 were used to house a large number of homeless families (see Exhibit 4 2), by May 1989, the number of hotels used for this purpose had been reduced to 36

[b] Beds in welfare hotels are not included but beds in private shelter facilities are included (see Appendix A)

[c] The 49 facilities were those on line as of May 1987 Since that time, more facilities have been added, although the exact number is not known There are 101 total shelters in Los Angeles County, including the City

[d] Included are the approximately 837 beds added since May 1987 From mid-1987 to mid-1988, approximately 1,250 beds were added to the shelter network County-wide for a total bed capacity of 5,679 Since the exact location of these beds is not known, they are distributed between the City and the County in the same proportion as the beds in existence in 1987 for which exact location is known (City = 67 percent, County = 33 percent) This distribution method is employed throughout the remainder of this report (see Appendix A)

[e] This does not include several Houston providers for whom bed counts are not available None of the larger providers, however, are omitted The Houston-Harris County combined shelter and bed count is 41 and 2,928 respectively

[f] This is the number of non-profit shelter facilities and does not include the approximately 135 personal care homes, boarding homes, foster care facilities, and welfare hotels (see Exhibit 4 2)

[g] See Footnote c, Exhibit 4 3

and vendor payments (two-party checks in the case of New York City) issued mainly by government agencies and sometimes by private charities to operators of single-room-occupancy hotels, motels, boarding houses, or personal care homes They are also sometimes issued to the homeless directly to use in hotels and motels. Unlike shelters, voucher and vendor payments draw on a supply of bed space that was usually not created to provide shelter to the homeless, but which is accessible when needed for this purpose. The major limits on the availability of such bed space to the home-less- are the budget authority under which voucher-type programs are issued and the number of transient rooms available in a community. Because they tap into an already existing bed supply, such programs provide a flexible means of accommodating need. However, at least in the short-term, providing bed space through voucher programs can be very expensive compared to non-profit shelter facilities.[1]

The five cities vary in the extent to which vouchers or vendor payments are used (see Exhibit 4.2). Los Angeles, New York and Philadelphia make greater use of them than Chicago and Houston, probably reflecting the guarantee of a limited or unrestricted right to shelter in the former. Cities with shelter entitlement have a more apparent need to supplement a limited shelter bed supply through these mechanisms.[2]

In the City of Los Angeles, there were more than 3,000 beds in the "voucher system". This compares to the close to 4,000 beds available in shelters. In Philadelphia, 4,383 (or 63 percent) of the 6,936 beds in use are provided via vendor payments to personal care, foster care and boarding homes, and welfare hotels In New York City, although vouchers are not used as such, the City directly contracts for large numbers of hotel rooms, similar to the accommoda-

Exhibit 4.2

Number Of Vouchers And Contracted Beds Available, 1988 [a]

	Nightly Number of Vouchers/Contracts Available
New York	11,800
Philadelphia	4,383 [b]
Los Angeles City	3,118 [c]
Houston	233 [d]
Chicago	10

[a] See Appendix A for an explanation of how the average number of nightly vouchers in circulation was derived

[b] These are beds that the City obtains in personal care, foster care and boarding homes, and welfare hotels The beds are paid for with public funds See Footnote c, Exhibit 4 3 Beds for which vouchers are provided or which are contracted for under a vendor payment arrangement are most often used in for-profit facilities Some large non-profit organizations also have City contracts to provide shelter spaces and associated services

[c] In this and other exhibits, vouchers have been distributed between the City and County in the same proportion as shelter beds This is because the exact distribution of these vouchers by the County welfare agencies is not known The number of vouchers County-wide is 4,653

[d] The number of vouchers in Houston and Harris County is 240

tions other cities obtain through the use of vouchers. In 1988, over 3,400 families, more than one-half of the families sheltered in New York, were housed in such hotels via contracts with private operators[3] In Houston, Traveller's Aid makes a few room-nights available to the homeless. In addition, the Harris County Department of Social Services provides some vouchers for persons evicted from their dwellings. But the number of beds made available through these kinds of "voucher" programs is minuscule in proportion to the amount of available space in shelters. Likewise, in Chicago, during the last year, vendor payments were made to hotels to provide an average of 10 bed spaces per night.

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1 See, U S General Accounting Office, *Welfare Hotels, Uses, Costs, and Alternatives,* Washington, D.C , January 1989.

2 In Los Angeles, as previously discussed, the General Assistance and Aid to Families With Dependent Children programs are required to provide vouchers to their beneficiaries for up to one month, although no right to shelter has been established for those who lack welfare entitlements In New York and Philadelphia, the shelter entitlement is unrestricted

3 In 1987, there were somewhat more families—almost 3,700—in the system The decline may reflect the City's recent policy of moving families out of hotels and into what are viewed as more appropriate facilities, where the special needs of families can be attended better

Other Modes Of Sheltering The Homeless

Besides voucher-type programs, the Nation's largest cities have other ways of augmenting accommodations during periods of peak seasonal demand without having to rely entirely on year-round, permanent shelter facilities. Chicago, for example, can make up to 600 spaces available in so-called "warming centers," buildings that have been designated for use when the temperature falls below freezing. These centers provide chairs rather than cots or beds and, therefore, are not, in a strict sense, sleeping spaces. They do, however, provide up to one-fifth of all shelter space available in Chicago during periods of severe weather. In addition, a distinction has to be drawn between the official supply of beds and the supply that is not officially sanctioned. In Chicago, for example, some homeless assistance providers indicate that the regular shelter inventory has a capacity to expand by 30 percent over and above its legal capacity levels

when there is sufficient demand. When some shelters reach peak occupancy, their operators will, on occasion, allow individuals to occupy space that is not officially sanctioned instead of turning them away. Since there are 3,178 shelter beds in Chicago, an increase of 30 percent would add 900+ beds to the City's total supply. Enforcement of occupancy limits appears to be lax because, according to some observers, the benefit of having this additional shelter space is seen to outweigh the risk.

The Total Bed Capacity In The Nation's Largest Cities

Exhibit 4.3 displays two major components of each city's bed capacity, those in shelters as well as those provided through voucher-type programs. Although the three cities with unrestricted or limited entitlement to shelter make much greater relative use of vouchers or vendor payments than the other two cities, they have not necessarily opted for them over

Exhibit 4.3

Beds Available In Shelters And Through Vouchers Or Vendor Payments

	New York	Phila.	L.A. City [a]	Houston [b]	Chicago
Beds In Shelter Facilities	18,700	2,553	3,812	2,845	2,578
Beds Available Through Voucher-Type Programs	11,800	4,383	3,118	233	10
Total Beds	30,500	6,936 [c]	6,930	3,078	2,588
Percent Through Voucher-Type Programs	39	63	45	8	d

[a] The County-wide values for this Exhibit are 5,679, 4,653, 10,332, and 45 percent

[b] The combined Houston-Harris County values for this Exhibit are 2,928, 240, 3,168, and 8 percent

[c] Information used to derive this figure was obtained from the Governor's Policy Office, Commonwealth of Pennsylvania, based on data submitted to it by the City of Philadelphia in July 1988 Included among the 6,936 total beds are some in apartments and houses that, although designed to promote self-sufficiency and independent living (goals similar to transitional housing programs for the homeless), may not be considered traditional homeless shelter spaces Also included are spaces available as housing for low-income aged and handicapped persons, as the need arises Other estimates have also been made For example, a 1988 report by the Coalition on Homelessness in Pennsylvania and Temple University's Institute for Public Policy Studies, entitled *Homelessness in Pennsylvania*, estimated that there were approximately 5,444 sheltered homeless persons throughout the State, with perhaps as many as two-thirds of them being in the City of Philadelphia

[d] Less than one percent

.beds in regular shelter facilities. New York, Philadelphia, and Los Angeles lead the other cities in the absolute number of beds provided through voucher-type programs as well as in the proportion of total beds provided through such programs. Yet even in these cities, voucher-type programs clearly are being used to supplement, rather than substitute for, a large inventory of shelter beds.

Reasons For Differences Across Cities

One possible reason for differences among cities in overall bed capacity is the extent to which there is entitlement to shelter. It would be expected that communities which provide a right to shelter would have larger shelter networks. To see whether this is the case, it is, of course, necessary to take into account size differences across cities.[4] Exhibit 4 4 provides in-

formation on the amount of bed space per thousand persons (the "bed-space rate") available within each of the five largest cities As might be expected, bed space rates in the three cities with some shelter entitlement (but, especially, in the two with unrestricted entitlement) are, indeed, higher than the other two cities.

Aside from shelter entitlement, the shelter bed capacity of a community is related to factors as diverse as the community's access to multiple funding sources for shelter, and the availability of building sites that can be used for such facilities. For example, the availability of suitable sites may help to explain the higher bed space rates in Houston than in Chicago. The fact that the central core of Houston remains quite depressed as a result of the decline in the oil industry in the early 1980's has provided an opportunity for shelter operators to locate their facilities in the area. Several abandoned warehouses have been converted to shelter use.

Exhibit 4.4

Relationship Between Total Bed Space, Population Size, And Extent Of Shelter Entitlement

	New York	Phila.	L A. City	Houston City	Chicago
1986 Population [a]	7,263,000	1,643,000	3,259,000	1,729,000	3,010,000
Total Bed Space 1988	30,500	6,936	6,930	3,078	2,588
Beds Per 1,000 Population [b]	4.2	4.2	2.1	1.8	0.9
Extent Of Shelter Entitlement [c]	Unrestricted	Unrestricted	Restricted	None	None

[a] U S. Bureau of the Census, *Statistical Abstract of the United States ,1989*, Washington, D C , 1989

[b] In order to be comparable with the other places, beds per thousand was calculated in terms of the population of, and the beds within, the central city in both Los Angeles and Houston Sixty-seven percent of the shelter beds in Los Angeles County are located in the City If it is assumed that 67 percent of the vouchers available in the area are also used in the City, then there are a total of 6,930 beds in the City In Houston, 98 percent of the beds are in the City If it is assumed that 98 percent of the vouchers are also used in the City, then there are a total of 2,862 beds in the City If the county populations and the number of beds there, in these two places, had been substituted, the number of beds per thousand would be closer to 1 4 and 1 1, in Los Angeles and Houston, respectively

[c] See Chapter One for an explanation of differences in shelter entitlement

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4 An additional consideration, of course, is the size of the homeless population of a city but, as discussed in Chapter Two, there is a lack of reliable comparative data on this score

THE GROWTH IN LOCAL SHELTER CAPACITY

Without exception, bed space in the five largest cities has increased since 1984 (see Exhibit 4.5).[5] In Philadelphia, the amount of shelter space provided in 1988 was more than five times greater than in 1984. In Los Angeles, bed space more than tripled. In New York, bed capacity has come close to tripling over the four year period. The growth rate in cities where there is some shelter entitlement has outpaced that in non-entitlement cities.

In most of the cities, the greatest increase in shelter capacity occurred before 1986 For example, New York City's monthly shelter census indicates that the 1988 total of beds in use was very close to the 1987 total. There was only a 4 4 percent increase in the total number of single adult beds in use.[6] Likewise, in Chicago, there was no appreciable increase in shelter capacity after 1986. Growth in bed capacity occurs when new shelter facilities open up as well as when more beds are added to already existing facilities. It also occurs when vouchers, contracts and cash payments are authorized for the purchase of existing commercial bed space.

Information is not available in most of the five cities on which means of augmenting supply is more common. However, in Chicago, where such information is available, 85 percent of the beds added between 1983/84 and the present are in shelters that did not exist in 1983/84. It is also the case that in the right-to-shelter cities, increases in the number of beds through voucher-type programs have paralleled the creation of physical facilities, probably because of the greater flexibility they provide in relation to fluctuations in demand. They are seen by some as a more expedient, short-term way to handle temporary increases in demand than constructing or rehabilitating more shelters because of the large capital costs of the latter. What is not clear, however, is

Exhibit 4.5

Growth In Shelter Capacity Between 1984 And 1988

	1984 Beds [a]	1988 Beds	Percent Increase
Philadelphia	1,174	6,936	491
Los Angeles City [b]	2,094	6,930	231
New York	10,961	30,500	178
Chicago	1,240	2,588	109
Houston [c]	2,414	3,078	28

[a] The year 1984 has been adopted as a benchmark because of the availability of information on bed capacity for that year

[b] In addition to the shelter beds added in Los Angeles since 1984, the AFDC shelter assistance program enacted in 1988 has increased the City's bed capacity over 1984 levels The program accounts for about 46 percent of the bed-night payments currently available in the City The remainder are issued to applicants for General Assistance The latter program was already in existence in 1984 but information is not available on the number of vouchers issued in that year To calculate the bed capacity in 1984, it was necessary to estimate the number of General Assistance vouchers available in 1984 The number of General Assistance vouchers in 1984 was estimated by applying the same proportion of General Assistance vouchers to known shelter beds in 1988 when the number of such vouchers was available The County-wide values for this Exhibit are 3,218, 10,332, and 221

[c] The combined Houston-Harris County values for this Exhibit are 2,414, 3,168, and 31

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5 The year 1984 has been adopted as a benchmark because of the availability of information on bed capacity for that year

6 In the case of New York, beds in use are a proxy for the size of the inventory since, as a right-to-shelter city, bed supply expands as the need increases

whether this approach is more or less expensive in the long term.

Reasons For The
Growth In Shelter Capacity

In addition to the role of shelter entitlement as a catalyst for growth, increases in the number of shelter beds available in communities during the 1984 to 1988 period has occurred during a time when available funding sources have grown, largely in response to the perception that the demand for shelter had increased significantly. For example, the fact that in Chicago the shelter supply has more than doubled over the four-year period is attributed, by local observers, to greatly increased funding from a variety of sources (including the City, the State, and community foundations), largely in response to a perceived increase in need. During this period, the City went from using no money from its corporate funds for shelter facilities, to providing between three and four million dollars in 1988. In addition, some portion of Community Development Block Grant funds are now being set aside for shelter; this set-aside had not occurred in the past. Likewise, the Chicago Community Trust, the community's largest philanthropic foundation, became a significant source of funding during this period The State of Illinois also went from zero funding in 1983 to spending four million dollars, statewide, on homeless assistance in 1988, including shelter assistance.

In New York, in FY 1988 alone, over $300 million in City, State and Federal funds were being used to cover the costs of operating City-funded homeless shelter facilities, including those operated by non-profit organizations under contract and the services provided at these facilities. This expenditure represents a 22 percent increase over the funding available in 1987.[7] The City is attempting to reverse the use of contracted bed space in welfare hotels and motels by substituting facilities built for

the purpose of providing shelter and other forms of assistance to the homeless.

In Houston, as well as in the other cities, funding for the homeless has increased significantly since the early 1980's. During the period between 1983 and 1985, the United Way's allocations for shelter programs and services increased by 53 percent In the 1980-83 period, there were no public funds available for shelters; now, the City is allocating some of its CDBG funds for shelters to match Federal McKinney Act funding that is available (see Chapter 3).

The Role Of The McKinney Act In
Increasing Shelter Capacity

Among the Stewart B. McKinney Homeless Assistance Act programs are several, including the Emergency Shelter Grant program and the transitional housing component of the Supportive Housing program, that are specifically designed to augment local shelter capacity. However, many local officials contacted for this study were speculating in 1988 that HUD's McKinney programs would not have significant long-term impacts on shelter supply because of their expectation that the funding would not continue. They believed that the McKinney programs had had only minimal influence, to date, on the size of the local shelter inventory because they (particularly Emergency Shelter Grants) were generally too small to permit any substantial increase in shelter supply relative to the sizes of the communities' existing shelter inventories.

According to local officials, the time constraints that are built into the McKinney programs and the rehabilitation process both act to minimize any near-term impacts. The long lead time needed for the expansion of shelter facilities works against a rapid increase in capacity, even when the existing shelter system is small. Finally, while the range of allowable activities under the various McKinney Act

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7 New York City Office of Management and Budget, Welfare Task Force

programs gives localities flexibility in meeting their homeless assistance needs, the multiplicity of programs also serves to diminish the impact of any single activity. Funds may be used for operations, services, maintenance, and improvements—which range from structural expansion for additional bed space to expenditures for capital equipment such as security and safety systems that do not contribute directly to shelter capacity.

OCCUPANCY LEVELS

In a theoretical sense, cities with an unrestricted right to shelter have neither a surfeit nor an undersupply of shelter beds because all those seeking shelter must be provided with it. Although there are unsheltered homeless persons in both Philadelphia and New York who, for various reasons, have not sought out shelter despite the fact that it is guaranteed, there is no recent evidence that these cities turn away persons seeking shelter because of an undersupply. In the short term, there could be an oversupply of shelter beds created by daily fluctuations in the numbers of those seeking shelter

In other cities, however, there is no requirement that the supply of beds always equal the demand for them. In those places—Chicago, Houston, and Los Angeles—there are paradoxical reports: on the one hand, some shelters are filled to capacity and have to turn people away; on the other hand, there are less than fully occupied shelters in the same communities. For example, in Chicago, according to the 1987 Department of Human Services shelter statistics (which cover 29 of the City's shelters and about three-fourths of the beds available), the average occupancy level was about 84 percent. On average, beds were filled

to capacity almost 45 percent of the time. Yet, at the same time, large numbers of turnaways were reported from the City's more specialized transitional shelters (see Chapter Five).

When shelters operate at less than full occupancy, one possible conclusion is that the supply is sufficient to meet demand. For example, there appears to be a consensus in the Houston area that there is no need to construct additional emergency shelter facilities because the Salvation Army shelters are not always full to capacity and there are generally vacancies at the Star of Hope Mission, the largest shelter in Houston. A number of people active in providing homeless assistance expressed the belief that some of the homeless, although aware of the shelters, were choosing to remain on the streets. Yet, according to others, the fact that bed space is available, in and of itself, gives no clear indication as to whether there are other problems and barriers that are discouraging those who might make use of it. Some people may be hesitant to go to shelters because of concern about their personal security or restrictions on their lifestyle. Some may not have the wherewithal to find shelter. There may also be a mismatch between the type of shelter space available and the type of shelter space needed. Thus, a 1987 report by the Los Angeles Shelter Partnership noted that, in the cases in which shelters did not function at full capacity, there was a mismatch between unit sizes and type of client needing shelter.

Climatic changes are another reason for fluctuations in shelter occupancy. In Chicago, for example, occupancy levels are somewhat higher during the winter season when the weather can be life-threatening, despite the fact that the supply of shelter beds also increases during the winter. Even in a climate as relatively benign as that of Houston, there is a rise in occupancy coinciding with cooler weather. Occupancy rates peak in winter (October to April), and drop off slightly in summer (May to September).

SPONSORSHIP, TYPES, LOCATIONS AND SIZES OF HOMELESS SHELTERS

The shelter inventories of the Nation's five largest cities vary with respect to sponsorship, type, location, and size. This chapter describes these variations in terms of the extent of public versus private ownership and financial support, the degree of emphasis on emergency versus longer-term shelter, the types of groups served, the extent to which shelters are centralized within the city core or decentralized across the area, and the extent to which the homeless are sheltered in larger or smaller facilities.

SPONSORSHIP: WHO OPERATES AND WHO FUNDS SHELTERS FOR THE HOMELESS?

Shelter facilities are not necessarily operated by the same groups and organizations that fund them, and it is much more common for shelters to be funded, than to be operated by the public sector. In fact, city governments in three of the five largest cities play no role in the actual operation of shelters. On the other hand, many local governments now help to fund shelter operations, though some of the funding involves a pass-through from other levels of government The key point is that the evolution of government funding of shelter has tended to support an already existing, privately operated shelter network. Private provision of shelter almost always has predated the operational or financial involvement of government in this form of homeless assistance

New York City and Philadelphia are the two exceptions when it comes to the actual public management of shelters, in 1988, the New York City government operated about 10 percent of all the shelters in the City, containing about one-third of all shelter beds, and the Philadelphia City government operated one relatively large shelter that served unaccompanied men and women.

Absent a systematic census or survey of local shelters, it is difficult to know precisely how much of the financial support for shelter operations comes from the public sector. However, local observers in each of the five communities provided some rough indication of the extent of public funding. In all of the cities, it appears as if at least one-half of all shelter beds are supported, to some extent, by public funds, but the proportion of publicly supported shelters as well as of funds received varies from place to place.

Most shelters in New York City (perhaps 80 percent, containing over 95 percent of all beds) received financial support from the public sector in 1988. In fact, about one-half of all shelters, with over 90 percent of the beds, received a majority of their total funding from public sources, with many receiving all of their funds from the public sector. Likewise, in Philadelphia, 95 percent of all shelters received some public support A substantial portion received more than one-half of their funding from public sources, and at least 10 percent (containing about one-quarter of all beds) received all of their support from the public sector.

The levels of public funding of the shelter systems of the remaining three cities are lower than those of New York or Philadelphia. Somewhat more than one-half of Chicago's shelters, containing about the same proportion of beds, received public support; the remainder did not, mainly for religious reasons or because of perceived reservations about accepting public funding. Although the City expected those receiving public support to obtain at least 25 percent of their funding from private sources, it appears as if many relied on the public sector for a greater-than-75-percent share of their funding.

In Los Angeles, only a few shelters received as much as one-half of their total funding from public sources, and no shelter in Houston received that amount of funding from the public sector. These two cities differ with respect to the proportion of their shelters that received public support; less than 10 percent of Houston's shelters (containing, however, close to 60 percent of all shelter beds) received public (mainly McKinney Act) funds; while about 85 percent of Los Angeles' shelters, containing about three-fourths of all beds, received public funding

SHELTER TYPES: EMERGENCY VS. LONGER-TERM FACILITIES

Some shelters provide beds to homeless individuals for only a few days or weeks, while others allow people to stay for many months. Some provide only a few basic services, while others provide a full range of services such as child care or job training. Some shelter providers view their basic mission as providing protection from the elements, while others see their primary mission as moving homeless individuals toward self-sufficiency. Given these differences, a distinction is commonly made between emergency and longer-term shelters, the latter consisting of "transitional" and specialized treatment facilities

Although these terms have different meanings from place to place, as a general rule an emergency shelter offers shorter-term stays, provides fewer services, and has a more limited set of operating objectives than either type of longer-term shelter. Transitional and specialized shelters exhibit at least three characteristics in common: they allow extended stays; they make available a broad package of services; and they focus on increasing the self-sufficiency of residents. As housing environments, such shelters vary from single-room accommodations to complete apartments. Transitional shelters often provide services to those whose major problems are economic, including chronic unemployment or underemployment due to inadequate job skills, or difficulty finding stable housing because of such problems as affordability. Specialized treatment shelters focus on rehabilitating individuals suffering such chronic disabilities as alcoholism or mental illness. As examples, about 700 shelter beds in Houston are in such specialized facilities, and in New York, the City-run Bellevue Shelter for men offers exten-

sive psychiatric screening and treatment. They are more akin to transitional than to emergency shelters in that they provide people with the opportunity to overcome impediments to independent living.

Exhibit 5.1 reports the distribution of shelter facilities and beds in each of the five cities, classified as either emergency or longer-term. It should be reiterated that local officials and service providers in various cities draw the lines between categories of shelters somewhat differently and, also, that shelters may change their focus over time. In Philadelphia, shelters that are considered by the City to be emergency facilities have a full complement of services, but they tend to provide a shorter period of residence than transitional facilities whose specific objective is to actively support efforts toward self-sufficiency; they are classified as emergency shelters in this report. The City, which plays a major role in the provision of shelter, makes a broad range of services available in most of the shelters with which it is

associated regardless of the length of residence.

The welfare hotels in New York City, in which families are often housed for extended periods, provide for a variety of services, but access to those services normally associated with transitional housing is limited. Also, because the hotels do not provide physical environments conducive to movement toward self-sufficiency, they have been classified as emergency facilities for purposes of this analysis.

There are clearly more beds in emergency than in longer-term facilities in the five largest cities. The proportion of emergency beds ranges from about 60 percent, in Chicago, to about 90 percent in Los Angeles. The fact that there were more emergency than other beds in all five of the study cities, in 1988, probably reflects the fact that shelters for the homeless served primarily an emergency function until rather recently. Furthermore, emergency beds are less expensive to provide. The typical mix of services offered in transitional shelters increase their costs substantially. For this reason, transitional beds have been slow in overtaking emergency beds as a portion of the total inventory. Aside from providing fewer services, many large emergency shelters have economies of scale associated with dormitory sleeping arrangements, a common feature of such shelters. These economies are less achievable in transitional facilities which tend to offer greater privacy to the persons utilizing them Furthermore, since bed capacity in the typical transitional shelter is smaller than in the typical emergency shelter, it takes many more transitional shelters to produce the bed space equal to that found in a smaller number of emergency shelters.

While bed capacity in emergency shelters is, in general, considered to be sufficient to meet demand, this assessment is not unanimous across the five largest cities. Info-line, a telephone referral service funded by the City and County of Los Angeles and the United Way, reported that during the first six months of 1987, calls for emergency shelter that could not be met totaled 4,413, although some of these were multiple calls by the same person.

Exhibit 5.1

Percentage Distribution Of Shelters And Shelter Beds, By Type
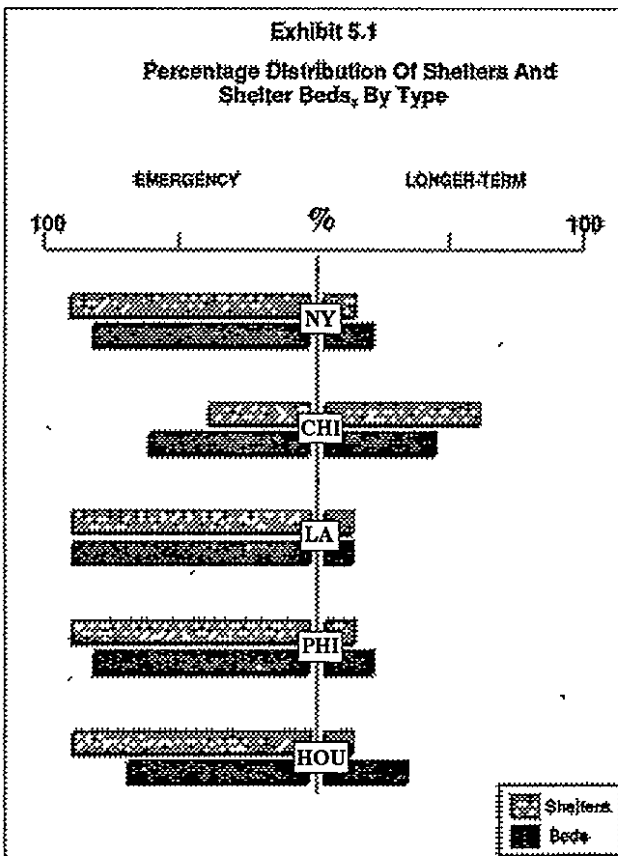
Observers in all of the cities report inadequacies in the supply of transitional shelter beds. Officials and providers in both Houston and Chicago, while agreeing that emergency shelter is usually adequate, in relation to demand, believe that the number of transitional and specialized-treatment shelter beds is inadequate relative to need. In Chicago, where the turnaway rate at emergency shelters is low, there is a high turnaway rate from transitional shelters — about 1,600 persons per month. There are reported to be long waiting lists for those transitional spaces that do exist. Furthermore, because of a lack of transitional shelter, the emergency portion of the inventory acts as a revolving door, with many repeat clients.

Information on the distribution of shelter beds by type is much less available for the suburban communities surrounding the five largest cities than it is for the central cities. However, that information which is available indicates that emphasis on transitional shelter may be more the norm in some suburbs than in central cities. Whereas emergency beds are the majority in all five of the central cities, transitional beds appear to be more common in the New York City and Chicago suburbs. Seventy percent of the shelter beds in Westchester County are transitional. In Evanston, Illinois, an incorporated community within Cook County, 57 percent of all shelter beds are in transitional rather than emergency facilities. DuPage, another suburban Chicago county, has adopted a conscious policy of moving away from emergency and toward transitional shelters.

This pattern, however, does not hold in the suburbs of three other study cities. Of the six suburban Philadelphia jurisdictions for which such information is available, about three quarters of all shelters fall into the emergency category. Outside of the City of Houston proper, 83 percent of all shelter beds are for emergency use. In suburban Los Angeles, as in the City, the great majority of beds are for emergency use.

Increases In Transitional Shelters

Despite the fact that they lag behind emergency beds in all five of the Nation's largest cities, the number of transitional beds has grown absolutely and, in some cases, as a proportion of all shelter beds over the past few years. For example, in Houston, in 1984, virtually all beds could be categorized as in emergency use but, now, one-third are considered to be transitional facilities. This shift reflects a two-part judgment by local providers: 1) that there are sufficient emergency shelter beds in the City and that, therefore, there is no need to augment the emergency stock; and 2) that longer-term, transitional shelter is needed to better provide specialized services for an increasingly diverse client group (including the mentally ill, families who have suffered economic setbacks, and battered spouses with children).

In Chicago in 1983/84, two-thirds of all shelters were designated for overnight or emergency use, while the other one-third provided longer-term arrangements. Both emergency as well as transitional space has doubled since 1984 and, thus, there has been little variation over time in the proportion of shelter beds designated for transitional use. This is the case even though the community's policy is to emphasize transitional shelter in its newer facilities.

In New York City, current policy is directed toward the creation of more transitional beds as well as more permanent housing opportunities. City officials plan to reduce their use of congregate shelters and welfare hotels for anything other than temporary emergency shelter, and to turn more to non-profit providers via contracts. The goal is to more efficiently and effectively address the specialized needs of the homeless population in appropriate transitional and more permanent facilities. The hotels in which many families are now sheltered for extended periods are not viewed as environments conducive to movement out of dependency; they are also viewed as very expensive. The City has had some modest success in implementing its policy of

expanding transitional shelter resources; the number of families housed in hotels, though still substantial, has declined. The current five-and ten-year plans call for a total phasing out of these beds.

The Effect Of The McKinney Programs On The Development Of Transitional Shelters

Unlike the McKinney Act's Emergency Shelter Grant program, which distributed funds by a formula based on each city's Community Development Block Grant allocation, the transitional housing component of the Supportive Housing Demonstration program is competitive and, therefore, provides no automatic funds. Nevertheless, most of the five cities have been able to use various McKinney funds to augment their supply of transitional bed space, either because they filed a successful application for the Supportive Housing Demonstration program or because they were able to use other McKinney Act funds for such shelters.

Before McKinney, the development of emergency shelters in Chicago, generally intended for singles, was outpacing the development of transitional shelters, generally more suitable for families. With McKinney funds, Chicago added 132 transitional beds to its shelter inventory and is using the program to support its Homeless Task Force's thrust away from emergency, and toward transitional and longer-term, facilities. However, the new increment is modest, representing under five percent of the total inventory. Philadelphia also received two transitional housing grants that will be used to provide two facilities. In New York, McKinney funding is supporting three transitional projects creating four new facilities.

Much of the McKinney funding awarded to the Houston area is also for transitional shelter facilities linked to services that are designed to assist clients in moving toward economic self-sufficiency. The Star of Hope mission, a large Houston shelter, received a grant to develop 150 units of transitional housing, and the Gulf Coast Community Services Association received a McKinney Act grant through the State of Texas to administer a housing/self-sufficiency type program. In Los Angeles, funding through the McKinney program, including the Supportive Housing program and the Supplemental Assistance for Facilities to Assist the Homeless program, has allowed the City to increase the supply of transitional beds sooner than otherwise might have been possible. However, according to some local observers, the process of getting the transitional facilities underway was not without impediments. They argue that, among other impediments, the competitive process for obtaining McKinney funds for transitional facilities tended to favor larger, more sophisticated providers, and to discourage smaller organizations.

BEDS FOR DIFFERENT GROUPS: FAMILIES, SINGLE WOMEN, AND THOSE WITH SPECIAL NEEDS

Prior to the 1980s, homeless persons were typically single, middle-aged men. The population today is much more diverse and includes women, families, and special need populations. To the extent that shelter resources mirror the population, it would be expected that a fair number of beds would now be available to serve these groups.

The Development Of Shelters For Families

Exhibit 5.2 shows the percent of shelters facilities and shelter/voucher beds that are designated for either unaccompanied individuals or for family members in the Nation's five largest cities. New York City is distinct in that a majority of its beds (including

Exhibit 5.2

Percentage Of Beds And Shelters For Individuals And For Families, 1988 [a]

	Individuals		Families	
	Shelters	Beds	Shelters	Beds
New York [b]	63	38	37	62
Chicago	58	63	42	37
Los Angeles City [c]	78	67	22	33
Philadelphia [d]	84	66	16	34
Houston [e]	67	70	33	30

[a] When shelters served both families and individuals, the total beds and total shelters were divided equally between families and individuals The same method was applied to vouchers where applicable

[b] These percentages were obtained from information on beds and facilities funded by the City since comparable information was not available on the private shelter supply

[c] These percentages reflect the beds on-line as of May 1987. The number of beds added since May 1987 are distributed between single and families in the same proportion as the 1987 beds were distributed by shelter type throughout the Los Angeles County area (70 percent singles and 30 percent families) Exhibits 5 2 and 5 3 both reflect this distribution Combined Los Angeles City and County values for this Exhibit are 66, 63, 34, and 37

[d] These percentages were obtained for actual shelter facilities and do not include programs that have been identified as providing a number of geographically dispersed (scattered-site) transitional housing units for individuals or families

[e] Combined Houston and Harris County values for this Exhibit are 71, 79, 29; and 21

welfare hotels) are set aside for families. In each of the other cities, however, at least 30 percent of all beds are set aside for families.

That New York City guarantees shelter to all who request it does not fully explain the difference between it and the other cities. Philadelphia, which also guarantees shelter, has about the same proportion of its beds for family use as the cities that do not guarantee shelter. Housing market conditions are at best only partly responsible for the difference. New York City has the lowest rental vacancy rate of the five cities, but doubling up among families is about equally common in all of them.

In some of the cities, shelters for families have been available for at least three or four years while, in others, family beds are a more recent development. New York City's Comprehensive Homeless Assistance Plan estimated a 625 percent increase in the number of families sheltered in the City system between 1978 and 1988. In 1978, 800 families

were sheltered and, by the end of 1988, it was estimated that more than 5,000 families were housed in the City system. Shelter space for individuals also had a large increase (500 percent), from 2,000 to over 12,000 spaces during this period. Although the growth rate in bed space for families was slightly greater than the growth rate in bed space for individuals, the former was from a smaller base.

In Chicago, there has been no change in the proportion of beds set aside for families or for single individuals between 1983 and 1988. The supply of beds for both groups has grown proportionately over its 1983 base. In Houston, in 1984, there were no facilities to exclusively serve homeless families in the area. By 1988, however, a shift had occurred. There is now bed space for single women with children, for intact families in which both mother and father are present, and for unaccompanied minors (runaways).

The proportion of shelter beds used by families is larger in the suburbs of Philadelphia and Los Angeles than in their respective central cities (compare Exhibits 5.2 and 5.3). According to an official in Chicago's largest suburban county (Cook), families there occupy the majority of beds. New York City and its Westchester suburb both devote high proportions of their shelter beds to families. In the Houston suburbs, while the percentage of family beds is very low and lower than in the central city, there are also a very small number of suburban beds overall.

Despite deliberate attempts to increase the shelter resources available for families, local observers believe that, for the most part, they remain underserved. For example, in both Houston and Chicago, observers indicate that there continues to be relatively more beds for individuals, in relation to demand, than for families This reflects the fact that substantial portions of the current shelter inventory were brought on line at a time when the needs of families were not as manifest. This is also the case in Los Angeles where there is a general recognition that the needs of families with children are not all being met despite the fact that shelters now in the development stage are generally being designed for such households.

One reason given by local observers for the continuing gap between the needs of families and the availability of bed space for them is that demand for family shelters is outpacing that for unaccompanied individuals In Chicago, for example, the number of homeless families requesting shelter was increasing, while the number of single homeless men seeking shelter had appeared to stabilize in 1988 Statistics maintained by the City's Department of Human Services indicate a large (unduplicated) monthly turnaway rate among families. The fact that many shelters will not take children over the age of twelve aggravates the already inadequate supply of shelter space that is suitable for families with older children.

Shelters For Unaccompanied Women

Only in recent years have there been many unaccompanied women among the homeless, but shelter facilities intended for unaccompanied individuals still reflect the traditional male prevalence in the homeless population Although a portion of all shelter beds for unaccompanied individuals have no gender restrictions, the majority are restricted exclusively to men or to women and, in most

Exhibit 5.3

The Percentage of Shelters and Beds For Individuals and Families In Selected Suburbs, 1988

	Individuals		Families	
	Shelters	**Beds**	**Shelters**	**Beds**
Westchester County, NY	36	39	64	61 [a]
Chicago Area [b]	Unk.	na	Unk.	na
Los Angeles County	56	55	44	45
Phila. Area Counties [c]	17	24	83	76 [d]
Harris County	75	94	25	6

[a] Includes beds in emergency apartments Otherwise, 58 percent of beds are for families

[b] Information on the assignment of beds by gender and household type was not available for suburban Chicago

[c] Includes Bucks, Montgomery, Chester, and Delaware Counties in Pennsylvania, and Burlington and Gloucester Counties in New Jersey

[d] In suburban Philadelphia, some of the shelters for families also take unaccompanied individuals In terms of bed capacity, one-half of the beds have been assigned to each group in those shelters taking both individuals and families

places, there are many more beds for men than for women (see Exhibit 5.4).

Compared to the proportion of beds currently restricted to men, an even a larger proportion was set aside for men in Chicago in 1983-84. The increase in beds for women since then is, perhaps, a response to the concern reported in two United Way studies (one in 1983 and one in 1984) that shelter for women was the highest priority need among the homeless population. In Los Angeles, as well, a recent trend away from sex-segregated shelters and toward shelters which serve both men and

Exhibit 5.4

Percentage of Restricted Beds Set Aside For Men [a]

	Number Of Restricted Beds	Percent Of Beds Restricted To Men
Los Angeles City [b]	1,109	96
Philadelphia	1,508	90
New York [c]	10,429	88
Chicago	767	77
Houston [d]	1,694	77

[a] This Exhibit reflects only those shelters that restrict residents by gender

[b] Combined Los Angeles City and County values for this Exhibit are 1,208 and 94

[c] Includes city-run or contracted shelters for individuals

[d] Combined Houston and Harris County values for this Exhibit are 1,767 and 75

women has been reported. The proportion of beds available to unaccompanied women has begun to increase

Although there are more shelter beds for unaccompanied individuals than for families, and more for men than for women, there are some exceptions. One involves facilities for battered women, which are found in all five of

the largest cities. In the Chicago area, observers attributed the fact that battered women seem to be better served than other women to a State program that underwrites the cost of shelter for battered women. In the other cities, similar programs have apparently also contributed to the supply of shelter available to battered women.

Shelters For Special-Need Populations

Others for whom shelter resources lag are the severely mentally ill and those suffering from acute alcohol or drug abuse, some of whom may be behaviorally disruptive.[1] Some privately operated shelters are reluctant to deal with such problems, and many shelters have rules prohibiting drugs, alcohol, or violent behavior. Another group for whom resources appear to be insufficient are those who suffer from multiple disabilities, such as both mental illness and alcoholism. One reason given for this by local observers is that it is far more costly to provide such individuals with the shelter environment they require than it is to provide emergency beds with few services for single individuals without these problems. Besides providing fewer services, some shelters are able to cut costs by relying on a non-salaried staff of volunteers. However, the assistance needed by those with acute alcohol and substance abuse problems or severe forms of mental illness cannot be handled easily by a volunteer staff who ordinarily lack specialized psychiatric, social work or medical training.

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1 According to Deborah Salem and Irene Levine, severely mentally disabled persons are "one of the most poorly served groups in the country. They are frequently excluded from programs designed to serve the general homeless population, while services designed for the severely mentally ill often are inaccessible to them or inappropriate to their needs." See "Enhancing Mental Health Services for Homeless Persons State Proposals under the MHSH Block Grant Program," *Public Health Reports,* Vol 104, No 4, May-June 1989

THE LOCATIONS OF SHELTERS: CONCENTRATED VERSUS DISPERSED

Traditionally, shelters for the homeless have been located in or adjacent to core areas of central cities. These usually coincided with a city's "skid row" where, historically, many of the homeless congregated. Over time, however, the line has been blurred between skid row districts and other, newer locations where shelters are found. Increasingly, these include suburban areas. In part, this shift in location has corresponded to changes in the composition and ecology of the homeless population. Emergency shelters, frequented by single individuals, were much more likely to be located near skid row or in the central city, but newer transitional, family and "specialized" shelters have usually been sited in outlying areas and in the suburbs to accommodate more recent sub-groups of the homeless.

Yet, because of real estate prices as well as the resistance of neighborhood groups, shelters largely continue to be located in lower-income and lower-rent districts, if not in actual skid-row areas. Backed by local zoning ordinances, the "not-in-my-backyard" phenomenon has influenced siting decisions for many new shelters over the last several years. Large emergency shelters, in particular, continue to be concentrated in the urban core while new, smaller shelters and transitional shelters are scattered throughout low-income areas, including those in the suburbs.

As a result of this pattern of geographical dispersion related to size of shelters, the majority of *shelters* are located outside of the downtown area, while the majority of shelter *beds* are found within the downtown. The Houston area typifies this pattern. Over one-third of the City's shelter beds are located in two shelters which are in the older parts of the central business district. Because recent additions to bed space in Houston have come as a result of expansions of these two emergency shelters, the pattern of concentration of shelter bed space in the central core has been reinforced. At the same time, new, more special-ized shelter facilities—for battered women, families, and the mentally ill—are sited in residential and commercial areas outside of this central area. Because Houston has no zoning ordinances, siting of shelters has not posed the problems faced in some other areas

In Chicago, a deliberate attempt to provide shelter at the neighborhood level has resulted in a widespread dispersion of shelters. The highest concentration of shelters continues to be in low-income neighborhoods near the Loop, but transitional shelters are now found in many outlying neighborhoods. Some communities, such as Austin and Uptown, have several shelters. Emergency shelters are still concentrated near the downtown area, but even emergency shelters have become less concentrated. In 1984, 80 percent of emergency shelters and 90 percent of such beds were located in the downtown area. Since 1984, only one-half of the new emergency shelters and one-third of the new beds have been sited in this area. Transitional shelters have consistently been more dispersed Both in 1984 and in 1988, only a small minority of transitional shelter facilities were located downtown.

Los Angeles, like Chicago, exhibits a pattern of dispersal based upon shelter type and clientele. While most shelter beds continue to be concentrated in the center city, many of the newly created shelters intended for families are located outside of it. As in most of the other cities, the central city shelters serve individuals, while most shelters for families are located in the suburbs Since many of the suburban homeless are newly unemployed residents of these communities, there has been a consensus that shelters should be located in their own neighborhoods, where they can maintain connections to the labor market In the Los Angeles metropolitan area, small "skid rows" exist in cities like Pasadena and Long Beach where many of these shelters are located.

In New York City, about one-third of the shelter facilities, although about one-half of the beds, are located in Manhattan, with the rest dispersed throughout the other four boroughs. Some private shelters for the homeless of New York are also located across the Hudson River

in New Jersey. The location of large shelters has been determined, in part, by the prior location of existing armories and inexpensive hotels and, in part, by the extent of neighborhood resistance. But, as the City moves toward sponsoring more transitional, "specialized" and smaller shelters, the location of new shelters is becoming more dispersed. The Bowery, the long-time skid-row district of Manhattan, is beginning to change its character while areas that show many of the characteristics of a skid row can be found in other boroughs. Like Los Angeles, distinctions between traditional and non-traditional shelter locations have become blurred in New York.

Philadelphia no longer has one defined skid-row area and shelters are dispersed throughout the low-income sections of the City. Nevertheless, there is some clustering around the central business district. Shelters found in the urban core tend to serve those homeless persons with drug and alcohol-abuse problems. Unlike some of the other cities, many of the new shelters are located in the same areas as the older ones.

The pattern of geographic distribution of shelters, influenced as it is by a number of factors, has led to gaps in the supply of shelter relative to need. In Los Angeles, a 1986 United Way study reported that a number of geographic areas, both within and outside of the City, had particularly few shelters in comparison to the number of people requesting shelter. Although some shelters now under development will begin to redress those geographic gaps, these shelters are encountering opposition out of concern that they will act as magnets for other homeless persons. Interestingly, suburban areas are not the only ones where resistance to expansion is encountered. In Los Angeles' Skid Row, there are pressures from the seafood, garment and toy industries operating in the area to restrict any future development of homeless shelters because they view the area as a place to expand their operations Therefore, they are in competition

with Skid Row shelter facilities for land that could be utilized for expansion. Because of factors like neighborhood opposition and competition from other land users, new shelter facilities as well as older facilities wishing to expand are often constrained in terms of their choice of location.

SHELTER SIZES

Until recently, larger dormitory-style shelters were not uncommon when the main purpose of a shelter was to protect "street people" from the elements. Over the past few years, a number of factors have led to the establishment of smaller shelters. "Warehousing" is increasingly being recognized as impersonal and inappropriate for assisting individuals out of homelessness. The focus has switched to smaller specialized shelters. On a more practical level, the establishment of shelters by private groups whose resources are limited has also contributed to this trend.

Obtaining a comprehensive picture of the distribution of shelter sizes across cities is difficult; detailed, current and complete centralized shelter data are not always available. However, in all five of the study cities there is sufficient information to allow some basic generalizations to be made about the size distribution of shelter facilities and beds (see Exhibit 5.5). In all of the cities, small shelters are the majority, but beds in such shelters make up a minority of all shelter beds.[2]

Philadelphia's shelter system, more than that of the other cities, is dominated by small shelters, most of which are personal care homes that tend to be family businesses. Small shelters account for slightly less than one-half of the City's total shelter bed capacity. Churches and community groups also tend to fund and operate small shelters, partly because, for them, space and other resources are relatively

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2 Shelters with 50 or fewer beds have been classified as small shelters

limited. Since shelters with over 100 beds are frowned upon locally as "warehousing," most of the expansion in the City's shelter supply over the past four years has occurred through the establishment of new facilities, rather than through adding beds to existing shelters.

Most of Chicago's shelters are small. However, about two-thirds of its shelter beds are in large facilities and one-half of its beds are in shelters with 100 or more beds. In fact, because of a few very large facilities, one-fifth of Chicago's overall shelter bed capacity is contained in shelters with over 200 beds. On the other hand, much of Chicago's increase in shelter capacity over the past four years has occurred not through expansion but from the creation of new facilities which tend to have fewer beds.

Exhibit 5.5

Distribution of Shelters By Size, 1988 [a]

	Percent Of Shelters Which Are Small	Beds In Small Shelters As A Percent Of All Beds
Philadelphia	85	45
Chicago	71	33
Los Angeles	69	22 [b]
Houston [c]	73	20
New York	77	13

[a] This table refers to beds in regular shelters "Small" shelters contain 50 or fewer beds

[b] These percentages reflect the inventory as of May 1987, and do not include the 1,000 - 1,500 new beds that came on-line between then and mid-1988 Combined Los Angeles City and County values for this Exhibit are 79 and 36

[c] Combined Houston and Harris County values are the same

In New York, although the majority of shelters are small, the City must use its public facilities to shelter thousands of individuals. It is not surprising, therefore, that shelters with over 100 beds contain a sizeable proportion of all of the city's shelter beds. These shelters make up about one-quarter of the City's shelter facilities.

While more than two-thirds of Los Angeles' shelter facilities are small, almost 80

percent of all beds are in large shelters and one-half of the City's shelter capacity is in facilities with 100 beds or more. Most new facilities over the past four years have either had less than 25 beds, or between 100 and 200 beds, and the latter account for two-thirds of the beds in new facilities.

Shelter size is largely divided along public/private and emergency/transitional lines. In general, private, transitional and specialized shelters tend to be small, while some public emergency shelters are enormous There are, of course, exceptions. In Houston, almost three-quarters of all shelters are small, yet a new 150-bed transitional shelter, funded under the McKinney Act, has been sited in the City's outskirts.

As cities become able to move beyond emergency responses to homelessness, it is expected that the average size of shelters will diminish, more and more transitional facilities are likely to be brought on line. However, the effect on capacity of this trend toward smaller shelters is expected to be modest. Although the majority of new shelters in the Nation's five largest cities are small, most of the shelter supply is still concentrated in shelters with more than 50 beds. Thus, the efforts which have been made, especially by private groups, to meet the shelter needs of the homeless without resorting to warehousing, have not yet succeeded in substantially replacing larger facilities with smaller ones

Suburban Shelter Systems

In the suburbs, information on shelter size is somewhat sketchy, but that which is available indicates that suburban shelters are smaller, on average, than those in central cities. This seems to be a consequence not only of the perception of less demand for shelter and fewer resources available to private groups and local governments, but also a result of neighborhood resistance to shelters, particularly large ones.

Westchester County, New York, illustrates the differences in scale between urban and suburban shelter systems. Despite the fact that Westchester is a large urban county with a significant number of homeless persons, about two-thirds of its shelters are very small (having less than 25 beds) and only 20 percent of all shelter beds are in large communal facilities. As in the larger cities, transitional beds are more likely than emergency beds to be located in smaller shelters. Likewise, in the suburbs of Houston, most shelter beds are in smaller facilities; in suburban Chicago, almost all shelters have fewer than 50 beds; and, in suburban Philadelphia, shelters range in size from four to 100 beds, with most having fewer than 50.

Perhaps reflecting the blurring of urban and suburban boundaries, the size of shelters in suburban Los Angeles is unusual compared to the other suburban jurisdictions. Nearly 90 percent of the suburban shelters are small, but a substantial portion (40 percent) of overall bed capacity is contained in a few large shelters with 50 to 200 beds. Furthermore, over the past several years, there has been a trend away from shelters with fewer than 25 beds. In fact, one-half of all new beds are in two new shelters (with 150-bed and 62-bed capacity, respectively).

LENGTH OF STAY

The length of time that homeless people stay in shelters is influenced, among other things, by whether there is shelter entitlement in a community. In unrestricted right-to-shelter cities, homeless residents are entitled to stay as long as they require shelter; the amount of time they spend in the system, then, reflects the time it takes to return to a more stable living situation. In cities where no such right to shelter exists, the homeless may be permitted to stay as little as one night at a time in some shelters, or as much as 18 months or more in some transitional facilities. The average length of stay in these places, then, reflects the rules on length of residence that are established by different shelters in the system.

In Los Angeles, where shelter entitlement is limited to only those who have applied for welfare assistance, the average length of a shelter stay was 34 days in 1988; and, in Chicago, it was 23 days. This compares to New York City, where about one-fifth of all families stay in the system for more than eighteen months, and four percent stay for more than three years. In Philadelphia, another right-to-shelter city, families stay for nine months, on average, and individuals stay for six months.

Since information on length of stay in shelters is ordinarily maintained by individual providers, it is difficult to determine from the data at hand the total amount of time that those who move from shelter to shelter spend in the shelter system. Such serial patterns of shelter residence would be more common in places where there is no entitlement to shelter and, therefore, where limited periods of residence in any one shelter are the rule. If such patterns of shelter residence could be taken account of, the overall length of stay of the homeless in shelters in non-entitlement cities might be longer than indicated above. Indeed, in some of these cities, the shelter system is viewed as a revolving door through which shelter occupants pass more than once. It is partly in response to this phenomenon that, through transitional shelters, providers are moving toward extending the length of stay in shelters to a time sufficient to provide the kinds of support services required to assist shelter residents to move toward greater self-sufficiency.

PROGRAMS AND SERVICES
TO ASSIST HOMELESS PERSONS

Beyond the provision of shelter, a wide range of assistance is available to homeless persons in the Nation's five largest cities, including: income support through welfare entitlements; basic and crisis-oriented services like food, clothing and acute medical care; rehabilitative services such as alcohol and drug treatment as well as psychiatric care; services related to skills development involving education and training; and facilitating services like child care, transportation, job and housing counseling which enable homeless individuals to benefit from the other services being offered. Some of this assistance is available to all low-income persons regardless of whether they are homeless, some is targeted primarily to those who meet welfare eligibility criteria, and some is targeted solely to the homeless. The extent to which homeless persons benefit from any of these forms of assistance depends on the type of program or service, the extent to which it is targeted, the location of a service, its relation to other forms of assistance, the administering authority, and on the ability and persistence of the homeless person to locate and utilize the assistance.

This chapter separately discusses non-targeted and targeted forms of assistance, then describes the extent to which they are shelter based and, finally, addresses the issue of the coordination of the many and varied programs and services available to the homeless.

NON-TARGETED ASSISTANCE

Two types of benefits and services—entitlement and non-entitlement—are available to homeless persons not because they are homeless but because they are indigent or otherwise in need of assistance. Each is discussed below.

Non-Entitlement Services

Though not specifically targeted to the homeless, there are several types of non-entitlement programs that can assist homeless persons. These vary in the extent to which there are formal eligibility requirements, and the degree to which they are accessible to homeless persons. What such programs and services have in common is that they are not entitlements and, therefore, there are limits to their usage.

A number of non-entitlement programs do not require formal eligibility tests and are available to all low-income persons. Food programs (including food pantries, food banks, and soup kitchens), clothing exchanges, and emergency medical care at city and county hospitals and clinics are examples. The overall volume of use of these services clearly is high, but recordkeeping to identify homeless users among all program users is not often available.[1] Therefore, the proportion of these services going to the homeless is not generally known to local observers.

Chicago is an exception to this lack of information on the use of such services by the homeless. According to one survey conducted in locations where the homeless are likely to congregate,[2] 14 percent of all homeless persons used meal programs, nine percent were receiving alcohol treatment, six percent were receiving counselling, and three percent were using drug treatment services Clearly, the usage by the homeless of these particular non-entitlement services is quite modest. It is interesting to note that the use of these services was much greater among those individuals who, though not homeless at the time of the survey, had experienced homelessness previously. For example, 68 percent of such respondents had used meal programs at one time or another,

compared to the 14 percent of those currently homeless.

Other non-entitlement programs do involve eligibility tests, in addition to poverty, these may include household composition or disability status. For example, training provided under the Job Training Partnership Act includes a certification process to establish that applicants are economically disadvantaged because their incomes fall below Federal poverty guidelines. Because the program is not an entitlement and because funds are limited, local program administrators impose additional eligibility screens in order to serve "those most in need." The Chicago study indicates that only 10 percent of the homeless are receiving training.[3] According to some local observers, the barriers to participation in non-entitlement programs which involve eligibility tests may be greater than for walk-in services like soup kitchens; their point is that persons with no fixed address find it difficult to receive mailings and notices, and to schedule their time in the manner that is demanded by a training program.

Welfare Entitlements

Welfare entitlements include both income transfers and in-kind transfers such as food stamps and medicaid. Insofar as it can be presumed that virtually all of the homeless meet the poverty criterion for receipt of welfare benefits, income-transfer programs are potentially a substantial source of benefits Programs providing income support include Public Assistance (a welfare program for single, indigent individuals which some localities refer to as General Assistance or General Relief); Aid to Families with Depend-

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1   Because such programs do not ordinarily require proof of eligibility, the kind of documentation such determinations would provide, and which may have been one way of identifying the homeless among users, is often not available.

2   Michael R Sosin, *et al*, *Homelessness in Chicago Poverty and Pathology*, *Social Institutions and Social Change*, The Chicago Community Trust, June 1988

3   *Ibid*

ent Children, AFDC (a program for households which include minor children); and Supplemental Security Income, SSI (a program for the aged, the blind, and those suffering from various mental and physical disabilities). In addition to income support, some of these programs make other services available as well. For example, in states in which Work Incentive (WIN) demonstration programs operate, recipients of AFDC may also receive education and training as well as such facilitating services as child care to make them more employable.

Since some welfare recipients become homeless, welfare grants may not always be sufficient to maintain permanent, independent housing. One study of the value of the housing component of AFDC grants estimated that, on average, they covered substantially less than fair market rents.[4] Even so, such grants provide income to pay for other necessities including food, as well as for items such as bus fare and laundry.

In addition to serving as a source of income for everyday necessities and services, welfare grants in most of the study cities are being used as a source of savings to cover future housing-related expenses like rent deposits, utilities and moving costs. In a number of cases, shelter providers, particularly those operating transitional facilities in which residents stay for longer periods, are establishing savings plans for shelter residents Typically, providers require that residents deposit some portion of their welfare grant into a fiduciary account which is set aside for housing. In Philadelphia, welfare recipients must deposit 75 percent of their grant into a savings fund; the use of the remaining 25 percent is discretionary. In New York, Chicago, and Los Angeles, providers are also requiring that shelter residents set aside part of their grant, though the portion is generally not as great as in Philadelphia. These savings funds are returned to shelter residents when they are ready to move to independent living quarters.

Entitlement Gaps

In actual practice, the amount of welfare income available to pay for services, and as a source of savings for future housing costs, is limited. Exhibit 6.1 gives the estimated per-

Exhibit 6.1

Percent Of The Sheltered Homeless Population Estimated To Be Receiving Selected Income Support,[a] 1988

	Percent
New York [b]	67
Philadelphia [c]	46
Los Angeles [d]	45
Chicago [e]	34
Houston [f]	<1

[a] This Exhibit covers AFDC and General Assistance SSI, Medicaid, Food Stamps and other welfare programs are not included

[b] In New York, 100 percent of families are receiving welfare benefits (AFDC), but only 10 percent of single individuals are receiving such benefits according to the New York City-Human Resources Administration

[c] City of Phila Office of Services to the Homeless and Adults

[d] AFDC participation rates were not reported, however, the United Way (1986) reported that only 30 percent of the applicants for General Relief are accepted Another report estimates that in 1987, there were 3,500 General Relief recipients in Los Angeles' skid row area (see Hamilton, Rabinovitz, Alschuler, Inc, "The Changing Face of Misery Los Angeles's Skid Row Area In Transition, Community Redevelopment Agency of Los Angeles, 1987) This would mean that one-third of those living in mission shelters and SROs receive General Relief Assuming that this ratio also applies to the single sheltered population outside of skid row, and also assuming that virtually all families are receiving public assistance, about one-half of the total sheltered population of Los Angeles may be receiving public assistance

[e] City of Chicago, Department of Human Services According to Peter H Rossi, six percent of the *total* homeless population received AFDC in 1986, and about 22 percent received General Assistance *The Condition of the Homeless of Chicago*, Social and Demographic Research Institute, University of Massachusetts, and National Opinion Research Center, University of Chicago, September 1986, p 85

[f] City of Houston Department of Community Development and Planning

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[4] Ann Schnare and Sandy Newman, *Reassessing Shelter Assistance in America, Vol I, Analysis and Findings and Vol II, Data Book*, The Urban Institute, Washington, D C , February 1987

centages of the sheltered homeless in each of the five cities who are receiving welfare benefits. It is assumed that the percentage of the non-sheltered homeless who are receiving welfare benefits is lower; whatever barriers exist to program accessibility are undoubtedly even more formidable for those living "on the streets."

Even for those homeless who are living in shelters, entitlement gaps exist In general, income support is much more available to families than it is to single individuals, although in neither the AFDC program, which provides income support to families, nor the General Assistance program, which provides income support to single individuals, is poverty the sole criterion for eligibility. Thus, for example, some state AFDC programs, known as AFDC-UP, include unemployed parents in the entitlement while others do not. Among the five study cities, Houston is the only one in which the AFDC-UP program is not in effect.

However, AFDC is more easily obtained than General Assistance because, among other reasons, it is available in all jurisdictions, whereas General Assistance is not always available or is available only for a limited period of time. Furthermore, unlike AFDC, in some cases the General Assistance program is only available to people who are employable and, in others, only to the disabled who are awaiting benefits under the SSI program. The latter, though an entitlement program, is only for persons with certifiable, chronic disabilities and excludes some people who may be too disabled to find steady employment but who, nevertheless, do not meet the certification criteria.

Even in New York, where virtually all sheltered families receive welfare benefits, it is noteworthy that, at most, 10 percent of all single individuals receive them. According to the City's Human Resources Administration, the participation rate among single individuals is low because of their inability to fulfill the work-search requirements of the General Assistance program. In Los Angeles, although family participation rates are much higher than those for single individuals, United Way officials estimate that even those single in-

dividuals initially accepted for General Relief have difficulty staying on the rolls. Supplemental Security Income is said to be even more difficult to obtain and to maintain. This is attributable to stricter medical certification criteria under the latter program, coupled with the fact that recertification requires documentation showing that the condition is chronic.

In addition to barriers related to program eligibility requirements, some observers in the Nation's largest cities report that the homeless have a particularly difficult time obtaining the benefits to which they are entitled because of problems thought to be more prevalent among the homeless, including a higher incidence of psychiatric disability. Because of the administrative hurdles involved in applying for welfare assistance, individuals suffering from such disabilities may find it particularly difficult to establish their eligibility. Furthermore, the situational problems of the homeless —including the fact that they lack a fixed address—may make it more difficult for them to claim benefits. Finally, some advocates in Los Angeles expressed the view that some welfare systems are deliberately set up in such a way as to discourage would-be applicants.

Because of a general recognition of the special difficulties homeless persons encounter when applying for benefits, service providers in many cities are giving high priority to assisting the homeless with application processes. This assistance includes welfare advocacy on behalf of the homeless who are applying for entitlement benefits, help in filling out the necessary forms and in collecting documents required to establish eligibility, and the provision of a mailing address for receipt of benefit checks.

While 80 percent of the families that come into the New York City shelter system are receiving AFDC benefits, virtually all of them receive such benefits soon after they are assigned to shelters. The shelter intake process includes help with the application; this has become a major function of the caseworkers assigned to the shelters. In Los Angeles County, the Department of Public Social Services has caseworkers throughout the County who help homeless persons receive entitlement benefits.

As part of a settlement of a law suit brought against the County, it was required to train its intake caseworkers to recognize the chronically mentally ill, and to hire -trained mental health professionals to assist them through the application process. In Chicago, as well, caseworkers, including those assigned to drop-in centers where the homeless congregate, have as one of their primary tasks helping the homeless to apply for benefits.

The higher welfare participation rates in shelter entitlement cities may be related to the fact that these communities have more systematic procedures for helping people to obtain welfare benefits. The income provided by such benefits is regarded as a potential resource for fostering independent living arrangements and reducing long-term dependence on the shelter system.

Although there may be barriers built into welfare programs that inhibit their accessibility to the homeless, some programs have special provisions for people who are homeless or suffering other income-related crises. These are the emergency aid and special needs components of income transfer programs like AFDC and General Assistance. AFDC Emergency Assistance programs operate in all of the study cities except Houston. In both Chicago and New York City, homelessness is one category of need for which emergency assistance is specifically available. In California, homelessness is one of a number of crises that qualify people for emergency assistance. In one month in 1988, for example, 1,288 homeless families were receiving such assistance in Los Angeles County. Some General Assistance programs also have emergency assistance provisions which cover homelessness

PROGRAMS AND SERVICES TARGETED TO THE HOMELESS

Entitlement and other assistance programs intended for low-income persons in general have been traditionally depended upon to provide income support and services to the homeless. Over the last several years, however, more new programs specifically targeted to the homeless have been developed by both the private and public sectors

Private-Sector Programs

Private non-profit organizations have provided a multitude of services to the homeless. One notable example is a series of Homeless Health Care demonstration projects funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust. Los Angeles is one of the four study cities involved in this project.[5] Over a four-year period, $1.4 million was provided for a clinic housed in a mission in the Skid Row area that serves single people, for another clinic in Venice that serves families, for an outreach service in the beach areas of Santa Monica and Venice, and for health-care related training and advocacy for shelter providers.

There are also services that are wholly funded and provided by private community-based, including religious, organizations. For example, in Chicago, Catholic Charities provides targeted services such as training in child rearing and budget management. A number of church ministries operating in Houston and surrounding Harris County, including the Westheimer Social Ministries, serve the homeless through food programs.

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5 This project, like some Robert Wood Johnson projects in other cities, has subsequently been incorporated into a McKinney Act-funded Health Services for the Homeless grants program

Government Programs

As patterns of service provision are changing, public sector services specifically targeted to the homeless have become more common. For example, several counties in the Philadelphia metropolitan area have established special "self-sufficiency" programs for the homeless which provide a comprehensive package of services. In addition, some local welfare programs are operating pilot adjuncts targeted to homeless persons. One such program, Project Chance in Chicago, provides training and counselling to homeless persons receiving General Assistance.

Programs funded under the Stewart B McKinney Homeless Assistance Act also have increased the total number of efforts targeted to the homeless in the Nation's five largest cities. There are 16 separate programs under the Act, most of which provide funding for many different kinds of services For example, a U S. Department of Health and Human Services McKinney Act grant to a non-profit organization in Houston will provide services to 100 homeless families. It provides housing payments for a limited period, funds for utilities and child care, bus tokens, job referrals, some food assistance, and some general educational classes. The Baylor College Medical program in Houston and the Neon Street drop-in center and residential dorms for youth in Chicago are other examples of new local service programs funded under the McKinney Act that target assistance to the homeless

In the absence of compatible, activity-specific recordkeeping across the five cities, it is not possible to determine the full impact of the McKinney programs on the provision of services to the homeless In some of the cities, by all accounts, the impact has been substantial. In Los Angeles, for instance, City officials believe that since general funding for homeless assistance was static or had declined, McKinney funds mitigated what was a funding crisis, partly by underwriting services. City officials in Houston believe that the McKinney programs were helpful in filling gaps in the types of services that were needed, especially

day care facilities. City officials would have opted for even greater funding flexibility to provide services than the McKinney Act permitted, however, especially because cities in Texas are prohibited from supplementing other sources of funding when providing welfare services. For this reason, Houston would have opted to use an even larger percentage of its Emergency Shelter Grant to increase local service capacity in existing shelters than permitted under the McKinney Act.

On balance, the McKinney programs, including those administered by the Department of Housing and Urban Development, appear to have had more of an impact, to date, on services than on shelter capacity. This is largely because of the importance that community officials and shelter providers attach to funding transitional facilities that emphasize case management and follow-up services.

THE LOCATION OF SERVICES FOR THE HOMELESS

To a considerable extent, the location of a service—the place where it is offered—is determined by the kind of service, its sponsorship, and the extent to which it is targeted to the homeless. Thus, training is generally offered in facilities which have classroom capacity. Food services, available not just to the homeless but to other low-income persons as well, are often located in neighborhood soup kitchens which, in turn, may be housed in schools or church basements. Services specifically targeted to the homeless are often available in locations where the homeless are likely to be found, including emergency shelters.

Shelter-Based Services

Shelters traditionally have been limited to a bed, food (or a snack), and referrals to ser-

vices provided elsewhere. But, according to local observers in all five study cities, in order to improve service delivery to the homeless there appears to be a trend toward providing more services as an integral feature of shelter programs. The growth of transitional shelters has hastened this trend They are designed to provide such services as necessary to increase the likelihood that residents will move toward self-sufficiency. In Philadelphia, for example, the United Way and the Philadelphia Health Management Corporation operate a demonstration that provides 100-200 homeless families with intensive, on-site case management that includes assistance in navigating through the welfare maze, the packaging of benefits tailored to each family's specific needs, and monthly stipends of between $300 and $500 for rent subsidy, job training, and child care. In Westchester County, New York, caseworkers are being placed in hotels and motels where vouchers are used by the homeless to provide on-site assistance. The County plans to increase the number of its contracts with non-profit service providers for the placement of caseworkers at these locations.

As part of the trend toward targeting services to the homeless by linking them to shelters, more services are actually being offered within the facilities themselves. For example, many of the Homeless Health Care projects funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust are providing health-related services in shelters Some McKinney Act health programs have also been put in place at shelters. In addition, there are service programs that are available both on- and off-site. For instance, the mental health programs provided by Los Angeles County are offered by various not-for-profit organizations as part of residential treatment, on site, and as outpatient programs. Several self-sufficiency programs in the Philadelphia suburbs of Bucks, Montgomery and Delaware Counties also offer services both on-site and off-site through a State-sponsored Bridge Housing Program.

Services To The Homeless Who Are Not In Shelters

With the exception of medical care and, possibly, food, there are fewer services targeted to homeless people living on the streets than to the homeless in shelters. People on the streets generally receive services if they come to a service provider on their own; there is very little "outreach" To deal with this situation, some communities have set up drop-in "service centers" that are accessible to people who are not in shelters. New York City, Philadelphia and Chicago have such centers that provide a range of services and referrals.

Drop-in centers in Chicago, partially funded by the City but operated by private, not-for-profit organizations, provide convenient locations where the homeless have access to a variety of different services whether or not they are shelter residents. Some of them have been deliberately sited in areas where the homeless are known to congregate. Among other things, they serve as the mailing address where homeless General Assistance recipients can receive their monthly checks. Staff at these centers also help with applications for public assistance. Meals, showers, and laundry facilities are made available, and some of the centers offer employment training, literacy classes and job placement services

Other immediate needs that are sometimes met at drop-in centers are health care (often through the Health Care for the Homeless project), carfare, small loans for medication or other emergencies and, in the case of at least one center, free shaves and haircuts when a volunteer is available. In addition, some drop-in centers provide case management and advocacy to help clients escape from homelessness. One component of the Robert Wood Johnson Health Care for the Homeless Project consists of mobile teams of doctors, podiatrists, and other medical professionals who provide medical services at drop-in centers so that they are available to the unsheltered homeless.

Finally, there are comprehensive programs that enroll the homeless, some of whom may

reside in shelters and some of whom may not, and provide them with a comprehensive package of shelter assistance and services. As an example, the Gulf Coast Community Services Association in Houston is providing 100 homeless families with housing-search assistance, rent and utility payments (for up to three months, according to a schedule), credit for child care, bus tokens; job referrals and a variety of classes including life skills, Head Start, GED, and vocational training.

THE COORDINATION OF SERVICES AND ASSISTANCE TO THE HOMELESS

Because of the division of responsibility for providing homeless assistance, and because of the diversity of the problems faced by the homeless population, coordination of all funding sources and service providers is clearly a special challenge. As has been shown, responsibility is shared not only by the non-profit and public sectors, but also by many different service sectors. Among non-profit groups, assistance is available from both religious and non-religious charitable organizations Within the public sector, it is available through the city, county, state and Federal governments. At the local level, it comes from welfare, public health, education, and human services agencies. The recipients of such services include parents with children as well as single men and women, and within these groups there are those facing problems such as spouse abuse, mental and physical disabilities including drug and alcohol addiction, illiteracy, lack of employment, social alienation, or various combinations of these.

Given the challenges presented by the diversity of the homeless population and by the many sectors involved in providing services, the coordination of services to the homeless has proven difficult. It is further complicated by the fact that some services are provided in, or in conjunction with, shelters, while others are not shelter-based. There is

clearly potential for both duplication of services and service gaps to occur, and each of the cities has responded uniquely to these challenges.

In the case of Houston, the provision of services basically remains fragmented. Services provided through the Harris County Department of Social Services, on the public-sector side, and by such entities as the United Way of the Texas Gulf Coast, Westheimer Social Ministries, and Catholic Charities, on the private-sector side, are essentially uncoordinated.

In the case of New York City, coordination takes place within an extremely complex system. The City's Human Resources Administration has responsibility for shelter services, and has chosen to provide services for families and for single individuals separately; it has divided responsibilities accordingly. Under its aegis, the Special Services for Adults branch is responsible for coordinating and providing shelter and services to individuals, and the Crisis Intervention Services branch is responsible for providing services to families. In addition, the Human Resources Administration coordinates services provided with a number of different independent departments of the City and the State, including the City Departments of Health, Employment, Housing Preservation and Development, and Mental Health, and the State Department of Social Services.

Philadelphia's Office of Services to the Homeless and Adults coordinates both shelter-based services, provided in the network of welfare hotels, personal care and boarding homes, and shelters that the City helps to fund, as well as services provided by the various departments of the City government, including the Departments of Welfare, Health, and Human Services. Like New York, the organizational structure by which services are coordinated is dictated by a division of the homeless population into separate groupings. Unlike New York, however, where the population is divided into families and individuals, the homeless population in Philadelphia has been assigned to four distinct groupings—the economically disadvantaged, the chronically

mentally ill, substance abusers, and the elderly —for purposes of coordinating appropriate packages of services.

In Los Angeles, the service delivery system is highly decentralized, with services being provided by over 240 County offices and a wide range of non-profit organizations. Even in Chicago, where the service delivery system is relatively centralized under the aegis of one agency, the Department of Human Services, services have to be coordinated among three separate entities, the Youth and Family Services Division, the Community Service Centers, and the Emergency Services Unit.

Because of the difficulties of coordinating such complex systems, case management has been cited by many local observers as particularly critical, and possibly the linchpin for moving people out of homelessness. Ideally, case management involves the assumption of responsibility by a social worker for constructing an individualized program capable of meeting the special needs of each homeless person. Case managers identify the kinds of services believed to be most beneficial, locate the particular providers, and link the homeless to them to facilitate service delivery.

All five of the study cities are moving to develop more case management capacity, although implementing this objective is costly and there is much concern about who will pay for it. Salaries for case managers cannot be fully funded out of HUD's Transitional Housing or Emergency Shelter Grant programs, with a 75 percent cap placed on payment for such services under the former and a 15 percent cap under the latter. Funds for case managers are sparse in both public and private social service agencies. Thus, although case managers can evaluate the needs of homeless persons and follow through to assure that they are met, coordinated case management is rare, even within the Nation's largest cities. In New York City, for example, where the homeless are assigned to case managers, the latter generally emphasize helping homeless persons apply for entitlement benefits but have little time to help them secure other services. In New Jersey, the court has ordered Welfare Boards to provide housing counseling and housing placement as-

sistance to all homeless persons. These boards, however, provide few other services.

Most efforts to improve service coordination are being undertaken by local governments through one-stop service offices or on-site provision of services by caseworkers to compensate for service networks that are large, complicated and difficult to access. Philadelphia, New York City, and Chicago have centralized "intake" centers which are open 24 hours a day. When homeless persons arrive, staff assign them to a specific facility for shelter where caseworkers will refer them for services. Westchester County, New York, is redesigning the job positions of some Department of Social Services staff to provide case management in order to facilitate contacts with many different service providers. In a few cities, services are tailored to the needs of the particular household. Thus, in New York City, different levels of service are provided for individuals and families: for example, there is more crisis intervention and integrated case management for homeless families than for unaccompanied individuals.

THE MIX AMONG CRISIS, REHABILITATIVE AND PREVENTIVE SERVICES

Many local homeless assistance providers in the five cities noted that the bulk of their effort was devoted to responding to crisis situations. Services aimed at those who require rehabilitation (e.g. substance-abuse treatment) or programs to promote independent living (e.g., child care and job training) are still uncommon, but are beginning to emerge. As previously noted, communities in the Philadelphia suburbs of Bucks, Montgomery and Delaware Counties are creating programs that help the homeless to become more self- sufficient. A locally based community organization in Houston provides a wide range of services intended to promote self-sufficiency. Likewise, a New York City based non-profit organization has received a

substantial McKinney Act Transitional Housing grant to support activities such as skills training for female heads of households in occupations traditionally dominated by men. Some organizations are providing High School Equivalency diplomas to groups not previously considered for such education An example is a small Salvation Army program in New York City which sheltered and graduated a number of homeless men who formerly found shelter in Grand Central Station. Some of these men have gone on to college.

All of the metropolitan areas are also providing services that focus on prevention as well as "treatment" of homelessness, though the definition and availability of such services is highly variable. In Los Angeles, local officials consider food programs to be preventive services, since recipients use less of their limited income for groceries and can direct more toward housing costs, thus lowering the risk of homelessness. Houston targets its

FEMA Emergency Food and Shelter program funds on prevention activities such as utility and rent/mortgage assistance.

In Houston as in the other cities, those who benefit from such prevention programs are not literally homeless, although they are believed to be at risk of homelessness. They include individuals who are in danger of eviction because of non-payment of rent and those who are in danger of losing or have already lost some income source which was depended upon to meet basic expenses. Preventive programs aim at stabilizing such persons until they can get beyond the situation that placed them at risk of homelessness while their living arrangements are still in place. Taking the preventive approach can provide benefits beyond simply reducing the number of homeless families and individuals; additional problems, such as disruption of neighborhood ties, that confront people once they become homeless, are avoided.

APPENDIX   A

Estimates of Shelter/Voucher Beds, Occupancy Rates,
and Number of Sheltered Homeless, 1988 [a]

	New York	Los Angeles	Chicago	Philadelphia	Houston
Capacity:					
Shelter Beds	18,700	5,679 [b]	2,578	2,553	2,928
Voucher Beds	11,800	4,653	10	4,383	240
Total	30,500	10,332	2,588	6,936 [g]	3,168
No. Of Sheltered Homeless: [c]					
In Shelters	18,700	5,679	2,166	2,553	1,376
With Vouchers	11,800	4,653	10	4,383	240
Total	30,500	10,332	2,176	6,936	1,616
No. Of Shelters	270 [d]	101 [e]	52 [f]	169	41

[a] Table values are based on the number of shelter beds documented to be on line as of mid-1988 plus the nightly number of vouchers in circulation In the absence of information on the nightly number of vouchers in circulation but, where information was available on the annual number of vouchers in circulation and on the average number of nights of shelter obtained from each voucher, the annual number was divided by 365 and then multiplied by the average number of nights of shelter obtained from each voucher in order to derive the nightly average Thus, in Houston, an estimate of the average number of vouchers in circulation on a typical night was obtained from the Harris County Department of Social Service, while Traveller's Aid was able to provide information on the number of vouchers issued annually as well as on the number of nights that the typical voucher was issued for By combining this information, it was possible to compute the average number of vouchers in circulation in the Houston/Harris County area on a typical night In Los Angeles, information available on the number of nights for which each voucher was available was used to compute the nightly average In New York and Philadelphia, information was available on the number of vouchers in circulation on a given night

[b] The number of shelter beds estimated for Los Angeles County reflects the addition of approximately 1,250 beds since May 1987 when the last printed shelter bed inventory was prepared

[c] In the cases of shelters in cities with unrestricted shelter entitlement (New York and Philadelphia), as well as with voucher-type programs in all five cities, occupancy is presumed to be 100 percent In the absence of detailed information, the occupancy rate for shelters in Los Angeles is assumed to be 100 percent The assumed occupancy rates in Chicago and Houston are 84 percent and 47 percent, respectively Insofar as families and single individuals have different occupancy rates, applying an average rate to the entire population will either under- or overstate the proportion of each subgroup among shelter occupants

[d] In addition to the 270 regular shelter facilities in New York, there are 50 welfare hotels that house 11,800 family members, considered voucher beds for purposes of this report The 18,700 regular shelter beds include about 5,800 for family members and 10,400 for single individuals (in a total of 68 shelters), as reported by the City in its homeless census reports for May 1988 The 270 regular shelter facilities also include an estimated 200 private facilities of which 132 are coordinated by the Partnership for the Homeless, containing a reported 1,577 beds The remaining estimate of about 70 shelters not part of either the City's or the Partnership's networks is based on a reported 864 beds outside of the two systems, plus an assumed number of beds per shelter approximately equal to that within the Partnership The Partnership for the Homeless, "Assisting the Homeless in New York City," January 26, 1988

[e] Shelter facilities in Los Angeles County, including the City, are those which were on line as of May 1987 Since that time, additional shelter facilities have been added

[f] There are an additional 158 specialized facilities providing personal care, etc , and involving purchase of service contracts

[g] Information on the shelter and voucher capacity of the Philadelphia shelter system was obtained from the Governor's Policy Office, Commonwealth of Pennsylvania, based on data submitted to it by the City of Philadelphia in July 1988 Included among the 6,936 total beds are some in apartments and houses that, although designed to promote self-sufficiency and independent living (goals similar to transitional housing programs for the homeless), may not be considered traditional homeless shelter spaces Also included are spaces available as housing for low-income aged and handicapped persons, as the need arises Other estimates have also been made For example, a 1988 report by the Coalition on Homelessness in Pennsylvania and Temple University's Institute for Public Policy Studies, entitled *Homelessness in Pennsylvania*, estimated that there were approximately 5,444 sheltered homeless persons throughout the State, with perhaps as many as two-thirds of them being in the City of Philadelphia