STAFF REPORT ON

HOMELESSNESS IN THE UNITED STATES

Prepared by the Staff of the U.S. Commission on
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HOMELESSNESS IN THE UNITED STATES

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INTRODUCTION TO COMMISSION STAFF REPORT ON HOMELESSNESS

The Commission on Security and Cooperation in Europe was established by Congress to monitor and encourage compliance among the 35 signatories to the Helsinki Final Act of 1975. The Commission is composed of nine Senate members, nine members of the House of Representatives and three presidential appointees from the Departments of State, Commerce and Defense. The Helsinki Commission issues reports, holds hearings, organizes bipartisan Congressional delegations to examine CSCE issues in participating nations and serves as a source of information on human rights and other aspects of the Helsinki Accords.

In November 1979, the Commission published a comprehensive domestic compliance report entitled - Fulfilling Our Promises: The United States and the Helsinki Final Act. The Commission undertook the project for numerous reasons. First, it believes that the United States should work with the other signatory nations to identify and acknowledge problems within our respective societies and attempt to find solutions to those problems. Second, as the Final Act encourages multilateral scrutiny of signatory compliance, self-examination enables the Commission to raise more credibly concerns regarding non-compliance by other signatory nations. Finally, the Commission is often called to respond to charges of U.S. non-compliance and the 1979 domestic compliance report has served as a useful data base. This report was subsequently updated in 1981, and was the subject of Commission hearings. The examination of homelessness in the United States since 1979 represents another segment of the Commission's ongoing review of domestic compliance issues.

This project on homelessness in the United States was undertaken by the Commission with the above considerations in mind. The report examines the issue of homelessness in America, its origins, dimensions and the responses to the growing problem, ultimately seeking to determine whether the United States is moving effectively towards fulfilling its stated international commitments under the Helsinki Accords.

EXECUTIVE SUMMARY

In 1989, the United States joined 34 other nations in promising to abide by the Vienna Concluding Document, which contains the most stringent human rights commitments ever agreed to by participating States in the Conference on Security and Cooperation in Europe (CSCE). The Vienna Concluding Document states that "promotion of economic, social, cultural rights as well as of civil and political rights is of paramount importance for human dignity and for the attainment of the legitimate aspirations of every individual." Agreement was reached to pay special attention to problems in the areas of employment, housing, social security, health, education and culture.

The Vienna Conference was marked by conflicting opinions regarding the relative values of traditional categories of civil and political rights on the one hand, and economic and social rights on the other. While some delegations argued that the two sets of rights were equally important, other delegations argued that the latter are in fact second-rate human rights, or not really human rights at all and that the two categories are irreconcilable.

While the realization of social and economic rights can often require substantial financial expenditures on the part of the state, maintenance of political and civil rights seemingly impose no such financial burden. Some are prompted to denigrate economic and social rights because of their implied costs. In fact, the protection and promotion of the civil and political rights of a nation's citizens can also prove expensive. America's policies of racial non-discrimination, at all levels of government, rely upon elaborate and costly mechanisms that implement and enforce laws, rules and regulations forbidding racial discrimination within the private and public sectors. The economic costs of promoting a society that does not discriminate on the basis of race is balanced against the moral costs of one that does.

In 1979, the Helsinki Commission issued its first comprehensive report on U.S. compliance with the Helsinki Final Act. At that time, U.S. housing policy was sometimes faulted at home and abroad for insufficient supplies of publicly financed housing to meet the needs of economically disadvantaged citizens. The Commission reported, however, that the U.S. Government's numerous and varied on-going housing programs "indicate a firm, abiding commitment to comply with the Helsinki Final Act's provisions on economic and social rights."

Eleven years later, fiscal priorities have diminished the value in real terms of important assistance programs and drastically curtailed government commitment to those most in need. Private nonprofit and religious organizations must provide the vast majority of aid to America's homeless. Despite the demonstrated need for more federally subsidized housing, which dramatically and visibly increased each year, federal low-income housing assistance has diminished, programs aiding the poor have been severely cut, and

the minimum wage remains insufficient to provide economic viability for adequate housing. America's poverty population has grown substantially, and consequently, so has homelessness.

On any given night in the United States, it is estimated that at least 735,000 individuals are without shelter. As many as two million Americans are without shelter for one or more nights during the course of the year. The fastest growing group among the newly homeless in America are families with children. Alcohol and drug abuse, mental illness and chronic disease are widespread among the homeless population, and homeless individuals often have no sustaining relationships with family, friends or others.

Of course, nations have widely varying levels of resources available to promote the economic and social interests of their citizens. The true measure of how well a nation meets the needs of its citizens, however, is not just the amount of resources expended, but also the fair and effective management and distribution of such resources. And while resources may be limited, equity should never be. By this standard, there is no justification for the precipitous decline in recent years in available housing for America's poor citizens.

However the United States government approaches issues of housing and homelessness - whether from a human rights perspective or as a matter of state obligations to citizens - the Vienna Concluding Document has set realization of economic and social rights as a fundamental goal of society. Concomitant with that commitment is a federal responsibility to plan and implement policies and programs to achieve this goal.

Many socialist nations have failed to provide adequate economic and social supports for their citizens, and housing shortages in Eastern Europe and the Soviet Union have reached acute proportions. That Americans living in poverty are relatively rich in the world as it exists today, however, cannot justify deficiencies in aid to poorer citizens of this nation. The issues of poverty in the United States relate directly to social and economic justice and reflect political choices of policymakers. The degree of growing need in a country of vast wealth should be examined openly. The United States government should not, as in the past, simply respond that discussion of economic and social policies of CSCE states detracts from more urgent civil and political liberty issues. All are important, interrelated issues of genuine concern to governments and people of the Helsinki process.

This nation's choices, policies and opportunities regarding growing poverty and homelessness will undoubtedly come under international scrutiny in the coming years. The failure to formulate effective policies and provide government assistance to help those most in need become self-sufficient, contributing members of society is not justifiable and will simply not withstand close examination along the lines of Helsinki and other international commitments. If the United States does not show significant improvement in this area, then we must be prepared to answer why, not only to the nations of the world but, more importantly, to our own people.

I. INTERNATIONAL DEVELOPMENTS REGARDING THE RIGHT TO SHELTER

Growing worldwide homelessness and its associated problems pose serious and complex questions for both developed and developing nations. The United Nations has estimated that one in four human beings resides in unfit shelters or lives without any shelter at all.[1] The U.N. campaign designating 1987 as the "International Year of Shelter for the Homeless," underscored international recognition of homelessness as a major issue. Stating that, "Shelter is a basic human need, as well indeed as an entitlement due to all human beings," the director of the U.N. campaign opines, "governments and people have been awakened to the cause of shelter, and there is a reservoir of good will and commitment waiting to be harnessed into its service. What remains is to translate all this into tangible action to improve the shelter conditions of the poor."[2]

Responses to homelessness at the global, regional, national and local levels, reveal varying political, cultural, social and economic precepts and reflect the demographic and fiscal conditions, as well as existing dwelling capacity of a given area. Official responses to the problems of homelessness are developed and implemented through jural policy frameworks which define relationships between a government and its citizens in terms of a distribution of limited resources.

Homelessness has developed to different degrees in free-market Western nations with established welfare systems. Homelessness and poor living conditions in Eastern Europe and the Soviet Union - conditions now conceded to be much more extensive than previously acknowledged - have likewise revealed fundamental weaknesses in Marxist-Leninist systems which, theoretically, provide universal economic and social rights, including the right to shelter. Despite allocations of billions of dollars by world governments to provide affordable shelter and other services related to homelessness, the problem, by most estimations, continues to grow.

The existence of inalienable civil and political liberties is generally accepted and codified in the constitutions and legal codes of most nations, as well as in numerous international treaties. International human rights scholars refer to these rights as "first generation rights," established by such documents as the "Declaration of the Rights of Man" and the United States' "Declaration of Independence." The supposition that an individual is also bestowed with certain social, economic and cultural rights, or "second generation rights," however, is widely debated. Such debate finds substance in development of formal international human rights standards and in consideration of the scope and nature of governmental responses to poverty and homelessness.

Former President Franklin Roosevelt explicitly connected political and economic rights in his "Four Freedoms" concept, incorporated loosely in the Charter of the United Nations. These "Four Freedoms" - freedom from want, freedom from fear, freedom of religion and

freedom of speech and expression - are further reflected in the Universal Declaration of Human Rights, adopted and proclaimed by the United Nations General Assembly in 1948. This document further defined common standards of human rights and fundamental liberties, including social and economic rights. Article 25, section 1, proclaims,

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care...

The Vancouver Declaration on Human Settlements, developed in 1976 by official representatives of 132 nations, outlines a comprehensive global approach to shelter issues, including a wide range of social, economic, cultural and environmental provisions relating to basic human needs. While the Vancouver document declared a universal commitment to the provision of decent housing for all human beings, 21 Western nations, Japan, Fiji, Honduras and Columbia voted against final endorsement or abstained because of the document's implicit endorsement of a previous U.N. resolution equating zionism with racism.

Four other international accords, the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Convention on the Elimination of All Forms of Racial Discrimination (CERD), and the American Convention on Human Rights (ACHR), include language reaffirming the right to housing. These were introduced between 1965 and 1969 in the United Nations and, in the last instance, the Organization of American States. In February 1978, President Jimmy Carter submitted the four treaties to the United States Senate for ratification. They have yet to be ratified.

While the preceding documents represent important milestones in the establishment of an internationally recognized right to shelter, the Helsinki Final Act, signed by 35 Heads of State in August 1975, is the starting point of the Helsinki Commission's involvement in this issue. The Helsinki Accords established, among other things, standards of human rights behavior. The latest full-scale compliance review meeting of the Conference on Security and Cooperation in Europe (CSCE) ended in Vienna in January 1989, when the 35 participating States gave consensus to the Vienna Concluding Document (VCD). Paragraph 14 of the VCD states:

> The participating States recognize that the promotion of economic, social, cultural rights as well as of civil and political rights is of paramount importance for human dignity and for the attainment of the legitimate aspirations of every individual. They will therefore continue their efforts with a view to achieving progressively the full realization of economic, social and cultural rights by all appropriate means, including in particular by the adoption of legislative measures.

> In this context they will pay special attention to problems in the areas of employment, housing, social security, health, education and culture. They will promote constant progress in the realization of all rights and freedoms within their countries, as well as with other States, so that everyone will actually enjoy to the full his economic, social and cultural rights as well as his civil and political rights.

The above quoted text, which includes explicit reference to problems in the area of housing, reflects an East-West debate over the appropriateness of equating economic, social and cultural rights with civil and political rights. The distinction made during negotiations at Vienna was that civil and political rights could and should be granted immediately while the realization of other rights would require time. Subsequent references to the promotion of social justice and the improvement of living conditions are made in the Concluding Documents of the Bonn Conference on Economic Cooperation in Europe and the Copenhagen Meeting of the Conference on the Human Dimension of CSCE.

The Soviet Union and its allies have often criticized homelessness, poverty, and unemployment in the United States and other Western nations in CSCE meetings. U.S. response to such criticism is represented by remarks of the U.S. Head of Delegation in Vienna who argued that economic and social rights, while crucial, represented secondary "quality of life" concerns reflecting individual aspirations, as opposed to traditional civil and political rights reflecting innate freedoms common to all people.[3]

Homeless advocates, service providers, researchers and others believe that shelter and housing assistance, like other public assistance programs, should be established as entitlements guaranteed by law. While no legal right to shelter currently exists on a nationwide basis, a legal right to shelter has been established by legislation in the states of California and West Virginia, and in Washington, D.C., New York City, St. Louis, and Atlantic City.[4] These laws require that the municipal and state governments guarantee shelter to those who request it and meet certain requirements. The citizens of Washington, D.C. voted in a 1984 referendum to establish a guaranteed shelter requirement. In June 1990, however, the City Council passed legislation that effectively weakened the guarantee, citing its excessive costs. Homeless advocates intend to challenge the Council's action in court and are seeking to place a similar referendum guaranteeing shelter before city voters in November, 1990.[5]

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II. DEFINITIONS AND ENUMERATIONS OF HOMELESSNESS IN THE USA

A. Defining Homelessness

The term "homeless" must be defined before considering the incidence and dimensions of homelessness in the United States. Definitional problems are inherent in the fluctuating conditions of time and location associated with the homeless. A homeless individual may be without shelter one night, a week, a year, and may also be transient, moving from shelter to shelter, and from city to city. This section will present and address various definitions and conceptualizations of homelessness.

One conceptualization of homelessness implies a continuum ranging from complete absence of shelter to a near stable home environment with varying degrees of homelessness existing between the two extremes.[1] Individual definitions will encompass varying degrees within the continuum. In addition, when homelessness is viewed as a function and/or symptom of poverty, definitions will vary as reflections of relative material and economic conditions. A group of researchers summarizes such definitional limitations:

> Under all definitions, homelessness refers not to an absolute condition but to a deprivation that varies in degree, depending on the extent to which the location departs from housing that is considered standard, the extent to which the location is temporary or unstable, and the length of time these conditions must be endured. The extent of deprivation also depends on the degree to which homelessness, defined in terms of time and place, is combined with social isolation and material poverty. Within the broader definitional boundaries of homelessness, there are extremely wide variations on each of these dimensions of deprivation. Thus, homelessness is not adequately defined by specifying its outer limits.[2]

The following definitions, formulated by U.S. government organizations or private researchers, illustrate various conceptions of what constitutes homelessness.

The U.S. Congress, in the first comprehensive legislative package directed at homelessness, defines "homeless" in the Stewart B. McKinney Homeless Assistance Act of 1987 as:

(1) an individual who lacks a fixed, regular, and adequate nighttime residence; or

(2) an individual who has a primary nighttime residence that is
   a) a supervised or publicly operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

b) an institution that provides a temporary residence for individuals intended to be institutionalized; or

c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The 1984 U.S. Department of Housing and Urban Development (HUD) "Report to the Secretary on Homeless and Emergency Shelters" defined "homeless" as a person whose nighttime residence is:

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

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

While the above definitions focus primarily on the inadequate forms of shelter an individual might inhabit, other definitions encompass broader conditions of the homeless environment.

The National Institute of Mental Health (NIMH) stated in the early 1980s that no commonly accepted definition of homelessness existed.[3] American Psychological Association members participating in a 1983 National Institute of Mental Health (NIMH) seminar developed a working definition of a homeless person as "anyone who lacks adequate shelter, resources, and community ties."[4] Similarly, the United States General Accounting Office defines "homeless", in a 1985 survey reviewing more than 130 local and national homelessness studies, as "those persons who lack resources and community ties necessary to provide for their own adequate shelter." One researcher noted for work with the mentally ill, families and children, further addresses the concept of a homeless individual's disaffiliation with conventional means of support in a definition which states, "homelessness is often the final stage in a lifelong series of crises and missed opportunities, the culmination of a gradual disengagement from supportive relationships and institutions."[5]

While many definitions of "homeless" exist and each encompasses various conceptualizations of a shelterless environment, the operationalization of definitions, that is, their use in specific research studies, remains problematic.[6] Such problems are revealed in widely varied results of attempted enumerations of the homeless, and in the wide range of responses to homelessness at all levels. A group of researchers points out that, "There is no correct definition; rather, different definitions have different uses."[7]

B. Counting the Homeless Population

The use of varying definitions of "homeless" only partially accounts for the wide discrepancy in figures compiled on this population in the United States, which ranges from 250,000[8] to 3,000,000.[9] National enumerations utilize different methods, target different segments of the homeless population, focus on different geographic areas and then project a nationwide estimate. Complicating this already difficult task are certain characteristics of homeless persons making them difficult to count by conventional counting methods.[10] Homeless people, for economic, safety, and other concerns, move from place to place and often sleep in different locations. Personal safety concerns lead many homeless people to conceal themselves as much as possible. Furthermore, the episodic nature of homelessness affects enumeration research -- an individual without a shelter during one survey, may find acceptable lodging during another.[11] In addition, researchers have noted difficulties distinguishing between homeless persons and extremely poor individuals on the borderline of becoming homeless.[12] Such individuals might be living with relatives or friends, using services frequented by homeless persons, but generally appear destitute and vagrant.

The 1989 Annual Report of the Interagency Council of the Homeless, an organization established within HUD by the McKinney Act to coordinate responses to homelessness by seven Federal agencies, concludes that the best estimate of the homeless population on any given night was between 500,000 and 600,000.[13] This estimate approximately doubles the 1984 HUD estimate,[14] and closely coincides with estimates projected in a 1989 Urban Institute study.[15] The Alliance Housing Council, in 1988, estimated that 735,000 individuals are homeless on any given night.[16] The high range of estimates was given in 1982 by homeless advocates who estimated that one percent of the U.S. population (2.2 million) was without shelter and that during 1983, the total would rise to three million.[17] Each of these figures is generated by enumerative methodologies with self-acknowledged flaws, and no researchers claim to provide definitive numbers on the national homeless population.

The United States Census Bureau, whose findings affect not only the apportionment of the House of Representatives, but influence the allocation of federal funds, first attempted to enumerate "selected components" of the homeless population in March, 1990. Recognizing the impossibility of accurately counting every homeless individual, the Census Bureau limited their count to specifically defined segments of the population, such as those living in shelters, the streets, abandoned buildings, or other known areas where homeless gather. About 2,600 Census employees attempted to count the homeless nationwide at approximately 11,000 shelter sites and 24,000 other locations where the homeless were known to congregate.[18] The Bureau will not publish a single sum representing the entire population, but rather totals reflecting specific areas of enumeration. Critics of the Bureau's plan, including a number of service providers, shelter managers and homeless individuals who refused to participate in the enumeration fear that inaccurate Census results will be used by policy-makers as a basis for appropriations decisions despite the fact that an undercount is considered inevitable.[19] The Bureau's plan included a five-city survey

designed to measure the approximate accuracy of the enumeration. Results of both the Census and the studies gauging the accuracy of segments of the homeless count are expected in late 1991.

A 1985 General Accounting Office (GAO) survey of 130 national, state and local studies concluded that "...there was consistent agreement in the state and local studies we reviewed that it [homelessness] is growing. This was corroborated in the interviews we conducted with shelter operators, researchers, and government officials."[20] A 1989 U.S. Conference of Mayors study on hunger and homelessness in 27 major cities reports the demand for emergency shelter on the rise in all but three survey cities, and nine of ten respondents anticipated further increases in 1990.[21] HUD has estimated that between 1980-83 the homeless population increased 10 percent each year.[22] A 1983 Conference of Mayors report estimated that homelessness had increased by 38 percent in 1983.[23] The National Coalition for the Homeless, in a 1988 report cites an increasing annual rate of homelessness of between 20 and 25 percent.[24] While a definitive national estimate of the homeless population remains elusive, there is widespread concurrence that the number of homeless Americans has increased dramatically since 1980, and is still growing significantly today.[25]

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III. DIMENSIONS AND PROBLEMS OF THE HOMELESS

This section will outline major dimensions of the homeless population, its social economic and demographic characteristics, and will present various problems affecting America's homeless. The homeless population is heterogeneous and spans all ages, ethnicities, and family circumstances. The increase in number and diversity of this population has likewise caused new and complex problems which now face the homeless and those providing services for them. While statistics on the homeless vary widely, for reasons discussed above, certain characteristics of this population have been revealed in recent studies. The homeless no longer fit a stereotyped image of alcoholic, middle-aged males, down and out in an urban skid-row. Today, America's homeless can be families, veterans, minorities, children, employed, AIDs-infected, drug and alcohol addicted, elderly or living outside of cities. Whoever and wherever they may be, the homeless require comprehensive support services that offer more than adequate shelter, food and clothing.

The condition of not having a regular, adequate source of shelter presents formidable obstacles to even the most routine activities one associates with a "normal" lifestyle. Invariably, psychological and physical debilitation are the results of extended homelessness. The inability of individuals who lack shelter and a fixed address to obtain treatment and assistance, compounds problems associated with homelessness and perpetuates the state of homelessness. Homeless individuals often lack skills and training for higher income jobs, and job training opportunities are often scarce. While the range of homeless conditions varies from individual to individual and from place to place, a homeless existence is often marked by the lack of: supportive personal or professional relationships, basic hygiene, a nutritious diet and exercise regimen, and access to goods and services. One research psychiatrist describes the emotional state of homeless individuals as follows:

> All homeless people are depressed and anxious. Being homeless erodes people's self-esteem. It makes them invisible, without any real identity. It strips them of the normal things most of us take for granted and reduces them to another level of existence, a grotesque existence. Every day the homeless need to find a way to put food in their bellies or survive in the cold. They are regularly assaulted; the women are regularly raped. So their depression is at a much more profound level than most people's. They don't have the usual connectedness to other people and to caretaking institutions. They're isolated and estranged. What everybody should imagine is what it would be like to lose absolutely everything, so that you don't even have somebody to call up.[1]

A. General Dimensions of the Homeless Population

The complex and varied characteristics of the homeless population make presentation of who might be considered a "typical" homeless person, or an accurate homeless typeology, virtually impossible. However, on the basis of broad empirical observations, a homeless individual in America is likely to be a single, black urban dweller between 25- and 35-years-old, who has completed at least two years of high school and demonstrates a combination of personality disorders, physical ailments, and/or problems resulting from alcohol and drug abuse. This individual has probably been homeless for more than one year, has not worked in the past month, collects some, but not all of the benefits he might be entitled to, and does not sleep in the same location on a regular basis.

1. Age

According to a 1984 HUD study and the 1988 Institute of Medicine study by Health Care for the Homeless, the median age of the adult homeless population is approximately 34 years. Other reports place the median age between the late 20s and late 30s, including the 1989 Annual Report of HUD's Interagency Council on the Homeless and a 1989 National Institute of Mental Health survey of eight city studies.[2] The median age for homeless women is generally two to six years younger than homeless men.[3] There is a general concurrence among researchers that an increasing number of young people are becoming homeless.[4]

a) **Children**

Homeless children under the age of 19 account for between 10 and 20 percent of the homeless population.[5] A 1989 U.S. Conference of Mayors survey of 27 cities cites unaccompanied youths as comprising four percent of the homeless population, and children who are part of families comprising 21 percent, for a total of 25 percent of the entire homeless population.[6] Ten percent of the more than 35,000 Health Care for the Homeless clients in 1986 were 15-years-old or less.[7] According to the 1988 report by the Institute of Medicine, approximately 100,000 children are homeless on a given night.[8] A 1989 General Accounting Office report places the number of homeless youths accompanied by family members at between 41,000 and 106,000 on any given night, offering a total estimate of approximately 68,000 each night.[9] This figure does not include unaccompanied youths or runaways, whose 1985 numbers were estimated by the National Network of Runaway and Youth Services to be between one and 1.3 million.[10] One researcher reports that children under the age of five account for 54 percent of homeless children.[11]

Several studies have examined the emotional and physical problems of homeless children and there are growing indications that disruption and dislocation inherent in the lives of the homeless are "linked to poorer nutrition, inadequate health care, illness, developmental delays, emotional problems, poorer school attendance and lower academic performance among school aged children."[12] Some homeless children have been deprived

of access to education because they lacked permanent addresses, and such cases have been the subject of litigation.[13] The United States Department of Education estimated in 1990 that 28 percent of 273,000 school-aged homeless children were receiving no formal education.[14]

b) **Elderly**

Three percent of the Health Care for the Homeless survey group was 65-years-old or more, as compared with 12 percent of the national population.[15] Two explanations are often cited for the apparent underrepresentation of the elderly among the homeless. The first is that once an individual turns 65, he or she becomes eligible for Medicare, Social Security and other entitlements, which enable some elderly to attain a stable residence.[16] A second explanation is that homeless individuals are more likely to die before reaching the age of 65.[17]

2. Gender

A majority of the homeless population is composed of single adult males, with figures ranging from 46[18] to 66 percent.[19] Males comprise from about 75 to 85 percent of the total homeless population.[20] Since a 1963 study placed the homeless female population at three percent,[21] most recent studies have revealed substantial increases in the number of homeless women.[22] Women, according to most surveys, now account for between 20 and 35 percent of the homeless population, depending upon location.[23]

3. Race

In 1985, the U.S. Census Bureau reported that blacks comprise 11.7 percent, Hispanics 6.4 percent, and Native Americans 0.6 percent of the total national population.[24] The racial composition of the homeless population varies widely from region to region, yet most studies indicate that minorities comprise a disproportionately large amount of the homeless as compared with the general population, especially in urban areas. The 1989 Annual Report of HUD's Interagency Council on the Homeless states that, "...minority groups contribute heavily to homelessness in proportions far beyond their share of the overall population."[25]

From 1985 to 1989 the U.S. Conference of Mayors annual surveys of 16 to 27 major cities presented similar findings on the racial composition of the homeless, with approximately 51 percent being black, 35 percent white, and 14 percent Hispanic, Native American and Asian American. An Urban Institute report cites 54 percent of the homeless population as being non-white.[26] Health Care for the Homeless centers, which provided services in 19 cities to over 35,000 persons in 1987, reported 40 percent of their clients were black, 11 percent Hispanic and 2 percent Native American.[27] A 1984 HUD survey of shelter users reported that approximately 44 percent of shelter residents were minorities.[28] Another review of nine studies with racial composition statistics reveals

averages of 39 percent black and 58 percent white.[29] The proportion of whites in the homeless population varies widely from city to city, ranging between 16 percent and 92 percent.[30]

The Fair Housing Act, a part of the Civil Rights Act of 1968, prohibits discrimination in the sale, rental or financing of housing and requires HUD and the Justice Department to enforce such provisions. Despite the existence of this legislation, Census data and field tests indicate continued discrimination against blacks and hispanics in the housing market, a high level of segregation in all American cities with sizeable minority populations, and a resulting limited access to affordable housing.[31] In 1985, HUD estimated that an average of two million instances of discrimination occur each year.[32] Such discrimination can significantly diminish housing options for minorities in general, and low-income minorities in particular.

4. Veterans

Veterans comprise a substantial portion of the homeless population and exhibit significant problems with substance abuse and mental illness.[33] Veterans comprise about 41 percent of all adult males in the United States and one percent of the females.[34] Veteran Administration sources often cite the figure of one-third as representing the percentage of homeless who are veterans. The 1989 Conference of Mayors report from 27 cities shows veterans comprising 26 percent of the surveyed homeless population.[35] The 1987, 16 city survey of almost 12,000 Health Care for the Homeless clients found that 34 percent of homeless men and one percent of homeless women were veterans.[36] Other independent studies conducted between 1982 and 1986 in six cities show homeless male veterans accounting for between 32 percent and 51 percent of the total homeless population.[37] Recent studies indicate that homeless veterans are generally older, have received more education, and are more frequently white than non-veteran homeless men. Vietnam era veterans are overrepresented in this population.[38]

Rates of mental illness and alcohol and drug abuse are high among veterans.[39] About 20 percent of homeless veterans demonstrate service related psychiatric and\or physical disabilities.[40] While many veterans are entitled to Veterans Administration health care services, relatively few take advantage of them. Some of the reasons given for this phenomenon are the location of VA services which are generally not near centers where homeless gather, the VA system of priority eligibility -- which depends on the level of disability and whether it is service connected -- the requirements related to extent of disability by which one qualifies for full benefits, and the nature of discharge from military service which precludes VA benefits to any but those honorably discharged.[41] In an effort to address the needs of more homeless veterans and extend more VA services to them, a law was enacted in 1987 (PL100-6) which established the Homeless Chronically Mentally Ill program operated by the Veterans Administration.[42]

5. Substance Abusers

A relatively high incidence of alcohol and drug abuse among the homeless raises an issue of whether substance abuse contributes to an individual's becoming homeless or whether conditions of homelessness contribute to one's becoming a substance abuser. Limited research indicates that substance abuse is both a cause and a result of homelessness. For instance, individuals might spend limited resources on drugs or alcohol, or lose a job and income because of substance abuse and become unable to afford shelter. On the other hand, drugs and alcohol are widely available to homeless individuals in urban areas and often serve to provide a temporary, perhaps "pleasant" respite from harsh conditions in the homeless environment. Alcohol abuse and drug addiction represent further obstacles to reentering a stable, sheltered environment as substance abusing homeless individuals often require specialized counseling and treatment.

The 1989 Annual Report of the Interagency Council on the Homeless (HUD) cites that between 30 and 40 percent of the homeless are substance abusers.[43] A 1989 Conference of Mayors survey of 27 cities reports that 44 percent of the homeless are substance abusers.[44] The 1988 Institute of Medicine report estimates that between 25 and 40 percent of homeless men abuse alcohol.[45] Health Care for the Homeless researchers estimated that about 50 percent of homeless men and 16 percent of homeless women abuse alcohol.[46] A 1987 survey of homeless studies cites 40 percent as the average of the homeless who are alcohol abusers.[47] Drug abuse among the homeless has been estimated at about 13 percent among both genders.[48] The highest rates of alcohol abuse occur between the ages of 30 and 60, while drug abuse is most prevalent in the under 30 age groups.[49]

The problems of alcoholics and drug abusers who are homeless are compounded by policies of many shelters to deny access to those who are under the influence of alcohol and drugs. "Effective approaches to this population might have to include several elements for example, detoxification, convalescence, and entry into specialized alcohol-free living environments combined with supportive treatment programs."[50] Clinical studies further indicate that substance abusers are much more likely than other homeless individuals to suffer from other physical disorders.[51]

6. Mentally Ill

The visibility of mentally ill individuals in America has helped replace the stereotype of the homeless as being alcoholic with another of the homeless as being mentally disturbed.[52] The basic cause and effect relationship between homelessness and mental illness raises questions not unlike those associated with substance abuse. Is mental illness the cause of an individual's becoming homeless, or the result of existence in a difficult and often hostile homeless environment? The 1988 Institute of Medicine study states that certain mental disorders can be considered both a cause and a consequence of

homelessness.[53] One researcher even notes that aberrant behavior has been used as a defense mechanism by some homeless individuals to fend off those viewed as potentially harmful.[54]

Difficulties in defining "mental illness" for research purposes contribute to the widely varied statistics on this segment of the homeless population.[55] Depending on assessment standards and location, figures on the percentage of mentally ill homeless persons have ranged from 15 to 90 percent.[56] Many recent studies indicate that 20 to 50 percent of the homeless population are chronically mentally ill.[57] The National Institute of Mental Health, based on a review of studies conducted through 1983, estimated that one-half of the homeless were mentally ill. [58] The U.S. Conference of Mayors survey of 27 cities maintains that 25 percent of the homeless are "severely" mentally ill.[59] A 1987 "best guess" provided by Health Care for the Homeless researchers puts the percentage of mentally ill homeless among their clients at 32.9 percent.[60] The estimate that one-third of the homeless are mentally ill seems to have the widest acceptance. While researchers disagree on the percentage of the homeless population who suffer from mental illness, one expert states, "Whatever the true prevalence rate, one point remains clear: 'A substantial proportion of homeless people is psychiatrically impaired, and few are receiving any kind of assistance.'"[61]

Most experts concur that major mental illness and personality disorders result in an inability to cope with daily life and routine, making it difficult or impossible for an individual to hold a steady job, maintain a household, and assume routine responsibilities.[62] Aberrant and often contentious behavior associated with mental illness can weaken or destroy support systems of family and friends who might otherwise provide help and shelter. These characteristic problems contribute to perpetuating a cycle of homelessness.

Although major mental illnesses are unlikely to result from the traumas of homelessness, it is evident that the psychological pressures of homelessness -- of coping with the dangers, indignities, and uncertainties of life in the streets -- can intensify already existing mental problems and cause new stress and anxiety related disorders.[63] The most common mental disorders diagnosed among one group of homeless were: schizophrenia, depressive disorders, personality disorders, manic depressiveness, chronic organic psychoses, and mental retardation.[64] Two studies which comparatively analyzed the prevalence of mental illness in homeless and domiciled environments found that the homeless were 38 times more likely to be diagnosed with schizophrenia or to have suffered a manic episode in the past six months, and were five times more likely to have had a major depressive episode.[65]

Some groups are particularly emotionally hard hit by the homeless condition, including, parents with dependent children, children, adolescents, women, and the elderly. The Urban Institute study on homeless Americans found that, "on a scale measuring current depression and demoralization, 49 percent of the homeless had high enough psychological distress to indicate the need for immediate treatment. . . one in every two homeless

persons registered on the scale as highly distressed."[66]

7. Education

Individuals who are homeless tend to have received less formal education than the general population. 1985 U.S. Census Bureau data indicate that 66.5 percent of all U.S. adults over the age of 25 have a high school degree or better and 31.9 percent have attended college for one or more years. Comparable education levels of poverty-level adults are 42.4 and 17.5 percent respectively.[67] Levels of education among homeless adults are similar to poverty level adults. A 1989 survey of eight National Institute of Mental Health (NIMH) studies shows that between 40 and 57 percent of homeless graduated from high school.[68] The Urban Institute reports that 52 percent of the homeless have finished high school and that six percent are college graduates.[69] Fifty-three percent of Health Care for the Homeless clients had received a high school diploma and about 20 percent completed at least one year of college.[70]

8. Employment/Income

While unemployment among the homeless is widespread, significant percentages of this population do maintain full or part-time jobs and are able to generate some income outside of welfare assistance. Most jobs reportedly held by homeless individuals are unskilled or semi-skilled positions "on the extreme lower end of the occupational hierarchy."[71] Furthermore, homeless workers "often lack job security, health insurance, and the skills necessary to succeed in a high-tech economy."[72]

The 1988 Institute of Medicine report cites figures that between five and ten percent of the homeless are employed full-time and between ten and twenty percent part-time.[73] The 1989 NIMH survey of eight city studies reveals that between 1 and 25 percent of homeless interviewed were currently employed or had worked in the past month.[74] The Urban Institute reports that one-half of the homeless in its study had not worked steadily (three months with the same employer) for more than two years.[75] Only 10 percent of those interviewed in the Urban Institute study had been fully employed in the past three months, and 25 percent had worked for some pay in the past in the past month. [76] The 1989 U.S. Conference of Mayors report states that thirty percent of the homeless population was employed in full or part-time jobs in six of 27 survey cities. The same report says that 10 percent of the homeless were employed in four other survey cities, and that 24 percent of the homeless in all 27 cities have full or part-time employment.[77]

Much of the money that homeless people receive from sources other than employment comes from public assistance, "handouts", friends, relatives, "street barter", selling blood or other possessions. HUD's Interagency Council on the Homeless reported in 1989 that the average monthly income for a homeless individual is less than $175.[78] The Urban Institute reported that monthly income for homeless individuals is about $137, or 28 percent of the

official poverty level.[79] A NIMH survey of eight local studies found that between 18 and 44 percent of the homeless received some form of public assistance, but that twice as many or more were probably eligible yet not receiving benefits.[80] The 1984 HUD survey of nationwide shelter users estimated that between 30 and 35 percent of the homeless received public assistance.[81]

9. Families with Children

Families are the fastest growing subgroup of the homeless population.[82] The term "family" is defined by the U.S. Census Bureau as "a group of two or more persons related by birth, marriage, or adoption who reside together."[83] In 1987, 5.5 million families with 12.4 million children under 18 years comprised approximately 46 percent of the population living below the official poverty level, as compared with 35 percent of the general population.[84] The 1989 Interagency Council Report on Homelessness (HUD) cites between 20 and 25 percent of the homeless as being members of families.[85] The 1989 U.S. Conference of Mayors report found that 36 percent of the homeless population was comprised of families with children.[86] A report by the Children's Defense Fund estimates that families with children make up approximately one-third of the homeless population.[87] According to the 1989 U.S. Conference of Mayors report, in 62 percent of survey cities it might be necessary for families to be broken up in order to be housed in shelters, although 89 percent of the cities reported having some shelters specifically for homeless families.[88]

The vast majority of homeless families are headed by females,[89] and researchers generally agree that the number of homeless women with dependent children is increasing.[90] Homeless, single mothers have difficulties securing or keeping jobs because of a shortage of child care options and lack of access to formal child care programs. Other parents are reluctant to seek assistance for fear that their children will be taken and placed in foster care.[91] Some studies report high rates of violence among homeless families. One such study determined that in sample groups contrasting homeless to housed mothers, homeless mothers were more likely to have been abused as children, battered as adults, and were more often investigated for possible child neglect or abuse.[92] Many other female-headed families are at risk of becoming homeless because 46.1 percent of single-mother families across the country live in poverty.[93]

10. Rural Homeless

Few studies have been done on the extent of homelessness in rural areas of the United States, yet like its urban counterpart, rural homelessness appears to be growing.[94] It has been hypothesized that the growing number of rural homeless is directly linked to the farm crisis in rural America,[95] and that the causes are essentially economic in nature.[96] Poverty rates in rural areas are increasing faster than poverty rates in urban areas. An estimated 9.7 million rural Americans live below the poverty line, accounting for 18.1 percent of all people living outside urban areas.[97] Since 1981, 650,000 farm foreclosures

have occurred and rural unemployment rates are as high as 20 percent.[98] The rural homeless are often concealed by traditions of "preferring self-help and reliance on relatives, friends and neighbors to taxpayer-supported programs."[99] The increase has strained traditional support systems in rural communities in which there are few organized social services.[100] While the rural homeless do not face with equal intensity many of the problems associated with homeless conditions in urban areas, their need for shelter and other comprehensive services appears similarly pressing.

B. Durations of Homelessness

The period of time an individual or family finds themselves without shelter varies greatly. Some researchers have classified the homeless into three groups based upon durations of homelessness. The "episodically homeless" are without shelter on numerous occasions, but find stable housing situations between episodes of homelessness. The "chronically homeless" usually have been continuously homeless since first losing their regular shelter. The "recently homeless" have just become homeless for the first time, and no pattern as to the nature of their homelessness can yet be deduced.[101]

According to the 1987 survey of almost 1,700 Health Care for the Homeless clients in 13 cities, 52 percent were episodically homeless, 29 percent chronically homeless and 19 percent recently homeless for the first time.[102] Older men were found more likely to be chronically homeless, and women more likely to be both episodically and recently homeless.[103] The Urban Institute study found that 21 percent of soup kitchen and shelter users surveyed had been homeless for less than three months, 47 percent had been homeless for one to four years, and 19 percent had been homeless for more than four years.[104] Eight other local studies surveyed by the Urban Institute revealed that between 32 and 55 percent of respondents had become homeless within six months or less, between 28 and 41 percent had been homeless for more than one year, and that between 8 and 13 percent had been homeless for three or more years.[105] Research shows that most of the homeless are long-term residents of the areas where they find themselves homeless.[106] However, some surveys indicate that homeless individuals who have recently arrived in the mid-West and Western areas of the United States are more common than long-term residents.[107] Patterns of migration among the homeless are difficult to gauge; however, a perceived mobility of the homeless population, in order to look for jobs and services, is generally overestimated given their lack of resources.[108]

C. The Almost Homeless

Defining and enumerating people on the verge of becoming homeless is extremely difficult, and no definitive studies of this population exist. It is extremely difficult to identify individuals and families who share housing, live with relatives, in motels,

campgrounds, other temporary, substandard or "precarious" shelter. However, as homelessness represents an extreme and visible manifestation of poverty and the inability to afford housing, then millions of the 32 million Americans now living under the official poverty level are near homelessness. This assumption is supported by data which indicate: a growing majority of poverty level households spend more than 30 percent of their income on housing costs; availability of low-income housing is declining; and levels of federal low-income housing assistance have decreased in recent years.[109]

The Alliance Housing Council estimated that in 1988, approximately six million Americans were at extreme risk of becoming homeless.[110] Another researcher estimates that between four and seven million Americans over the age of 22, whose income is below two-thirds of the official poverty line, are at "high risk" of losing regular shelter.[111] This "almost homeless" population is vulnerable to financial setbacks caused by the loss of a job, a medical crisis, or any other sudden, unavoidable expense that depletes disposable income otherwise used for housing. When rent or mortgage payments cannot be made, eviction or foreclosure can result. Homeless prevention programs are most usually directed at this population, however, such programs are few in number, and less of a priority than emergency programs.

D. General Problems of Homelessness

1. Shelter

The most basic problem facing America's homeless population is a lack of permanent and adequate shelter. Besides the obvious hardships associated with the lack of a residence, such as exposure to the elements, the lack of fixed address makes it difficult, if not impossible, to receive various forms of public and private assistance. Homeless individuals and families often have no safe place to store belongings and documents, prepare meals, sleep or wash.

2. Physical Health

Mental and physical illnesses are more prevalent among the homeless than the general population, and a causal relationship exists between certain illnesses and conditions of homelessness.[112] Health problems which most often contribute to homelessness are identified as: major mental illness, substance abuse, accidents, and disabling illnesses which result in unemployment and are not covered by workers compensation. Long-term debilitating diseases which make income generation difficult, if not impossible, can also contribute to an individual's becoming homeless. The Committee on Health Care for Homeless People has categorized relationships between health and homelessness, noting that "(1) some health problems precede and causally contribute to homelessness, (2) others are consequences of homelessness, and (3) homelessness complicates the treatment of

many illnesses."[113]

Health problems facing the homeless can be divided into acute (short-term) and chronic (long-term) physical disorders. The most common acute disorders, in descending order of frequency, are: upper respiratory infections, traumas (lacerations, fractures, bruises) minor skin ailments and infestational disorders. The most common chronic disorders, in descending order of frequency, include hypertension, gastro-intestinal ailments, peripheral vascular disease, dental problems, neurological disorders, eye disorders, cardiac disease, genito-urinary problems, musculoskeletal ailments, ear disorders and chronic obstructive pulmonary disorders.[114] According to the U.S. Conference of Mayors 1989 Status Report five percent of the homeless in the cities surveyed were reported to have AIDS- or HIV-related illness.[115]

Alcohol and drug abuse are known to increase the risk of developing other health problems.[116] The characteristics of the homeless environment detrimental to physical health include a continual risk of violence and accident, exposure to severe weather conditions, lack of basic hygiene, and poor nutrition.[117] Many of the above illnesses require a prescribed regimen of rest and medication, which is infeasible for the homeless to follow. Shelters often require occupants to leave in the morning, making bed rest impossible. Even if a homeless individual has access to prescription medications, maintaining a medical regimen is difficult. Pills can easily be lost in the shuffle of everyday life on the streets, and homeless diabetics, for instance, may not have clean needles or refrigerated storage for insulin. Such difficulties have resulted in homeless individuals being referred to hospitals for costly inpatient treatment that is usually administered through out-patient treatments among non-homeless people.[118] Dental problems are also common among the homeless, often resulting from a lack of routine and preventive dental care.[119]

Another major concern of health care providers to the homeless is the frequency and spread of infectious diseases. According to a survey of 1986 Health Care for the Homeless project clients, at any given time, 15 to 20 percent were afflicted with infectious and communicable conditions representing public health risks.[120] Oftentimes, the spread of infectious disease is facilitated by crowded shelter conditions and other communal living arrangements.[121] The most serious of these diseases are identified as AIDS, tuberculosis and sexually transmitted diseases.[122] Health care providers for the homeless have reported a rapid increase in the number of HIV positive (AIDS) cases among the homeless.[123]

3. Access to Adequate Health Care

Various studies have identified "barriers" which limit the access of people without homes to health care services. Access is significantly hampered because the homeless are unable to afford medical treatment and are often unfamiliar with facilities providing low- or no-cost services. One researcher points out that the price of a single bottle of cough syrup exceeds the average daily income of the homeless surveyed in one study.[124]

Compounding the affordability problem is the lack of health insurance and an increasing number of uninsured Americans. Approximately 37 million Americans have no form of health insurance today, as compared with 25 million in 1977.[125] Wide discrepancies in Medicaid eligibility standards from state to state result in great interstate variations in the number and status of recipients. As one report states: "The net result of Medicaid eligibility practices is that only slightly over half of all people with incomes below 150 percent of the poverty level are covered by Medicaid at any one time."[126]

Other barriers include: scarcity of adequate health care services in some localities, lack of transportation to facilities, hostile attitudes on the part of some professionals, and resistance to seeking out-services on the part of the homeless.[127] The Institute of Medicine report provides specific examples of some of the unique problems facing the homeless who need health care.

> Particular problems that bureaucratic obstacles can create for homeless people were frequently reported to the committee during its site visits. One important example is the scheduling of clinic appointments and ancillary services at times that conflict with the availability of the only daytime meals homeless people can get or with the time they must begin lining up for shelters to ensure that they have a place to sleep that night. The problems of access put a premium on the ability of homeless people to cope with and manage complicated bureaucratic systems and routines. Those abilities are often limited among homeless people in general and not only among those whose capacity is impaired by mental disorders or substance abuse. For example the lack of a watch can make the keeping of appointments quite difficult. The use of public transportation, a frequent source of frustration even for the average urban commuter presents a greater impediment to a person who has money for only one fare and cannot afford to make mistakes in matters of transfers or routes.[128]

The concept of "comorbidity", or multiple chronic health problems, is now often confronted by providers of health care to the homeless.[129] Many homeless individuals who suffer from mental illness may also have substance abuse problems well as other physical problems endemic to the homeless. Oftentimes, treatment available to these people only addresses one problem at a time, indicating a need for specialized health care delivery systems that provide comprehensive treatment.

Large public or private voluntary hospitals -- often teaching institutions -- represent the main source of health care for the homeless and indigent in America. The use of hospital out-patient departments and emergency rooms for routine medical care is seen by many as impersonal, costly and lacking the benefits of continuity of care which can be provided by more comprehensive facilities designed for the homeless.[130] The barriers to health care access facing the mentally ill homeless are similar to those hindering access

to health care facilities providing for the physical needs of the homeless. The mental health care system, according to the 1988 Institute of Medicine report, "severely lacks the most basic units for treatment, posing the ultimate barrier to access."[131]

4. Legal Problems

While the numerous efforts undertaken to establish legally an individual's "right to shelter" have yielded mixed results, the major legal problems faced by the homeless tend to involve establishment of eligibility for benefits or assistance programs.[132] Access problems often reflect an inability on the part of homeless individuals to pay for legal services necessary to protect his or her rights.

The process of establishing eligibility for public welfare programs is especially difficult for a homeless person with neither a fixed address nor identification and documentation papers. In many jurisdictions, eligibility procedures discourage applications, and documentation requirements and waiting periods can also prevent or discourage people from applying.[133] In the past few years state and local legislation has prohibited requirements for a fixed address in order to apply for or qualify for certain benefits.

Other legal complications can result from the atypical conditions of having no home or address, and having to survive on the streets. Part of the Anti-Drug Abuse Act of 1986, known as the Homeless Eligibility Clarification Act (P.L. 99-570), provided that people without fixed home or mailing addresses could not be denied eligibility for food stamps, Medicaid, Aid to Families with Dependent Children, Supplemental Security Income, veterans' benefits, job training and other programs. There have also been a considerable number of successful legal suits undertaken on behalf of the homeless, including litigation which established the right of the homeless to register and vote on the basis "fixed habitation, intent to remain, and to return after temporary absence," rather than on the basis of a domicile address.[134]

The need of the homeless, and those at risk of homelessness, for legal services extends to areas beyond access to benefits. It is not uncommon that contact with the legal system precipitates incarceration followed by episodes of homelessness.[135] Landlord-tenant conflicts, criminal proceedings, probation cases, and domestic disputes are other instances which can adversely affect precariously housed individuals and possibly precipitate homelessness. Homeless individuals are often the victims of rape and assault, and most often, even when they are familiar with their assailant, they have neither access to, nor the ability to pay for legal aid. Some researchers have suggested that the homeless are more likely to be jailed than members of the general population and that some homeless may provoke arrest to secure better shelter and food.[136] Another study suggests that formal charges brought against the homeless are more likely to be for crimes more serious than were actually committed.[137]

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IV. CAUSES OF HOMELESSNESS

The causes of homelessness are many and complex. This section will discuss major causes of homelessness and sketch a brief theoretical framework in which causality can be treated. Most often, multiple and interrelated factors contribute to an individual or family becoming homeless, and it is often difficult to identify a single event which caused a homeless episode. It is useful to examine causes of homelessness within two separate categories. One encompasses long-term structural factors which take into account prevailing socio-economic trends affecting the entire population. The other category reflects short-term personal factors, such as substance abuse, mental illness or other problems which limit an individual's ability to compete for resources within the larger socio-economic environment. To help comprehend this dual framework, one group of researchers suggests that socio-economic structural determinants be viewed as "the rules of the game" by which the entire population competes for valued resources such as jobs, and housing. The personal factors are then viewed as elements affecting an individual's ability, within the established rules, to compete successfully.[1]

Within the above framework of causality, two prevailing socio-economic trends have contributed to homelessness in America. The first trend is the rising prevalence of poverty and a growing number of Americans living in conditions of poverty. These individuals are often unable to generate enough income to meet the rising costs of housing and are subject to conditions which inhibit their ability to compete for limited housing resources, such as poor health and substandard education. The second trend reflects the decline in the aggregate total and availability of housing affordable to low-income individuals. One group of researchers states that, "An inadequate low-income housing supply is probably not the proximate cause of homelessness in very many cases, but it is the ultimate cause of homelessness in all cases."[2] Other identified structural causes of homelessness include non-admittance of individuals into mental health facilities, insufficient numbers of community-based mental health clinics, unemployment, and reductions in the real value of critical assistance benefits. Personal factors contributing to homelessness include substance abuse, physical disabilities, crises associated with the breakdown of relationships, housefires or other traumatic experiences.

A. Poverty

The U.S. Census Bureau's official poverty level was determined in the early 1960s. The definition estimates the amount of money required by an individual or family to purchase a "minimally adequate" market basket of food and services. The estimate is derived by multiplying by three the yearly cost of a minimal diet. This diet cost is based on a 1955 survey, which found that a family spent one-third of its income on food.[3] For many Americans today, especially those below the poverty line, the predominant expense

has become housing.[4] In 1989, the poverty level for a single person was set at $5,600. The level for a family of four was set at $12,100 and a family of eight at $20,260.[5] The rate is adjusted each year to reflect price changes using the Consumer Price Index.[6] By 1988, approximately 13 percent of the U.S. population, or 32 million Americans lived below the poverty line.[7] Between 1978 and 1988, an estimated eight million more Americans found themselves living below the poverty line.[8] Census figures further indicate that 35 percent more families now live under the poverty line than in 1979[9], and that nearly one-third of all black Americans, and one-quarter of Hispanic Americans fall below this level, and one-fifth of all children in the United States and almost one-half of all black children are classified as poor.[10]

A general consensus exists that the U.S. economy expanded after a recession in 1981, however, 81 percent of the mayors responding to the 1987 Conference of Mayors report on Hunger and Homelessness believed the economic recovery did not benefit their cities' poor.[11] Although unemployment levels have decreased from 10.7 percent in 1982 to about 5.5 percent today, recently created jobs have been disproportionately low-wage earning.[12] Between 1979 and 1986, approximately three million middle-wage earning jobs shifted downwards into a low-wage earning category.[13] Furthermore, the growth rate of median family income levels has stagnated, and average hourly and weekly earnings decreased between 1979 and 1987.[14] In addition, the number of part-time jobs and temporary jobs has also increased since 1979.[15] Low-wage, part-time and temporary wage earners most often do not receive the same benefits as higher-paid and full-time workers. Disposable income is thereby necessary to pay for medical insurance, pension coverage and other benefits.

The Federal minimum wage rate is determined and set by Congress. The 1989 Fair Labor Standards Act (P.L. 101-157) raised the minimum wage from $3.35 per hour to $3.80 per hour as of April 1990. The Act further raises the minimum wage to $4.25 per hour in April 1991. The minimum wage would have to be raised to $5.45 per hour in order to maintain wage rates in 1978 dollars.[16] During the period since 1981, when the minimum wage was last raised, inflation increased by approximately 35 percent. A full-time employee working to support a family of three, earning minimum wage, would earn a salary of about $134 a week before taxes are withdrawn, putting him or her well under the poverty level.[17] Between 1973 and 1987, the personal incomes of the lowest 20 percent of American wage earners declined by 11 percent, with most of the drop occurring since 1979.[18] In addition, in 1985, the average poor family's income fell further below the poverty line than any other year since 1959, when data were first collected.[19] In 1987, the wealthiest 20 percent of the U.S. population received 43 percent of total U.S. income, the highest percentage ever, while the poorest 40 percent of the population received 15.4 percent of total income, the lowest level ever recorded.[20] These and other statistics suggest a growing polarization of America's rich and poor populations, with the poor population getting poorer, and the rich getting richer.

While the aforementioned economic conditions contribute to growing and persistent poverty and fall within the structural category of causality, other symptoms of poverty also contribute to an individual's or family's potential to become homeless. These include: educational deficiencies which limit an individual's ability to function in society, and poor environmental and physical conditions which can contribute to health problems, legal problems, and the lack of or breakdown of supportive relationships. The persistence of poverty in America contributes to the persistence of homelessness.

Lack of Affordable Housing

The major direct cause of homelessness in the United States over the past decade is the decrease in number of affordable low-income housing units coupled with an increase in number of Americans unable to afford rising housing costs. As one group of researchers states simply, "Less low-income housing for more low-income people pre-destines an increase in the numbers without housing."[21] Other factors have contributed to the declining stocks of low-income housing, including: urban renewal, upscale redevelopment or "gentrification", real estate market trends, prohibitive zoning regulations, demolition, arson, abandonment and a lack of tax incentives and government subsidies which encourage construction of low-income units. A 1984 Conference of Mayors survey of 66 cities reported that decreased construction was most frequently cited as the reason for decreasing supplies of low-income housing.[22]

The Department of Housing and Urban Development (HUD) established standards which define housing as "affordable" if no more than 30 percent of a household's adjusted annual income is used for housing costs. Data compiled by HUD and the U.S. Census Bureau in the 1985 American Housing Survey revealed that 85 percent of poverty-level renters and 73 percent of poor homeowners paid more than 30 percent of their income for housing costs.[23] Approximately 45 percent of poverty-level renters and 31 percent of poor homeowners used at least 70 percent of their income for housing costs in 1985.[24]

A study defining a low-income household as one with income at $10,000 or less, found that in 1985 there were 3.7 million fewer affordable units than there were low-income renter households; yet in 1978, there were 370,000 more affordable units than low-income renters.[25] Each year, it is estimated that 500,000 housing units are lost to demolition, conversion, abandonment and fire.[26] Most of these units were lost from the lower end of the housing market, that is, from the housing stock affordable to low-income families and individuals.[27] Between 1980 and 1987, the aggregate number of low-income housing units decreased by 2.5 million units.[28]

The problem of affordability is further underscored by figures indicating that between 1970 and 1983 average rental costs increased at twice the rate of personal incomes.[29] The median monthly rent rose from $108 in 1970, to $243 in 1980, and to $315 in 1983.[30] The

average price of a single-family dwelling rose from $23,000 in 1970, to $62,200 in 1980, to $70,300 in 1983.[31] In 1970, the number of units which rented for $80 or less per month was about 5.5 million. That number decreased to 650,000 by 1983.[32] Between 1970 and 1983, 1.8 million units, or 19 percent of all units which could be rented for $250 or less fell from the market.[33] Black and Hispanic households are overrepresented, in proportion to their national populations, in the population unable, by government standards, to afford housing.[34]

Another substantial factor contributing to the shortage of affordable housing is the decrease in number of single room occupancy units (SROs).[35] These low-cost units, usually located in inner-city areas, have traditionally served as "the housing of last resort for the socially and economically marginal population."[36] Elimination of such housing units is taking place across the country, and one researcher estimates that up to 1,000,000 of the units, about half the national total, have been converted to more profitable dwellings, or demolished.[37] One survey conducted in New York City found that between January 1975 and April 1981, the number of SRO units and low-cost hotel rooms decreased from 50,454 to 18,853, and the vacancy rate of remaining units fell from 26 percent to less than 1 percent.[38] Fifty percent of the SRO units in downtown Los Angeles were reported lost to demolition between 1970 and 1985.[39] The Chicago Planning Department estimated that between 1973 and 1984, 18,000 SRO units, or 19 percent of the total stock, was converted to other uses or demolished.[40] One development project in San Francisco itself eliminated more than 4,000 SRO units.[41] The loss of SRO units is significant because they are most often not replaced by units comparable in price and function.[42]

C. Declining Federal Assistance for Low-Income Housing

The federal government, since the end of the Great Depression, has been the primary source of direct subsidies for the construction and maintenance of low-income housing.[43] In 1968, Congress passed national housing legislation which set out to create six million units of federally assisted housing. A decade later, only 2.7 million had actually been constructed.[44] Homeownership rates in the United States today are among the highest in the world, due mostly to federal programs and loans, and the federal government now subsidizes more housing units than ever. However, growth rates of new housing have failed to meet developing needs and the distribution of housing resources and assistance has not been evenly spread throughout income strata.[45] In the past decade, federal support for the production and maintenance of low-income housing units has been substantially diminished.[46]

Higher-income groups are the major beneficiaries of federal housing assistance. Analysis of Congressional Joint Taxation Committee data on 1988 household incomes and taxes revealed that the lowest earning 16 percent of all households received 16 percent of total housing subsidies, while the top 20 percent received more than 50 percent of all

subsidies.[47] The average subsidy per year for households with incomes below $10,000 was $600, while the average was $2000 per year for households with incomes over $50,000.[48]

According to the Congressional Research Service, federal budget authority for low-income housing programs, including money reserved for future use in long-term projects, declined from an annual average of $24.3 billion during the 1977-81 period to $8.4 billion from 1982-1986.[49] In 1987 and 1988 average budget authority further decreased to $7.65 billion, representing a overall decrease of about 72 percent between 1981 and 1988.[50] The actual amount of dollars spent by HUD over the past ten years on low-income housing programs has increased from $4.5 billion in 1980 to an estimated $13.6 in 1990.[51] The number of families served by HUD-assisted housing increased from 3.1 million to 4.3 million.[52] The incremental growth rates of assisted families and units, however, have fallen over the past ten years. During the period between 1977-1981 total reservations of federally subsidized units averaged 293,000 per year. From 1982-1986, this average fell to 135,000 per year, and many of the reservations provided replacements for subsidized units lost to demolition and other causes. In 1987, HUD proposed funding 62,500 units, and Congress eventually funded 95,000 units.[53] In 1988 and 1989, the average number of new government assisted households fell further to about 85,000 per year.[54]

The National Housing Task Force estimated that over 1,000,000 applicants for low-income public housing were on waiting lists across the U.S. in 1988.[55] Public housing serves more tenants with very low incomes, more nonwhite tenants and more single parent households than any other U.S. housing program. Approximately 1.3 million households currently reside in public housing projects.[56] The 1987 Conference of Mayors survey of 26 cities reported average waiting periods for assisted housing of 22 months, and the 1989 survey of 27 cities reported that waiting lists had been closed in 18 cities.[57] The Mayors survey also revealed that an average of 71 percent of those eligible for assisted housing did not receive any federal assistance.[58]

The number of public and Native American housing units has also declined over the past decade. Between 1976 and 1981, an average of 46,758 new units of public and Native American housing per year was approved for development for low-income households. During the period between 1982 and 1986, this average fell to 6,513.[59] Over the past ten years, 15,000 public housing units have been lost to demolition, sale and neglect, and the annual rate of lost units has risen from 825 per year in 1980 to 3,500 in 1987. An estimated 50,000 more units will be lost over the next decade.[60] In 1989, 1,756 new housing units were built on Native American reservations, even though the Bureau of Indian Affairs estimates that 90,000 new units or renovations on existing units are needed.[61] HUD's 1991 budget proposal eliminates all funding for new Indian homes, yet the Senate has provided funds for an additional 3,000 units in its budget proposal.[62]

D. Deinstitutionalization and Non-institutionalization

The deinstitutionalization, or discharge of mentally ill patients, and the non-institutionalization, or non-admittance of individuals with mental disorders into care facilities, has swollen the ranks of the mentally ill homeless over the past two decades. The deinstitutionalization movement, which began in the 1950s, followed widespread introduction of psychoactive drugs, which appeared to offer expanded possibilities of out-patient rehabilitation.[63] Between 1955 and 1981, the population of public psychiatric hospitals dropped from 559,000 to 122,000.[64] According to one researcher, "Deinstitutionalization is the reason most frequently cited for the increased number of mentally ill individuals on the streets."[65] Non-institutionalization of individuals with mental disorders has been encouraged by legal protections against involuntary commitment and policies favoring community-based treatment. The high rates of mental illness in the homeless population indicate that there are many individuals in need of in-patient psychiatric treatment.

Deinstitutionalization, and to a lesser degree, non-institutionalization, rely heavily on the establishment of adequate community-based care facilities such as mental health centers, halfway houses, and group residences. Experts attribute the failure of the community-based approach to a lack of funding at the federal, state and local levels,[66] and the reluctance of community-based centers to provide the necessary services to a difficult group of patients.[67] Toward the beginning of the deinstitutionalization process, the 1963 Mental Retardation Facilities and Community Mental Health Centers Construction Act (PL88-184) anticipated that 2,500 community mental health centers would be constructed throughout the United States. At best, only about 700 of these centers ever opened.[68] It is more difficult to estimate the effects of this trend on the total general population, as opposed to mentally ill segment of the homeless population. One group of researchers found that three percent of men and five percent of women participating in a survey of reasons for homelessness indicated they had just been released from mental health facilities.[69] The same survey found that 14 percent of the men and 12 percent of the women surveyed had, prior to becoming homeless, been released from a variety of institutions, including, prisons, jails, half-way houses and mental facilities.[70]

E. Personal Crises

While the exact degree to which personal crises contribute to homelessness is unclear, a wide variety of such crises have been cited as causes for an individual or family becoming homeless. Studies indicate that breakdowns in family life and the lack of family oriented support systems are precipitating factors in homelessness.[71] These crises are somewhat subjective and are often linked with other factors that ultimately result in the loss of housing. They include drug and alcohol abuse, physical assaults, the breakup of relationships, family disputes, eviction, house fires, health problems and the loss of a job.

Some of these personal factors, such as job loss, evictions and substance abuse, while sometimes related to structural factors associated with prevailing socio-economic patterns, are often considered within the "personal crises" category as they represent, at an individual level, an often traumatic experience that directly contributes to loss of permanent shelter. The limited amount of supportive familial or other relationships most homeless people maintain make the disruption of any such relationship more significant, especially when loss of housing results.

A survey of 21 New Jersey homeless shelters revealed that approximately one-third of the residents entered the shelters as a result of domestic violence, fires at their residences, or other personal trauma.[72] A HUD study of eight cities showed that between 16 and 90 percent of respondents cited personal crisis as the reason for their need of emergency shelter. The study states that between 40 and 50 percent of homelessness is linked to personal crisis.[73]

F. **Erosion of Public Welfare Benefits**

Welfare benefits and other income support programs are used by individuals and families to directly pay housing costs, or other basic costs, making available more money for housing costs. Between 1950 and 1986, social welfare spending by federal, state and local governments rose (in 1986 dollars) from $102 billion to $770 billion, or from 8.2 percent of the gross national product to 18.4 percent. By comparison, the United Kingdom in 1983 spent about the same proportion of its GNP on public social welfare programs and health outlays as the U.S., and France, West Germany and Sweden spent between 31 and 35 percent of their GNP, or 50 percent more than the U.S.[74] While the loss or reduction of benefits may not be the primary cause of an individual or family becoming homeless, these factors can contribute to the broader economic crisis which culminates in the loss of housing.

Despite the overall increase in spending on domestic social welfare programs, the availability and real value of publicly-financed government benefits have declined.[75] This is partially due to the expanding dimensions and needs of America's poverty population, changing eligiblilty requirements, and an increasing reliance on state and local governments to provide the benefits. Programs which benefit the poor, such as low-income energy assistance, state-funded general assistance, Medicaid, and Aid to Families with Dependent Children (AFDC) have each been reduced over the past ten years.[76] From 1968 to 1985, the average monthly AFDC payment (in 1985 dollars) decreased from $520 to $325.[77] In all but one state, the combined assistance provided by AFDC and food stamps does not reach poverty levels.[78] Furthermore, it is estimated that only one-third of the unemployed in America are eligible for unemployment compensation benefits.[79] In the 1970s, the real value of state-funded general assistance benefits fell by 32 percent.[80]

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V. RESPONSES TO HOMELESSNESS

The upsurge of responses to the growing crisis of homelessness in the United States reflects the increasing number of homeless; however, the changing dimensions, characteristics and needs of the homeless population necessitate development of comprehensive responses to problems which extend beyond the lack of shelter. In addition to pressing short-term needs for emergency shelter and food, the homeless demonstrate long-term needs related to the inability to maintain economic self-sufficiency. The permanent reintegration of homeless individuals and families into the general population should be the ultimate goal of responses to homelessness. Prevention of homelessness, through income support, low-income housing production, training programs, and other general economic policies, must also be considered among responses to the growing problem of homelessness.

Researchers have conceptualized a "hierarchy of need" that extends throughout the homeless population.[1] The homeless are classified in four groups, each of which requires specialized services in addition to simple shelter. The first group is composed of individuals in need of custodial care, who might be physically or mentally disabled and incapable of becoming self-sufficient. The second group demonstrates one or more deficiencies, such as illiteracy, substance abuse or the lack of job skills, which pose barriers to achieving economic self-sufficiency, and put this group in need of developmental services. The third category are individuals or families who are capable of returning to normal circumstances but require short-term crisis care such as counselling or financial support. The final group demonstrates a need for temporary shelter only.[2]

At all levels of response, policies and programs are crafted to address the real or perceived needs of the homeless. Responses reflect local dimensions of homelessness and the immediate conditions facing homeless individuals and families. A general example of need prompting response is that as the number of homeless people increases, the number of emergency shelters and food outlets also increases. A more specific response -- to the increased visibility of homeless substance abusers and mentally ill homeless -- is a recent HUD budget proposal, which stipulates that federal housing funds be matched with funds from local sources to provide substance abuse and mental illness services.

Ideological commitment and resources used to address problems of homelessness are spread in varying degrees through all levels of policy formulation and implementation, official or otherwise. Personal and institutional commitments to helping the homeless, and the use of resources to this end, are derived from larger socio-economic philosophies which are reflected in various political beliefs, and in responses to homelessness. Furthermore, at each level of policy formulation and implementation, policy-makers and program administrators balance various political and fiscal considerations. The Executive branch, the Congress, governors and mayors address homelessness within formal political and legal

frameworks with defined methods and resource limits. Private organizations operate under fewer formal political and legal limitations; however, their fiscal resources are also limited.

Public assistance programs for the homeless and others in need are developed and channelled through a complex appropriations and implementation process. Congress and the Executive branch, in often protracted and highly political negotiations, develop appropriations strategies and funding levels which are then introduced in legislation. States, municipalities, private and other organizations can access these funds by applying for grants through relevant federal agencies which administer programs. "Block Grants" are also distributed to state and local governments to be used for, among other things, housing and other forms of homeless assistance. State and local governments, which generate revenues through tax collection, also allocate funds to homeless assistance programs after another complicated appropriations process.

In the official, public-funded realm of response to homelessness, levels of commitment and resources reflect prevailing socio-economic and political trends, in addition to humanitarian concerns. Perceptions and images of homelessness as presented by the media and represented in public opinion also influence policy-makers and elected officials. While the homeless are loosely organized in a few localities, and advocates have sponsored mass rallies, attracted some celebrity support, and staged attention-grabbing demonstrations, the political effectiveness of the homeless is limited. All citizens groups in the United States have the opportunity to seek redress through concerted political action which includes raising public awareness and coalition building. However, America's homeless do not vote in large numbers, rarely contribute to political campaigns, and find few natural political allies outside the poverty population. The political access and clout of the homeless therefore remains limited and somewhat dependent on the altruism of others with greater political access.

The private, nonprofit sector develops and administers the vast majority of homeless assistance programs around the nation. Non-public funding sources are varied and rely largely upon donations. Unofficial responses to homelessness are usually directed at local areas and are funded largely by private sources, as opposed to public tax revenues. While responses to homelessness by philanthropic, religious or other service-providing organizations may reflect the specific beliefs and philosophies of such groups, their prime motivation is generally humanitarian and based on concepts of charity. Throughout the nation, health care workers, lawyers, architects, builders, religious institutions and other citizens have volunteered their time and services to help the homeless. Oftentimes, as official action can be delayed and/or limited by administrative machinations, responses at the private level are more immediate, effective, and can serve as models for official efforts.

A limited understanding of the complex needs of the homeless might be implied by cursory analysis of initial responses primarily aimed at providing emergency food and shelter. This response, however, can be partially attributed to the newness and rapidly

changing composition of the homeless population. While short-term responses may alleviate immediate hardships faced by the homeless, they often fail to address underlying socio-economic causes of homelessness and do not provide assistance necessary to reintegrate the homeless into the general population by making them permanently self-sufficient.

A. Historic Federal Activities Related to Housing and Homelessness

The problems of homelessness have been identified in America since colonial times and there have always been individuals in need of shelter. Different periods in the nation's history, the aftermath of the Civil War, the industrial and immigration expansion of the late 19th century and the Great Depression, gave rise to the appearance of "vagrants, tramps, deviants and victims," all of whom lacked shelter and demonstrated other related needs.[3] While the number of shelterless individuals during those periods was considerably less than the number of homeless today, public response included incarceration, hard labor, the establishment of "poor houses" and asylums, local officials paying families to provide rooms, and public welfare and housing assistance.[4] While homelessness has been recognized historically in America, efforts by the federal government have only recently been addressed specifically to this population. Past activities had been directed more towards the maintenance and production of adequate housing.

In 1892 the U.S. Congress created a commission to examine extremely poor living conditions in large American cities. This initiative, while directed more at public health and safety aspects of urban settlement than housing conditions, represented a first attempt by the federal government to address issues relating to substandard housing. Combined federal, state and local efforts eventually contributed to the formation of the Tenement House Reform movement, which focused public attention on poor housing, health and safety conditions and led to the inception of building and housing codes.[5]

Federal involvement in housing policy did not reemerge significantly until the Great Depression left a substantial portion of the population ill-housed. The Wagner Act of 1937 recognized the pressing need for adequate housing by declaring that the policy of the United States is to:

"...remedy the unsafe and insanitary housing conditions and the acute shortage of decent, safe, and sanitary dwellings for families of low income, in rural or urban communities, that are injurious to the health, safety, and morals of the citizens of the Nation."

While not explicitly defining housing as a right due all American citizens, the Act directed federal, state and local resources to lower-income groups unable to afford decent housing and gives priority to the general production of suitable housing. The concept that

Americans are entitled to decent housing was further advanced by the enactment in 1949 of the Urban Redevelopment Act, which linked suitable housing and living conditions with national security and the well-being of the entire nation. The preface of this legislation, "A Declaration of National Housing Policy," states:

> The Congress hereby declares that the general welfare and security of the Nation and the health and living standards of its people require housing production and related community development sufficient to remedy the serious housing shortage, the elimination of substandard and other inadequate housing through the clearance of slums and blighted areas, and the realization as soon as feasible of the goal of a decent home and a suitable living environment for every American family, thus contributing to the development and redevelopment of communities and to the advancement of the growth, wealth and security of the Nation.

The housing programs of the New Deal were eclipsed by World War II and the veterans' housing programs of its aftermath. A national housing policy did not regain a place on the federal agenda until President Lyndon Johnson set his Great Society programs into motion. Initially, the federal government financed state and local public housing authorities (PHAs) which constructed, owned and operated public housing projects and collected rent from low-income tenants. In the 1960s, the government began to utilize private contractors to produce public housing, subsidizing construction through favorable loans, interest policies and tax incentives. The 1974 Housing Act instituted the use of subsidies given to landlords as partial rent payment. Eligible tenants would pay 25 percent of their incomes for rent -- this was raised to 30 percent in 1981 -- and landlords received remaining payments from the federal government. The 1974 legislation also promoted new construction of low-income units and rehabilitation of older units.[6] While Lyndon Johnson's goal of building six million low-income housing units by 1978 fell short by several million, subsidized housing programs substantially increased the stock of affordable housing for families and individuals whose incomes fell below poverty levels.

B. Responses to the Present Homeless Crisis

Growing public awareness of homelessness, and subsequent concern and responses, partially result from the increasing visibility of the homeless population. Development of this awareness reveals itself in the increase of items listed under "homelessness" in the Readers Guide to Periodical Literature, a comprehensive annual index of published articles. In 1975 and 1980, there were no listings under "homelessness". In 1981, there were three, in 1982 there were 15, in 1983, 21, and in 1984 there were 32 listings.[7] By 1988 there were 69 such listings. As a first step, inquiries were initiated by Congressional committees, executive agencies and private organizations to establish dimensions and approaches to addressing the growing homeless crisis. Studies, reports and the development of short and

long-term responses to homelessness subsequently emerged. Early responses tended to emphasize creation of emergency shelters with limited supporting services, while later responses, perhaps reflecting increased understanding of the complexity of homeless problems, placed added emphasis on services such as health care, job training, substance abuse counselling, and homeless prevention, in addition to provision of shelter.

Low-income housing production, maintenance and housing assistance programs provide other means of addressing homelessness. A complex system of grants, loans, subsidies, direct payments to landlords and other programs designed to aid low-income individuals also has a bearing on homelessness and the ability of individuals to obtain affordable housing. Low-income housing programs are funded at different levels from year-to-year. Dozens of such assistance programs are administered by HUD, the Farmers Home Administration, and the Federal Home Administration, a lending and insurance arm of HUD. Many of these programs originated with major pieces of housing legislation, including Acts of 1937 and 1974. New programs are sometimes funded and older ones are sometimes phased-out of existence.

As indicated previously, however, production rates of new low-income units and the growth rate of new households receiving assistance has declined over the past decade. Furthermore, funding levels for homeless assistance programs distributed from federal to state and local sources, are widely considered inadequate. A survey of the 50 state offices indicated that only four state governors found federal homeless programs adequate.[8] Only seven of fifty governors believed that state assistance levels for the homeless were adequate.[9]

1. Emergency Shelter

The U.S. Congress in 1983, first responded directly to homelessness in Public Law 98-8, which contained the Emergency Food and Shelter Program, designed to provide food and shelter for the homeless. Administered by the Federal Emergency Management Agency (FEMA), $489 million was disbursed between 1983 and 1988 to state governments. A national board of representatives from non-profit organizations was established to coordinate the funding of shelters, soup kitchens and food pantries. Funds were also provided for utility and rental assistance to prevent eviction, to pay for emergency lodging and to rehabilitate shelter facilities.[10]

While all emergency shelters share the goal of providing shelter, other services they provide and the terms under which they deliver services vary considerably. A 1984 survey of emergency shelters found that 95 percent provided meals, 96 percent showers or baths, 86 percent laundry facilities, 83 percent clothing, and 86 percent television.[11] More than 75 percent of surveyed shelters provide some form of counselling, and 19 percent require attendance at religious services.[12] Emergency shelters range in size from 1,000 bed structures to church basements or private residences with several beds. Some shelters

serve only adults, and most are segregated by sex. Because of a shortage in facilities that serve families, family members must often be separated in order to obtain shelter.[13] Shelter conditions often offer limited or no privacy, can be overcrowded, provide limited sanitation facilities, and can expose occupants to crime, including physical assault.[14]

While shelter regulations vary, typical restrictions relate to alcohol and drug use, disorderly conduct and weapons possession. Occupants are often required to shower and delouse regularly and to assist in operating the facility. Many shelters, where not required by law to provide unlimited shelter,[15] impose limits on the length of time residents may use a facility. In addition, many emergency shelters operate only at night, and occupants must vacate the facilities during the day. This practice has resulted in the establishment of some "drop in" day centers where the homeless can safely stay during the day and where other services, such as counselling, day care, medical treatment, etc., may be provided.[16]

Between 1984 and 1988, shelter capacity in the United States increased from about 100,000 to 275,000.[17] Emergency shelters most often provide temporary assistance and are not designed to serve as long-term transitional housing for the homeless. The rapid expansion of the homeless population has all but overwhelmed the emergency shelter system. In 1989, a survey of 27 cities revealed a 25 percent increase in the demand for emergency shelter, and an average of 22 percent of requests cannot be met. Twenty-four percent of homeless families requesting shelter had to be refused.[18] The lack of centralized coordinating systems which index shelter availability in a given locale on any given night further reduces practical availability of emergency shelter.[19] Other problems associated with efforts to increase emergency shelter capacity reflect concerns of local residents and businesses about the local establishment of shelters which may attract an undesirable population.[20] While emergency shelters across the country provide a more humane alternative than spending nights on the street, the number of available beds remains insufficient to offer respite from the elements to all those in need.

2. Long-Term Shelter

While emergency shelters address immediate needs, other approaches which address the long-term needs of the homeless should be embodied in shelter programs designed to reintegrate homeless individuals and families into society. Such shelters, which are few in number, attempt to provide counselling, housekeeping, mini-management training and other services which encourage an individual's independence and economic self-sufficiency. Transportation to job interviews, medical exams and welfare interviews are sometimes provided, and usually, shelter coordinators require that individuals save money for later use in obtaining housing. Some programs offer no-interest loans to residents for down payments or to meet other initial housing costs.

Other types of long-term shelter are necessary for the homeless who are physically or mentally incapacitated and in need of custodial care. For this subgroup of the homeless

population, there is little hope of achieving self-sufficiency. Individuals in this category can sometimes be sheltered and treated in institutions that serve the general population, but the number of facilities designed for this homeless group remains insufficient.

Most experts agree that there is a substantial lack of transitional facilities which encourage the passage from destitution and reliance on emergency shelter facilities to independent living and permanent housing. Many believe that more investment should be made in programs which attempt to restore the homeless to productive places in society, arguing that both society and the homeless would benefit from such programs.

3. Other Initial Federal Programs

In the early 1980s, the federal government initiated other programs to combat homelessness. A Federal Interagency Task Force on Food and Shelter for the Homeless, chaired by the Department of Health and Human Services, and composed of several Executive Agencies, was created in October 1983 to "work with the private sector and with local governments to inventory and coordinate potential resources for the homeless."[21] According to a Task Force briefing book, the Task Force operated on three assumptions:

a. Homelessness is essentially a local problem.
b. New federal programs for the homeless are not the answer.
c. Knowledge of strategies used in many communities to help homeless needs to be transferred to other communities.[22]

Public Law 98-94 authorized the Department of Defense (DOD) to make military facilities and incidental services available to the homeless in conjunction with state and local organizations. In 1984, the first year of the program, DOD identified 600 installations that might be used to provide shelters, but only six were opened, mostly because local organizations had no funds to operate the shelters.[23]

Efforts by the Department of Housing and Urban Development to assist the homeless included expediting the use of Community Development Block Grants (CDBG) totaling over $53 million during 1983 and 1984 to provide or rehabilitate shelters. HUD also leased, for one dollar, certain defaulted single-family homes to use as shelters, to private groups, or city mayors. HUD also instituted programs providing assistance to homeless alcoholics and battered women.[24]

The Temporary Emergency Food Assistance Program, which made possible the provision of surplus food to needy households, was another early program created to deliver emergency assistance to the homeless population. This program, later incorporated in the "Hunger Prevention Act" (P.L. 100-435), continues to provide food for distribution by charitable organizations, and has been funded at the level of $40 million for both FY 1989 and FY 1990. Congress, in 1986, also passed P.L. 99-570, the "Homeless Eligibility

Clarification Act" to make welfare programs, such as the Food Stamp program, Aid to Families with Dependent Children, Supplemental Security Income, and Medicaid, more accessible to the homeless. The Runaway and Homeless Youth Program, for which $27 million was appropriated in FY 1989, and the Community Support Program, administered by the Department of Health and Human Services, are other examples of early programs used to help the homeless.

4. Stewart B. McKinney Homeless Assistance Act of 1987

Despite early efforts, homelessness continued to increase across the country and, by 1986, had yet to become a priority issue on government agendas. It was not until the beginning of the 100th Congress that comprehensive legislation was drafted to meet the growing urgency of homelessness. In mid-1987, Congress enacted the "Stewart B. McKinney Homeless Assistance Act" (P.L. 100-77), appropriating $355 million and creating 18 different programs administered by seven government agencies, HUD, FEMA, the Department of Health and Human Service, the Department of Labor, the Department of Education, the Department of Agriculture, and the Department of Veteran's Affairs. Reflecting the diverse nature of the homeless population and its problems, McKinney programs were constructed to address multiple needs, ranging from emergency shelter assistance to health care, social services, veterans programs and low-income housing assistance. The Act also established an Interagency Council on the Homeless, which replaced the National Task Force on the Homeless, as a coordinating instrument of Executive agency responses to homelessness.

The McKinney Act was partly based on a model legislative package entitled, "The Homeless Persons' Survival Act," drafted by 11 homeless advocacy organizations and introduced into Congress in 1986.[25] In addition to co-opting segments of the above package, the McKinney Act superseded and expanded several existing programs, such as the Emergency Food and Shelter Program and the plan to identify and use federal surplus property for the homeless. The Act also funded existing health care for the homeless services, community mental health services, mental health and substance abuse demonstration programs, education and job training, emergency food assistance, special assistance for chronically mentally ill veterans, and transitional and other housing programs. In successive years, as funds for McKinney programs were reallocated, various changes were made to reflect the relative success and usefulness of programs and strategies.

McKinney Act programs are administered by federal agencies under whose aegis they fall. Housing assistance is distributed by HUD, job training services put in place by the Department of Labor, veterans' programs by the Department of Veterans Affairs, emergency programs by FEMA, etc. The interagency Council on Homelessness, which is composed of the heads or representatives of 17 federal agencies, was established to coordinate and identify programs available to aid the homeless and provide relevant information and technical services to program participants, including service providers. The

Council is charged with developing recommendations for regional solutions to homelessness and sponsoring national and regional workshops to update state and local participants regarding availability of McKinney and other homeless assistance from the federal government. The Council is further required to report annually to the President and Congress on the extent and nature of homelessness and to evaluate federal responses.[26]

The administration and utilization of McKinney programs has been problematic, reflecting technical difficulties, impediments associated with the coordination of numerous bureaucracies, insufficient funding, and less than total compliance with provisions of the McKinney Act. Application forms for McKinney grants sometimes amount to more than 60 pages of often complicated legal and bureaucratic terminology, deterring some providers from applying and receiving such funds.[27] While up to $749 million of McKinney funds could be spent across the nation next year, this federal assistance amounts to a small percentage of the billions of dollars state and local governments and private organizations will spend to help the homeless. An average of $35 million per year of McKinney funds was distributed throughout New York State, representing about 10 percent of the total funds spent in one year by the Human Resources Administration, a single agency of the New York City government.[28] Forty-eight of fifty state community affairs agencies, the primary state connections with HUD, have found the level of McKinney funding inadequate to meet the needs of their state's homeless population.[29] Substantial delays in receiving McKinney funds have also been encountered by numerous official and unofficial service providers to the homeless, and according to one lawyer who has filed numerous suits over government compliance with the McKinney Act, most of the emergency relief programs are afflicted by significant delays and some are as much as a full year in arrears.[30]

Administration of the federal surplus properties provision of the McKinney Act illustrates other implementation problems. Initially, two dozen federal agencies were instructed to identify "underutilized" properties within their jurisdictions which HUD would then deem suitable or not for the homeless. Eighteen of the twenty-four agencies did not identify any available facilities, so after homeless advocates filed suit, a federal judge ordered HUD to identify potential properties and criticized the government's narrow interpretation of "underutilized", which had specifically excluded "unutilized, excess, and surplus" properties because of minor technical differences.[31] Presently, some 5,000 properties have been identified by HUD. Of these, 2,500 are not considered "suitable" for homeless facilities and others are impractical for reasons of location and structure. Forty-one applications requesting use of such properties have been received, 24 properties have been turned over to the homeless and 10 additional applications are expected to be approved.[32]

Many McKinney Act programs are adversely affected because appropriations fall short of the authorization levels. While $442.7 million was authorized to fund the McKinney Act in FY 1987, its appropriation was cut to just over $355 million. Subsequent

authorizations also suffered reductions during the appropriations process: for FY 1988, the $616 million authorization was cut to $357.6 million; for FY 1989, the $634 million authorization was reduced to a $387.4 million appropriation;[33] for FY 1990, authorization was reduced from $676 million to an appropriation of approximately $600 million.[34] For FY 1991, McKinney Act programs are expected to receive funding at levels similar to those of FY 1990. Homeless service providers and administrators assert that even if McKinney Act programs were funded at their full authorization levels, funding would not be sufficient to resolve the problem of homelessness and considerable needs would remain unmet.[35]

5. Other Post-McKinney Federal Programs

The Bush Administration's FY 1991 budget proposal includes $14.5 billion for housing programs. The proposal includes funding for HOPE (Homeownership and Opportunity for People Everywhere), various programs intended over the course of three years to encourage homeownership among low- and moderate-income groups. The proposed system of grants, matching funds, and other assistance and loan programs includes direct assistance for the homeless. HOPE grants would be used for rehabilitation, technical assistance, housing acquisition, homeownership counselling, capital and operating reserves and economic development activities associated with homeownership.[36] The HOPE package proposes to institute Federal Housing Authority insurance reforms, establish enterprise zone tax incentives, and preserve existing HUD-subsidized privately-owned units.[37] HOPE programs directly addressing homelessness include three HUD-administered McKinney housing assistance programs grouped into a $354.4 million "Shelter Plus Care" package to assist in housing mentally ill or substance abusing homeless people. Funds would be designated for the rehabilitation of approximately 1,300 SROs and for transitional and permanent housing for handicapped and AIDS-infected homeless individuals.[38] An Emergency Shelter Grants program would enable recipients to rehabilitate or convert buildings to shelters. Twenty percent of these funds could be used for services and prevention activities, and this program would not be limited to substance abusers or the mentally ill.[39]

The United States Senate and the House of Representatives each sponsored housing legislation in 1990. The Senate measure, the "National Affordable Housing Act" (S. 566), adopted after consultations with the Bush Administration, would authorize $17.8 billion.[40] The measure represents the first major overhaul of federal housing programs in ten years. The legislation includes a two billion dollar "Housing Opportunity Partnership" program intended to fund state and local governments on a needs- and population-based formula for provision of low- and moderate-income housing by private nonprofit and for-profit developers and public agencies.[41] The bill sets priorities for federal spending and intends to provide housing assistance to low-income families, the elderly, the disabled and the homeless.[42] The House measure, the "Housing and Community Development Act of 1990" (H.R. 1180), authorizes approximately $28 billion. The legislation includes homeless prevention programs, housing assistance for AIDS-infected individuals and permanent and

transitional housing and services. President Bush has threatened to veto the measure, characterizing it as expensive and not targeting the poor.[43] Both the House and Senate measures include reauthorization of certain McKinney programs for the homeless. During the 100th Congress, 32 bills were introduced addressing some aspect of the homeless problem, including McKinney Act Reauthorization legislation.[44] Certain federal food assistance programs serve segments of the homeless population. Appropriations have been made for AFDC Emergency Assistance programs and for programs assisting homeless persons with AIDS and HIV infections. Alcohol, Drug Abuse and Mental Health programs for the poor are also designated for funding through block grants distributed to states for research, treatment and prevention of substance abuse and mental illness.

C. State Responses to Homelessness

Homelessness has been identified as a problem in almost every state.[45] The configuration of state agencies which administer programs serving the homeless is as complicated as that of the federal government. It is not uncommon to find six or seven state agencies with responsibility for developing and administering programs affecting the homeless. To ensure that the benefits of federal and state programs reach intended recipients in the most efficacious manner, the McKinney Act requires that each state establish a coordinating body to function as an information and referral center so that federal funds can be disbursed efficiently. While only about half of the states have complied with this requirement, most are in the process of establishing such an office or an executive office under the authority of the governor.

In 1989, the Council of State Governments (CSG) compiled and issued a comprehensive report outlining state actions on homelessness.[46] Central to the conclusions reached by the CSG is a need for states to identify and enumerate their respective homeless populations so that effective strategies which respond to unique qualities of each state's homeless population can be formulated and implemented. The report indicates that some states have yet to analyze the dimensions of their respective homeless populations or the underlying causes of homelessness. A majority of states have already initiated policy actions directed at homelessness, some have planned such initiatives, and six of thirty-eight responding governors' offices indicated that no policy initiatives affecting homelessness had been undertaken.[47] Passage of the McKinney Act in 1987 seems to have provided incentive to states where development of homeless programs lagged to initiate significant efforts to formulate responsive programs addressing homelessness. The CSG and other state program analysts, partially because of limited fiscal resources, stress the importance of comprehending the root causes of an individual's or family's becoming homeless in order to design cost effective responses which ideally would exhibit preventative characteristics.

The State Council of Governments recommends that "...information sharing networks to address the diverse causes and characteristics of homelessness and to administer the

broad spectrum of programs funded by the McKinney Act" be established among the states, local governments and nonprofit organizations and other private sector groups active in responding to the homeless. The states often function as the bridge between the federal government and local government bodies and nonprofit groups, making the coordination of the roles played by each component in the homeless assistance delivery system integral to the success of any program. In many states, especially those which have only one major population center, state governments have been reluctant to fund statewide homeless problems, instead preferring to shift responsibility for the homeless to local governments. In January 1990, 38 state representatives attended a workshop in Washington sponsored by the Interagency Council on the Homeless to familiarize state coordinators with federal strategies and programs available to assist the homeless.[48]

The following states have demonstrated a wide variety of responses to homelessness. The relative success, and the levels of resources expended by the following states, vary considerably. The expanding array of state homeless programs is perhaps indicative of a growing realization of homelessness as a local problem, and possibly reflects decreasing levels of federal support.

1. Massachusetts

Massachusetts has made a significant commitment to dealing with the homeless issue and has attempted to create a comprehensive, multi-faceted approach which relies on establishment of working coalitions among local governments, nonprofit organizations, private-sector elements and volunteers. In 1981, the Massachusetts Coalition for the Homeless, a collection of service providers, was formed. The Coalition conducted the first statewide survey of homelessness in 1983, which resulted in a complete inventory of homeless service facilities and a rough outline of dimensions and numbers of the homeless population. In 1983, the Governor established an Advisory Committee on Homelessness and another group to advise state officials on how to target and distribute resources among the homeless. An Executive Office of Human Resources was also created to coordinate and formulate interagency responses to homelessness. The principal components of the subsequent Massachusetts response have been comprised of prevention programs, emergency services, support services, and permanent housing programs.[49]

In 1983, the state began a policy of making rent and utility payments to prevent the eviction of tenants. The enactment of condominium conversion restrictions further curtailed evictions. In addition, community-based organizations were created to mediate disputes between landlords and tenants, lowering the chances of eviction and loss of housing. Regulations were effected to permit continuation of Aid to Families with Dependent Children (AFDC) to mothers whose children have been temporarily removed from their homes, increasing their ability to retain housing. Between 1983 and 1987, $32 million was spent to prevent lower-income families from becoming homeless. Another aspect of the Massachusetts program concentrated on improving employment prospects

for the homeless and those at risk of becoming homeless. In its first two years of operation, the state's employment and training program placed 20,000 AFDC recipients in full-time private sector jobs with salaries that doubled their welfare allowances.[50]

Limitations were also placed on the release of mentally ill patients from mental health centers in an attempt to reduce the numbers of emotionally impaired individuals becoming homeless. More than $320 million has been used to increase the number of residential, out-patient units available for the mentally ill, as well as for expansion of existing capacity and services of in-patient mental health facilities. A program designed to assist homeless families utilizes a state-wide network of small, community-based shelters, specifically created to accommodate no more than six families. Funds for this program are derived from a combination of 75 percent state funds and 25 percent nonprofit organization sponsorship.[51]

Massachusetts has also dedicated substantial resources to increasing the number of housing units available to house low- and moderate-income families and individuals. Between 1983 and 1987, state-sponsored housing programs increased the number of subsidized units for the elderly, handicapped, and low- and moderate-income families by 50 percent. Under terms of a $500 million state program, private sector developers are provided incentives for the construction of new rental units for low- and moderate-income tenants. A project to restore abandoned buildings to the affordable housing market either through rehabilitation or conversion is also underway.[52] Developers of commercial and residential projects in Boston contribute, through a process known as "linkage", to a trust fund established to finance construction of low- and moderate income housing. Twenty-four thousand apartments have been built with $18 million of Linkage funds. Linkage money is also financing the renovation and conversion of a mixed-income project which will have one quarter of its units designated for low-income use.

Massachusetts currently faces a severe financial crisis, and as a result, homeless programs, as well as virtually all other state programs, including social welfare programs, have been cut significantly.

2. Ohio

The complex structure of Ohio's state government and the recognition of homelessness as a multi-faceted problem led to the creation of an interdepartmental group of state agencies for action on the issue of homelessness.[53] This "Homeless Cluster" oversees administration of McKinney Act programs, shares information on homelessness with local organizations, and alerts providers to funding possibilities.[54] Another unofficial group, the Ohio Coalition for the Homeless, an association of advocates and providers, was instrumental in establishing Ohio's first emergency shelter programs and presently monitors most assistance programs throughout the State.[55] A significant part of Ohio's program to combat homelessness focuses on mental health. In 1984, the Ohio Department of Mental

Health conducted a major study on the characteristics of the mentally ill homeless, which created a sizeable data base and established a variety of health care services. The state later obtained significant assistance from the Robert Wood Johnson Foundation to establish numerous health care centers for the homeless in four cities.

3. New Jersey

An innovative component of New Jersey's efforts to address homelessness, the first of its type in the nation, was developed in 1984 and is comprised of preventative programs which provide one-time assistance for people who suffer temporary financial setbacks but are ineligible for emergency shelter assistance. Applicants must demonstrate that they are in imminent risk of becoming homeless and have no access to other funds. State officials estimate that more than 15,000 households have been assisted in paying rents, mortgages and security deposits often needed to secure housing. In 1989, $4.8 million was spent in New Jersey for preventative measures, and officials estimate that preventative spending before an individual or family becomes homeless is three times cheaper than providing emergency shelter and thirty times cheaper than housing the family in a welfare hotel. Single mothers are reported to be the leading beneficiaries of New Jersey's prevention program, and a number of other states have used New Jersey's program as a model for prevention programs of their own.[56]

4. Pennsylvania

In 1985, the Pennsylvania General Assembly enacted the Homeless Assistance Act appropriating $5.5 million for the homeless. Appropriations rose to $10 million in 1986 and $14 million in 1987. The average total of Pennsylvania's general fund expenditures over these fiscal years was approximately $9.5 billion.[57] The Pennsylvania Department of Public Welfare, in 1987, applied for and received a $734,804 federal SAFAH grant. (Supplemental Assistance for Facilities to Assist the Homeless -- a program eliminated in later HUD budgets.) The Department of Public Welfare has worked closely with the Pennsylvania Coalition Against Domestic Violence, a nonprofit group composed of 56 other support service agencies. The grant has enabled the Coalition to provide shelter and services to 1,500 victims of domestic violence. Another federal SAFAH grant, which amounts to over $2.7 million, when counted with matching funds, foundation and other grants and volunteer labor, will provide housing assistance in six counties, paying two months rent for 43 needy families. Coalition members provide volunteer staff for facilities and the Coalition serves as a go-between for the state government and local providers.[58]

D. Municipal Responses to Homelessness

The urgency of the homeless crisis has been and continues to be most immediately felt at the local level, where the homeless ultimately eke out their precarious existence and

require daily response mechanisms. Cities and towns are faced with increasing numbers of homeless people living in streets, parks, and abandoned buildings. Concern over growing numbers is heightened by the increasing lack of affordable housing, with each of 27 cities in a survey responding that they would be unable in the foreseeable future to meet the housing needs of low-income residents.[59] Limited availability of federal, state and local funds often places the burden of meeting the immediate needs of the homeless on municipalities. Competing with other fiscal demands, homeless assistance is often one of many pressing priorities on city budget agendas, making the formation of homeless programs a significant challenge for local governments. Creative responses and funding strategies are required, and some are in evidence. The City of Chicago, for example, recently placed an additional one cent tax on cigarettes and is expected to raise at least two million dollars for homeless programs through this tax.[60]

Cities obtain funds to aid the homeless through a variety of local, state and federal sources. Twenty-three of twenty-seven Conference of Mayors survey cities used locally generated tax revenue to fund homeless programs. Fifteen responding cities reported the use of state grants. All of the survey cities received funds through McKinney programs. Sixteen cities used federal Community Development Block Grants, and eleven municipalities reported receiving Community Services Block Grants which were used to assist the homeless.[61]

Outlined below are other actions taken by several cities which demonstrate how municipal leaders have attempted to respond to growing problems of homelessness in their communities.

1. Portland, Oregon

A 1986 estimate places the number of homeless individuals in Portland at about 6,000,[62] and in 1989, requests for emergency shelter increased by 36 percent.[63] Portland's response to its homeless crisis has focused on three areas, providing housing for those with special needs, combating alcohol abuse and providing emergency services. Responding to substantial losses of single room occupancy units (SRO), renovation and rehabilitation programs were instituted in 1980 after legislation provided an exemption in the 1936 Housing Act making Portland eligible for federal assistance. Approximately 1,000 new units have been added since 1980, and other low-income housing has also been preserved by the "aggressive" use of federal funds.[64]

In order to maximize the efficiency and design of delivery systems for the homeless, in 1986 Portland and Multnomah County established the Emergency Basic Needs Committee, an organization of service providers, advocates and recipients which advises the City Council and County Commission. The Committee identified homeless needs for food, shelter, health care, transportation, and jobs. Additionally, the Portland Mayor proposed a 12-point plan to increase care and assistance for the homeless. Alcoholism treatment

received special attention in this plan as did establishment of a link between improved housing rehabilitation in the city's skid row area and its social service delivery system.[65]

2. New York City, New York

The City of New York estimates that between 1981 and 1986, the homeless population increased by more than 300 percent.[66] The numbers of homeless families with children also increased, and more than half of the $239 million allocated by New York City for homeless programs in FY 1987 was targeted for homeless families.[67] In January 1983, New York City sheltered an average of 4,767 homeless men and 636 homeless women each night in 18 facilities. Four years later, the numbers had increased to an average of 9,000 homeless men and 1,100 homeless women sheltered in 28 facilities.[68] In 1989, New York City expended approximately $577,400,000 in self-generated revenues for services assisting the homeless, including emergency shelter.[69] In response to the growing number of homeless people and the lack of affordable housing, New York City has embarked on an ambitious program to fill gaps created by reductions in federal housing support to low-income and poverty-level families and individuals.

New York's program will require more than $5 billion to reach a goal of creating 252,000 housing units by 1996. City officials expect the Construction Management Program to produce almost 9,000 units per year by combining the resources of municipal and nonprofit and private sector groups, which convert vacant city-owned buildings into low- and moderate- income residences. The profits of market rate housing developments provide one source of funding for this program. Instead of using direct subsidies, New York is offering tax incentives to developers who construct low-income housing. Through participation in the Tenant Interim Lease Program, 13,000 New York households have purchased units, at $250 each, in buildings which the city assumed as a consequence of delinquent tax bills. Nonprofit groups have contributed to the project by guiding former tenants in cooperative management skills while the city has sponsored the rehabilitation of the buildings. Acceptance of referrals from the City's shelters is a prerequisite for those given low-interest loans to rehabilitate vacant city-owned buildings under the auspices of the Capital Budget Homeless Housing Program, which will yield 1,800 units.[70]

3. SRO Development

As noted previously, the nation's stock of Single Room Occupancy units (SROs) has declined significantly over the past twenty years. The loss of this "housing of last resort" has cut deeply into affordable shelter resources in many American inner city districts. A number of private corporations, in New York, San Francisco, Los Angeles, Portland, San Diego, Pittsburgh, Atlanta and Richmond and others have begun efforts to convert apartments and other buildings into SRO facilities. In Los Angeles, for instance, more than 1,000 vacant, or substandard units in 58 old hotels have been converted into SROs.[71] A San Diego developer, in partnership with the city government, rehabilitated an old SRO

hotel slated for demolition. The San Diego effort seeks to create 2,400 units over the course of its duration. A project in Pittsburgh renovated an historic downtown YMCA and converted it into a SRO facility. Advocates for the homeless and local governments view the creation and preservation of SROs as an important step in preventing homelessness.[72]

E. Nonprofit and Volunteer Organizations and the Response to Homelessness

Nonprofit, voluntary groups, often with religious affiliations, have traditionally operated at local levels to provide relief services to the poor and needy in America. Voluntary participation in social service activities is partly derived from religious and charitable beliefs of early settlers and immigrants as evidenced in early practices of sharing resources with neighbors and friends in times of need. Gospel missions, churches, the Salvation Army, the Young Men's Christian Association, the National Conference on Social Welfare, and other similar volunteer-based organizations provided for most needs of America's destitute until the Great Depression of the 1930s overwhelmed their capacity to assist the needy and the federal government took its initial steps to create welfare assistance programs.[73]

The same groups, joined by many new charitable organizations and volunteer associations, were among the first to respond to the present homeless crisis. Activities of these groups are less constrained by regulations and reporting requirements than government programs,[74] accounting in part for their ability to respond quickly to homelessness. Coalitions of charitable, religious and other nonprofit organizations, municipalities and local agencies have often combined efforts to establish emergency shelters and other homeless assistance programs. Other groups, through the formulation and implementation of often imaginative concepts and strategies, have helped produce affordable housing for low-income households and individuals. Millions of Americans devote their energies and resources to thousands of groups which assist the homeless, providing services valued at billions of dollars. Few communities across the country are without volunteer organizations committed to serving the homeless. However, even with such support and current government aid programs, as federal funding for social service and housing programs diminish or disappear altogether, volunteer organizations have been severely strained by the ever-increasing number of homeless individuals and families.

In 1983, Congress passed Public Law 98-8 containing the Emergency Food and Shelter Program, providing $100 million to the Federal Emergency Management Agency (FEMA) to distribute to nonprofit groups and state governors. Under FEMA supervision, the initial $50 million private-sector program was administered by a National Board of representatives from major charitable organizations, the United Way, the Salvation Army, the National Council of Churches, the Catholic Charities, U.S.A., the Council of Jewish Federations and the American Red Cross.[75] Allocations of Emergency Food and Shelter grants are made by the National Board to local boards which select nonprofit groups and

public service agencies to provide the actual homeless assistance. An estimated 3,650 private, nonprofit organizations, in 961 jurisdictions, received assistance from this program.[76] In succeeding years, the program remained a large component of federal homeless assistance. The National Board received a $70 million appropriation in 1984, $20 million in 1985, and $70 million in 1986.[77] Utilized by private-sector charitable organizations, this funding has been significant in the establishment of a network of emergency shelters throughout the country, which have become "the backbone of the service system."[78] Approximately 90 percent of shelters are operated by private, nonprofit groups, with religious organizations being a dominant subgroup, and about 80,000 volunteers served 30 million hours in such shelters in 1988.[79] These figures suggest that a lack of public funding has shifted most of the responsibility of providing for the homeless directly upon volunteer, nonprofit organizations.

The following are examples of programs developed by nonprofit agencies to provide shelter and other assistance to local homeless populations. Each program exhibits different strategies, varying supportive coalitions and funding sources, indicative of the creativity that is necessary to provide comprehensive responses to a population with complex needs and problems.

1. Washington, D.C.

The Luther Place Shelter Ministries is a system of six shelters for women which provide a continuum of shelter services, medical clinics, and food and clothing distribution centers. The initial service programs began in the mid-1970s and the facilities are operated entirely by private funding. The church, which maintains the emergency shelter in its basement, has converted adjacent buildings into shelters for substance abusers, the mentally ill, the elderly, transitional facilities and a "drop-in" daytime shelter. Plans are underway to construct a multi-purpose facility containing SRO units, low-cost apartments, clinics and counselling services. The complex is staffed by volunteers, church personnel and former shelter residents and provides regular shelter for up to 75 women, meals for 100, and medical services and clothing to the general homeless population and other neighborhood residents.[80]

The Community for Creative Non-Violence (CCNV) was established in 1970 as a vehicle for expressing concern about domestic human rights issues and the Vietnam War. The Community opened a soup kitchen in 1972, and gradually developed a numerous services for the poor, including a number of shelters. CCNV services are operated entirely by volunteers and rely primarily on small donations. A centerpiece of CCNV operations is a 1,200 bed shelter near the U.S. Capitol which was turned over to CCNV on the eve of national elections by the federal government in 1984 after a 51-day hunger strike by homeless advocates. CCNV currently provides services to approximately 2,000 people per day. The CCNV facility offers comprehensive services for the homeless, including: a medical clinic, an infirmary for long-term care, mental health counselling, a post-

detoxification unit, a dental clinic, a legal clinic, employment counselling, housing counselling, benefits counselling, veterans benefits counselling, and continuing education programs. This wide array of services provides an exceptional model for other facilities and reflects a complex understanding of the needs of homeless persons. CCNV's effectiveness extends beyond the Washington, D.C. area. One of its leading activists, Mitch Snyder, attracted national attention to homeless issues by organizing hunger strikes and other dramatic protests in support of the homeless. A major motion picture about his involvement with the homeless was filmed on location in Washington.

In 1984, the Council of Churches of Greater Washington, which operates a number of shelters around the city, initiated a job-training program to promote self-sufficiency by providing more than emergency needs. Fifty male shelter residents were trained in custodial and maintenance skills, and then provided with job counselling and placement services and transportation to job interviews. After being hired, counsellors maintained contact with the men to help with the transition from homelessness.[81]

2. Colorado Coalition for the Homeless

In 1984, the Mayor of Denver, Colorado offered to provide a city-owned building for use as a shelter on the condition that a nonprofit group devise a comprehensive plan to convert the building, manage the shelter and provide support services. The Colorado Coalition devised an acceptable plan, then overcame neighborhood opposition to the project by commissioning a study showing that property values would not be adversely affected by the proposed shelter. The Coalition obtained a Community Development Block Grant from the Colorado HUD to pay for rehabilitation of the building and arranged for the Volunteers of America to manage the facility. The City of Denver provides utility service for the shelter. The 24-hour shelter offers job counseling, welfare assistance, a medical clinic, child care, food, clothing and storage for homeless and other people. The Coalition also obtained a federal grant from the Emergency Food and Shelter Program (EFSP) to provide transportation to other shelters for those in need.[82]

3. Del Norte, California

In 1981, the nonprofit Rural Human Services, Inc., began operating a substance abuse program for the largely rural community. As the need for additional social services became apparent, the organization expanded its operations in 1984 by securing a $61,000 state grant to house the homeless. The group arranged to house up to 22 people in local motels, and notified local agencies, churches and other support groups about the availability of its shelter. In 1985, Rural Human Services, Inc. received an EFSP grant that enabled the establishment of a shelter for women and children who were victims of domestic violence. In addition to shelter, the agency provides job-training and counseling, housing rehabilitation, a food bank, domestic violence counseling and a crisis intervention hotline.[83]

4. Memphis, Tennessee

The Metropolitan Inter-Faith Association (MIFA) coordinates efforts by sixteen churches to secure housing and services for displaced families from community organizations and local, state and federal governments. In 1983, MIFA coordinated the leasing from HUD of ten houses for one dollar per year, plus the cost of repair and rehabilitation. The City of Memphis provided a Community Development Block Grant to cover rehabilitation costs, and participating churches provided furniture, appliances and other household supplies. Homeless tenants, who lived in the houses for an average of two months, were referred by city social services agencies. During their stays, MIFA provided job and personal counseling and helped homeless residents obtain other sources of permanent housing. During the first year of operation, 51 families were served; however, an equal amount had to be turned away.[84]

5. Richmond, Virginia

Operated jointly by the Virginia Commonwealth University School of Social Work and the Daily Planet, a community mental health center, Operation Bottom Rung, works to help the homeless access available services, including government benefits. The Daily Planet hires former homeless individuals to accompany University students on interviews with homeless people in Richmond. Information is collected to ascertain eligibility for assistance, and interviewers then direct the homeless to assistance programs and help them handle bureaucratic aspects of applying for aid.[85]

F. National Nonprofit Organizations and Foundations

A number of nonprofit, philanthropic foundations and other volunteer organizations provide funding, management, financial and technical expertise directly to the homeless or to local assistance groups. Such organizations and foundations have also provided resources for the construction or rehabilitation of low-income housing. Foundation grants and voluntary efforts of private organizations have played important roles in supplementing government and other forms of assistance.

The American Bar Association's Representation of the Homeless Project, using the volunteer services of more than 750 lawyers around the nation, encourages local bar associations to provide free legal services to the homeless. Project lawyers also encourage their firms to invest in community oriented banking establishments and have undertaken litigation to ensure that banks do not engage in discriminatory practices which are obstacles to low-income home construction and ownership. The Project also enables advocacy groups to help to fill part of the need for legal counsel and assistance.[86]

The Enterprise Foundation of Columbia, Maryland has contributed significantly to

the production of affordable housing across the country. The Foundation has raised over $65 million in grants and loans and more than $100 million in tax-credit equity investments from the private business sector.[87] Since 1982, Enterprise has helped create 9,600 units of low-income housing by working with more than 100 nonprofit groups in thirty cities and two states. With Enterprise aid, Cleveland has increased its annual production of low-income units from 120 to 300 per year. In New York City, the Enterprise Foundation helped 18 nonprofit neighborhood groups restore 915 dilapidated vacant units. In Baltimore, 171 three-bedroom townhouses were constructed and are now occupied by families with incomes as low as $11,000 per year, who pay as little as $286 a month rent. An employment branch of the Foundation, Enterprise Jobs, has provided 16,000 jobs for unemployed men and women in 12 cities.[88]

The Robert Wood Johnson Foundation and the Pew Memorial Trust, in 1984, donated $25 million to establish grants for health care for the homeless systems in 19 cities. Each city received up to $1.4 million for use over four years. Clinics are located in shelters, soup kitchens, mobile units and in hospitals in areas with identified homeless populations. A wide range of health care services has been created with Foundation assistance, a substantial and useful data base was compiled on homeless clients, and numerous health care professionals have volunteered their services. Foundation funds are provided only to nonprofit groups, which will, in turn, provide local services and management.

The 1988 Institute of Medicine report concluded that the Johnson-Pew Health Care for the Homeless Program is limited, yet effective and is viewed as having provided viable models and incentives for the eventual health care provisions of the Stewart B. McKinney Homeless Assistance Act of 1987. In fact, after grant funds had been expended, they were replaced with McKinney Act funding. While these projects varied greatly from city to city, they all had certain common characteristics considered by the committee to be essential in providing for the special health care needs of homeless people: they emphasize the holistic approach, use outreach techniques to locate those in need, have empathetic staffs sensitive to special concerns and problems of homeless, use multidiciplinary teams, and practice case management and coordination of services "with the aim of breaking the cycle of homelessness."[89] In 1986, the Robert Wood Johnson Foundation provided another grant for the chronically mentally ill homeless and other individuals. The grant was partly supported by HUD, which contributed an additional $75 million in Section 8 housing certificates. The program is administered by the Department of Psychiatry of Harvard Medical School. Appropriate housing and comprehensive treatment of homeless mentally ill individuals has been the goal of this effort.[90]

G. Response Section Summary

Levels of public assistance for the homeless have been limited over the past decade

by fiscal and political considerations and private organizations have attempted to fill the sizeable gap between the needs of the homeless and resources available to assist them. Despite these substantial efforts, however, a general consensus exists among service providers, researchers and others, that considerable needs of the homeless remain unmet and that problems associated with homelessness will continue to grow in the absence of greater government commitment.

Since the publication of the Commission's 1979 domestic compliance report, federal responses to growing homelessness have reflected a social and political philosophy which emphasizes the role of state and local governments, and private voluntary agencies. This philosophy is partially summarized in the 1988 Annual report to the President and Congress of HUD's Interagency Council on the Homeless, which states: "Privatism and localism have traditionally guided social welfare in America. The Nation's response to the problem of homelessness - the joining of public and private forces to assist those in need - is in the best tradition of American problem solving." The Council recommends that, "Those entities which have been providing assistance to the homeless, including local governments, private voluntary agencies, and, recently, many States, should continue to be the primary vehicles for delivering assistance."[91] Application of the above philosophy finds substance in the fact that non-federal entities have shouldered almost the entire responsibility of providing for the needs of the homeless.

Homelessness is ultimately a problem that requires responses at both the local and federal levels. Federal strategies making local entities responsible for homeless assistance, however, fail to address the larger socio-economic problems which cause homelessness. Programs administered by state and local governments, and private organizations to directly assist the homeless often address only immediate, short-term symptoms of homelessness and poverty. While federal expenditures within the "public-private partnership" are recognized as necessary components of efforts to combat homelessness, more than federal money is needed. The Executive branch and Congress should act to address growing poverty and larger socio-economic issues such as unemployment, an insufficient minimum wage, the lack of affordable housing and health care, and education deficiencies. The federal government should provide, in addition to funding, moral leadership and a comprehensive strategy designed to address larger socio-economic problems, of which homelessness is just a symptom.

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VI. CONCLUSIONS

A. GENERAL DIMENSIONS, TRENDS, AND PROBLEMS OF HOMELESSNESS

-- No national standard has been established to guarantee the right of an individual the to some minimal form of shelter.

-- The number of homeless individuals in the United States has increased dramatically during the past decade and continues to increase.

-- Millions of poor Americans are at extreme risk of becoming homeless. The loss of a job, a health crisis, or any other unexpected expenditure could push these people into homelessness.

-- The harsh consequences of homelessness can include physical, psychological and emotional breakdown, and in hundreds of cases, homelessness has resulted in death or permanent disability.

-- The largest portion of the homeless population is composed of single adult males, yet families with children are the fastest growing segment of the homeless population.

-- Conditions of the homeless environment include a lack of adequate shelter, few or no supportive relationships, little or no income, poor diets, and vulnerability to the elements and violence.

-- Black, Hispanic and Native Americans comprise a disproportionate percentage of the homeless population.

-- Approximately one-third of the homeless population exhibits severe mental illness and approximately one-third are alcohol or drug abusers.

-- An estimated one-fourth of homeless children do not receive formal education and many demonstrate significant learning disabilities.

-- The many and complex problems of homelessness will not be solved by providing only shelter. Comprehensive support services, such as job training, mental illness and substance abuse treatment, access to health facilities and child care, must also be provided.

-- The homeless are more susceptible to, and demonstrate numerous chronic and acute health problems. AIDS and tuberculosis are reaching epidemic proportions among the homeless population.

-- The homeless face substantial difficulties in obtaining health care, psychiatric and substance abuse counseling and legal assistance.

-- Neither the enormity of the homeless problem, nor its humanitarian dimensions can be adequately portrayed by the use of statistics.

B. CAUSES OF HOMELESSNESS

-- The major causes of homelessness in the United States are growing poverty, the inability of Americans to generate income sufficient to obtain adequate housing, and declining federal assistance to low-income groups.

-- Homelessness is a most visible manifestation of poverty, and a symptom and function of poverty in America.

-- Homelessness is often the end result of a series of personal and/or economic crises that occur within, and possibly result from, prevailing socio-economic conditions.

-- The number of Americans with poverty-level incomes is increasing while the availability of affordable housing is decreasing.

-- Substance abuse and mental illness are factors contributing to homelessness. However, these conditions can themselves be stimulated and/or exacerbated by the homeless environment.

-- Federal efforts to increase the stock of low-income housing and to rehabilitate and preserve existing stock have diminished considerably over the past decade.

-- Declining levels of funding in real terms for certain federal assistance programs have further eroded income levels of America's poverty population.

-- Real estate market trends and the current lack of tax incentives and subsidies do not make low-income housing production attractive to developers.

-- The deinstitutionalization of individuals from mental health facilities and current policies which favor non-institutionalization of psychologically-impaired individuals have contributed significantly to the numbers of mentally ill homeless.

-- Discrimination and segregation contribute significantly to the inability of minority groups to obtain adequate housing.

-- The minimum wage rate does not provide full-time workers with income enough to obtain affordable housing and meet other common expenses.

C. RESPONSES TO HOMELESSNESS

-- Responses to homelessness, after meeting emergency needs, should include development of the ability of homeless individuals or families to achieve economic self-sufficiency and obtain permanent shelter.

-- Prevention programs should be widely expanded. They often represent an advanced understanding of the complex dimensions and problems of homelessness. Programs which prevent homelessness spare society the cost of homelessness as well as spare those who lose their homes the ordeal of becoming homeless.

-- In addition to providing more funds to state, local governments and private organizations which assist the homeless, the Federal government should expand its efforts to address the larger socio-economic problems of poverty, of which homelessness is a symptom.

-- Official responses to homelessness must be commensurate with the growing seriousness of the homeless crisis, should be more comprehensive, and demonstrate more effective overall coordination. Responses should also be directed more evenly towards lower-income groups.

-- Local, voluntary nonprofit organizations provide the major portion of emergency and other responses to homelessness. The federal government should provide more assistance to these organizations and promote strategies which address structural causes of homelessness.

-- While federal expenditures on low-income housing have increased over the past ten years, the growth rates of fiscal outlays, of low-income units assisted by the federal government and the number of new families served by low-income programs, have decreased significantly and should be raised to previous levels.

-- Budget authority for low-income housing -- monies reserved for programs over the entire course of their existence -- has decreased by approximately 75 percent since 1980 and should be increased to ensure future development of low-income housing resources.

-- Responses to homelessness have been inadequate at the Department of Housing and Urban Development (HUD) during the past ten years. Furthermore, mismanagement and corruption diminished the effectiveness of low- and middle-

income housing programs. Swift and effective measures should be taken at HUD to ensure that such problems do not recur, and Secretary Kemp's present efforts in this regard are commendable.

-- The McKinney Act, while relatively comprehensive in its response to homelessness, should be funded at higher levels.

-- Innovative, cost-effective strategies and fund raising schemes to help the homeless become self-sufficient need to be developed and instituted at all levels.

D. FULFILLMENT OF HELSINKI COMMITMENTS

The Vienna Concluding Document obligates the United States to "...achieving progressively the full realization of economic, social and cultural rights by all appropriate means, including in particular by the adoption of legislation." While significant efforts and resources are being expended to address homelessness in the United States, the Commission concludes that these efforts and expenditures, particularly at the federal level, remain insufficient. Although it is difficult, if not impossible, to gauge commitment to the social and economic provisions of Helsinki documents, the Commission believes that the United States government has not done all it could in the area of housing.

Homelessness and its associated problems are growing in America, and much more must be done to stabilize, and eventually bring about solutions to this pressing concern, and the larger crisis of poverty. The relative prosperity of this nation makes the crises of poverty and homelessness even more disconcerting, and suggests an inequitable distribution of resources. A growing polarization of America's rich and poor populations has developed over the past decade. Furthermore, recent public attitudes towards the homeless indicate a growing level of indifference and a corresponding lowering of the priority given to aiding the homeless. As a nation, the United States can and should do much more to address homelessness and poverty.

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