

Conference Highlights President's Initiative

The message at the 2002 National Health Care for the Homeless (HCH) Conference was clear. HCH providers will play an important role in the President's Initiative to Expand Health Centers. In his keynote address, Claude A. Allen, Deputy Secretary, Department of Health and Human Services, said that Health Care for the Homeless services are an important part of the effort to attain 100 percent access to primary health care and eliminate health disparities among underserved populations.

The President's Initiative is an effort to strengthen the health care safety net for those most in need. The goal, over the next 5 years, is to serve an additional six million people and reach more deeply into current populations served.

Jean L. Hochron, Chief, Health Care for the Homeless Branch, followed up Mr. Allen's comments at the Bureau of Primary Health (BPHC) Update, a workshop offered twice during the conference. In these sessions, HCH grantees learned about funding priorities, grant opportunities for new services and service expansion, and requirements for participation in the new program initiatives.

Ms. Hochron reported that funding is available through New Access Points (Policy Information Notice 2001-18), Expanded Medical Capacity (PIN 2002-06), and Service Expansions (PIN 2002-10). She noted that these programs, announced in fiscal year (FY) 2002, are likely to continue in FY 2003. Information on grant opportunities is available in the HRSA preview at www.hrsa.gov.

BPHC has identified 10 elements critical to managing growth in health center capacity (Program Assistance Letter 2002-09). These elements relate to the interrelated facets of delivering high quality, cul-



Claude A. Allen, Deputy Secretary, DHHS, gives conference keynote.

turally competent community-based health services to underserved populations. They are:

- Identification/verification of need
- Community development
- Board development
- Workforce development
- Capital financing
- Operating systems
- Continuum of care linkages
- Leveraging Federal, State, local, private resources
- Outreach to special populations
- Service delivery adaptations for special populations

The elements will assist community-based organizations, faith-based

organizations, Primary Care Offices (PCOs), Primary Care Associations (PCAs), Bureau-supported networks, and national organizations in meeting the challenge of the President's Initiative. They focus on areas that assure that new and expanded services have the maximum impact. In the PAL, BPHC provides information on resources and assistance available to health centers relative to each of these elements and recommends ways in which HCH grantees can adopt clinical and business management practices that will enable health centers to participate fully in the Initiative.

For more information, contact Jean Hochron, Health Care for the Homeless Branch, BPHC, at (301) 594-4430 or jhochron@hrsa.gov. or visit www.bphc.hrsa.gov/grants/GrantsHome.htm.

In This Issue

This issue presents highlights of the 2002 National HCH Conference in Chicago, including information on the President's Initiative to Expand Health Centers, the importance of consumers in HCH program governance, and the role volunteers play in HCH service delivery.

If you have information to share about models of consumer and volunteer involvement, contact the HCH Information Resource Center at (888) 439-3300, ext. 247.

INSIDE

- 2 Consumers participate in governance
- 4 Volunteers provide care
- 6 HCH Clinicians' Network News
- 8 HRSA Update

HCH Programs Involve Consumers in Governance

Kenn Martin was very quiet when he first joined the Colorado Coalition for the Homeless (CCH) Consumer Advisory Board. “I didn’t say a word,” he recalls. Not anymore. Today Mr. Martin serves as Chairperson of the CCH Advisory Board, Chair of the National Consumer Advisory Board (N-CAB), and is one of many consumers and former consumers of services who are contributing their time, talent, and personal experience to Health Care for the Homeless (HCH) programs at local and national levels. Mr. Martin and other N-CAB members facilitated and presented at two workshops, *Consumers Who Change Policy* and *Mobilizing the Homeless Community*, at the 2002 National HCH Conference. They also organized N-CAB membership meetings for consumers attending the conference.



N-CAB members at HCH conference.

Kevin Lindamood, MSW, external affairs officer, Health Care for the Homeless, Inc., Baltimore, is pleased to see Mr. Martin and his colleagues working to promote greater participation by consumers in HCH governance and policy. He cites several benefits. Consumers bring authenticity through their experience and perspective. They lend internal and external credibility to programs and services. Their presence on governing boards and advisory groups serves to educate non-consumer members of the governing board on issues facing persons served by the organization. Consumers and former consumers can provide substantial personal support for clients who are having difficulty accepting services. In light of these benefits, Federal requirements concerning governance of health programs funded under section 330 of the Public Health Service Act mandate that governing bodies include individuals who are being served. (see page 3)

Meaningful consumer involvement does not happen without effort. Mr. Lindamood recommends that HCH programs create personal and structural supports to help consumers overcome barriers to participation. Skills training

and orientation programs, transportation to meetings, “buddy” systems for new members, and staff support to facilitate scheduling and dissemination of meeting notices and minutes all contribute to the success of consumer boards. Ellen Dailey, co-chair of N-CAB and member of the Boston Health Care for the Homeless Program (BHCHP) Community Advisory Board

(CAB) and BHCHP Board of Directors, concurs. “It’s important to make it easy for people to participate.” The BHCHP CAB has a regular schedule of meetings held at the same location every month. BHCHP provides childcare and sends taxis for those who need transportation. Dinner is served and members receive a stipend for meeting attendance. Ms. Dailey reports, “the CAB empowers consumers...they know they’re being listened to.”

Tonie Burgos, chair of the New York Children’s Health Project Advisory Board and co-chair of N-CAB, observes that consumers play an important role in recruiting, welcoming, and educating new members about the work of the consumer board. She makes a special effort to help new recruits feel a part of the organization and benefit personally from the experience. “I let people know that they can use consumer board experience to gain skills and build their resumé...it can be very useful when it comes to looking for a job.”

Deb DeBoutez, project coordinator, Colorado Coalition for the Homeless (CCH), can attest to the power of consumer involvement in HCH policy, including lobbying on behalf of legislation that affects persons who are homeless. She notes, “Consumers can make a huge difference. It is very powerful to put a face to the issues and tell the story in person.” Deploying consumers as advocates, however, requires preparation. Ms. DeBoutez states that consumer advocates need to commit to the advocacy strategy, be willing to be part of an advocacy team, and receive adequate training. Prior to appearing before members of the Colorado State Legislature, CCH consumer advocates participated in an advocates training program that provided information about the programs and policies under consideration, a review of the process by which laws are written and passed, and the elements of effective oral presentation. And practice, practice, practice. Mr. Martin,

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who was part of the CCH advocacy team, believes the training and repeated practice helped the advocates stay on their message and respond appropriately to questions. Ms. DeBoutez reports that the presence of consumers on the advocacy team played an important part in the ultimate outcome of the legislation.

Whether influencing the way HCH services are delivered or lobbying on Capitol Hill, consumers and former consumers of services have much to contribute. The National Coalition for the Homeless (NCH), a national network of advocates, service providers, and persons who are or have been homeless, operates with the belief that the experiences of consumers and former consumers of services are essential to the formulation of effective strategies to combat homelessness. The NCH, which receives funding from the U.S. Department of Housing and Urban Development to provide technical assistance to homeless programs and services, stands ready to help organizations create mechanisms for consumer involvement. HCH programs interested in starting a community advisory board, strengthening an existing group, or developing other ways to increase consumer participation can apply for technical assistance and access other NCH resources online at www.nationalhomeless.org.

For more information on the CCH, contact Deb DeBoutez at (303) 293-2217.

For more information on the N-CAB, see article on page 6 or contact Kenn Martin at (303) 293-2217 ext. 2852 or kmartin@coloradocoalition.org.

For more information on the NCH, contact Donald Whitehead at (202) 737-6444 or visit www.nationalhomeless.org.

Website Supports President's Initiative

The Bureau of Primary Health Care (BPHC) has created a resource and learning tool for health centers planning to apply for funding under Section 330 of the Public Health Service Act.

The Health Centers Access Points Online Support for Grant Applications website, www.bphc.hrsa.gov/dpspnewcenters, provides step-by-step guidance in designing effective programs and making grant applications. The website provides links to:

- Grant writing process, including readiness assessment and grant guidelines
- Online grant writing tutorial
- Frequently asked questions
- Best practices and model programs
- Grant application forms
- Contact information

Law Requires Consumer Participation on Governing Boards

The Health Centers Consolidation Act of 1996 (P.L. 104-299) placed governance requirements on programs funded under the Health Care for the Homeless (HCH) Program. The law requires the governing body to be “composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center.” The law also requires the board to meet monthly, select services and schedule hours of operation, approve the budget, and hire the program director.

Organizations funded under the HCH Program (i.e., special population grantees) are eligible to apply for a waiver of the 330 governing body requirements, unless they also receive funding as a community health center under Section 330 (e). Community health centers are not eligible for waivers.

HCH grantees eligible for the waiver must submit a waiver request that describes governance arrangements and, where applicable, a time frame for compliance. The request must

state why the program cannot meet the statutory requirements and set forth alternative strategies to meet the intent of the statute. For example, a formalized consumer advisory board that meets regularly, maintains meeting minutes, and communicates with the organization's governing board is one way to involve consumers.

If granted, the waiver is applicable for the duration of the project period and must be reconfirmed at the beginning of each new project period. The need for a waiver should be addressed in the Single Grant Application.

The HRSA Bureau of Primary Health Care Policy Information Notice (PIN) 98-12 provides guidance on implementation of the Section 330 governance requirements, including information on waivers for HCH programs.

For more information, contact Jean Hochron, Chief, Health Care for the Homeless Branch, BPHC, at (301) 594-4430 or jhochron@hrsa.gov.

To get a copy of (PIN) 98-12, visit www.bphc.hrsa.gov/pinspals.



Volunteers Play Valuable Role in HCH Programs

Health Care for the Homeless (HCH) programs responding to the President's Initiative to Expand Health Centers often face the challenge of developing a workforce that is capable of meeting an increased demand for services. While HCH programs largely rely on staff clinicians to deliver medical care, volunteer physicians, dentists, pharmacists, and nurses can play a valuable role in providing care to underserved populations.

H. Denman Scott, MD, MPH, director of Volunteers in Health Care (VIH), a national resource center for health care providers looking to organize volunteer medical and dental services, has worked with hundreds of volunteer clinicians in programs across the country. Although volunteers cannot replace a paid health care workforce, Dr. Scott states, "There are a lot of volunteers at work. It is not trivial and they can be an important supplement" to staff clinicians.

Janet Walton, also with Volunteers in Health Care, reports that people volunteer their services for a variety of reasons. Volunteers donate their time out of an obligation to the ideals of their profession, a sense of social or religious responsibility, a commitment to access to health care for all, as a favor to colleagues, and for the opportunity to continue to use their clinical skills.

Ms. Walton notes that there are also reasons why qualified and committed professionals may be reluctant to volunteer their services. For example, concerns over liability, lack of experience in caring for low-income, homeless or otherwise marginalized patients, a reliance on "high tech" facilities and equipment, and rocky relationships with full-time staff are all potential barriers.

Health care organizations considering using volunteers cite these same concerns and add some of their own. Recruiting, organizing, and managing volunteers requires a real commit-



Dr. H. Denman Scott talks with Dr. Ivan Wolfson at HCH conference.

ment and dedication of staff time and financial resources. Volunteer recruitment requires a positive attitude and cooperation from health care providers in the community. Professional organizations may not be supportive or helpful. Screening potential volunteers raises questions about credentials, background checks, and malpractice coverage.

Health care organizations worry that volunteers may not be reliable or available when their services are needed. Scheduling is an ongoing effort. Volunteers may be uncomfortable with the way the clinic operates or its location, and they may not be sufficiently sensitized to meet the needs of persons who are homeless. Training volunteers is a continual effort to ensure the delivery of quality care and promote volunteer retention. The concern over professional liability is understandable and real. Most States (all but seven) have charitable immunity laws. The Federal Volunteer Protection Act (VPA), enacted in 1997, provides volunteers (including clinician volunteers) of non-profit organizations and government

entities protection from liability from certain harms caused by acts or omissions while serving as a volunteer. The VIH-produced manuals, *Volunteer Retention and Recruitment: Medical Provider and Charitable Immunity Legislation*, provide information about the VPA and state charitable immunity laws. Both documents are available from VIH.

HCH programs concerned about meeting new demands for service may wish to consider the role volunteer clinicians can play in service delivery and the contribution volunteers can make in establishing or strengthening ties within the community. Integrating volunteers with paid staff presents challenges, but the working relationships that are formed are usually professionally rewarding and beneficial for both staff clinicians and volunteers.

For more information, see article on page 6 and visit the VIH website, www.volunteersinhealthcare.org, or contact H. Denman Scott, MD, MPH, at (877) 844-8442.



HCH Clinicians' Network News

The National Health Care for the Homeless Council/HCH Clinicians' Network offers several recent publications, available at www.nhchc.org/Publications.

Outreach to People Experiencing Homelessness: A Curriculum for Training HCH Outreach Workers by Ken Kraybill, June 2002.

The curriculum is for persons or programs reaching out to persons who are homeless, particularly those for whom homelessness is not a transitory experience, but a chronic condition. Outreach involves building trust and hope, overcoming barriers, and bringing care to people who wander city streets, live in wooded areas, dwell under bridges or in shelters, and inhabit the edges of our social landscapes. The curriculum prepares outreach workers for this compelling and challenging work.

Topics include the Health Care for the Homeless model of outreach, engaging and connecting, reflective listening, worker safety, self-care, health and social issues, effective referral and linking, practical and ethical dilemmas, the outreach worker as advocate, and more. The curriculum is available at www.nhchc.org/Curriculum/index.htm.

Adapting Your Practice: Treatment and Recommendations for Homeless Patients with Diabetes Mellitus by Theresa Brehove, Mary Jo Bloominger, Laura Gillis, Darcie Meierbachtol, Veronica Richardson, and Aaron Strehlow, June 2002.

There is a significant gap between standard clinical practice guidelines and effective clinical practice by homeless health care providers. The HCH Clinicians' Network has a priority to adapt clinical guidelines to the care of persons who are homeless. The first in a series, this publication addresses issues to consider when treating homeless individuals with diabetes mellitus.

While standards of care are the same for all patients, regardless of housing status, practitioners serving those who are homeless recognize the need to take living situations and co-occurring disorders into consideration when developing plans of care. HCH providers need to adapt clinical practice to take into account issues that affect a patient's ability to adhere to treatment and self-care. The guidelines are available at www.nhchc.org/Publications/clinical_guidelines_dm.pdf

Essential Tools for Discharge Planning compiled for the National Health Care for the Homeless Council by the Massachusetts Housing and Shelter Alliance (MHSA), June 2002.

Public and private institutions, including hospitals, correctional facilities, mental health treatment facilities, and the foster care system, contribute to homelessness by discharging their wards to the streets or shelters. The National Health Care for the Homeless Council and the Massachusetts Housing and Shelter Alliance have developed a resource on discharge planning that describes the development of effective discharge planning in Massachusetts and provides replicable models. The document contains tools for assessing local discharge practices, strategies for developing collaborative efforts to prevent inappropriate discharges, information on federal rules and policies, model discharge protocols in Massachusetts, and approaches to assure reintegration into the community and stable housing following institutional discharge. These materials are available at www.nhchc.org/discharge/index.htm.

Substance Abuse Treatment: What Works for Homeless People? A Review of the Literature by Suzanne Zerger, in collaboration with the Translating Research into Practice Subcommittee of the National HCH Council/HCH Clinicians' Network, June 2002.

The report summarizes peer-reviewed research on the efficacy of treatment modalities, describes the challenge of engaging and retaining homeless individuals in treatment, and sets forth the controversial issues and assumptions underlying the research. The report points to gaps between scientific research and clinical practice. The authors conclude that current research reveals that effective treatment models address concrete needs, such as housing and employment; are tailored to particular subpopulations distinguished by gender, ethnicity or diagnosis; and provide longer-term, continuous interventions that are initially flexible. The report is available at www.nhchc.org/Publications/SubstanceAbuseTreatmentLitReview.pdf.

Partial funding for these publications was provided by the Division of Programs for Special Populations, Bureau of Primary Health Care, Health Resources and Services Administration, US Department of Health and Human Services, through a Cooperative Agreement with the National Health Care for the Homeless Council, Inc.

N-CAB Marks its First Year at 2002 HCH Conference

The National Consumer Advisory Board (N-CAB) was founded at the 2001 National Health Care for the Homeless (HCH) Conference in Washington, D.C., when a group of HCH administrators and consumers met to talk about ways to bring consumers and former consumers of services together for a national consumer alliance. Over the past year, the founding members of N-CAB have articulated an organizational mission, developed bylaws, elected officers, reached out to consumers of HCH programs across the country, and participated in the 2002 National HCH Conference through conference planning, workshop presentations, and N-CAB membership meetings.

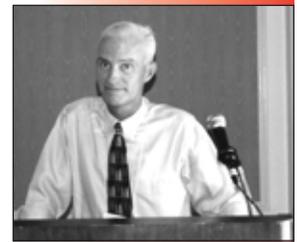
N-CAB's mission is "to be the vehicle for consumers of Health Care for the Homeless programs to become a collaborative voice on national issues." N-CAB works with the National Health Care for the Homeless Council and communicates regularly with HRSA's Bureau of Primary Health Care staff on issues of interest and concern to HCH consumers. At the local level, N-CAB supports the development of consumer advisory boards and provides information and technical assistance to start-up groups.

N-CAB membership is open to anyone who is a current or former consumer of HCH services.

For more information on N-CAB or to become a member, contact one of the officers.

- Kenn Martin, Chair
Colorado Coalition for the Homeless
kmartin@coloradocoalition.org
or (303) 293-2217 ext. 2852
- Ellen Dailey, Co-Chair
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New York Children's Health Project
success4uco@aol.com
- Sarah Davison, Secretary
sbeloved@juno.com or
(210) 281-9028.

Photos from top: Kenn Martin, Ellen Dailey, Tonie Burgos.



Volunteers in Health Care Offers Practical Tools and Resources

There is assistance for programs looking to use volunteers to expand their clinical service capacity. Volunteers in Health Care (VIH), established in 1997, is a national, non-profit program funded by the Robert Wood Johnson Foundation to provide information and technical assistance to organizations using volunteer clinicians to provide health care services to uninsured persons. VIH offers a variety of resources, tools, and services. These are:

- Technical assistance to organizations looking to start, expand, or improve volunteer services.
- Models for approaching common issues, such as improving access to pharmaceuticals.
- Products, such as *How to Start a Dental Program*, tailored to the needs of organizations using clinical volunteers.
- Response to information requests related to clinical volunteer services.
- A website that provides topical "field reports," current news and legislation, grant announcements, and RxAssist, a searchable database on pharmaceutical patient assistance programs.
- Small grants and funding for networking, including meetings, site visits, and training sessions.

All VIH materials are developed in collaboration with individuals working in some capacity related to community-

based health care. VIH works with a diversity of organizations, including free clinics, physician referral networks, community health centers, health departments, local and regional associations, foundations, and professional associations. VIH has developed tools on creating free clinics and dental programs, working with medical societies, building public-private partnerships, developing pharmaceutical access programs, recruiting and retaining clinical volunteers, and fundraising. VIH also develops specialized products, such as patient tracking software and a State-by-State charitable immunity manual. All services and products of Volunteers in Health Care are free of charge.

VIH can provide assistance and guidance to HCH providers on how to:

- Recruit volunteers
- Choose the "right" volunteer
- Orient and train volunteers
- Establish levels of comfort among volunteers
- Integrate volunteers with program personnel and full-time staff
- Schedule, manage and supervise volunteers
- Retain volunteers

For more information, visit the VIH website, www.volunteersinhealthcare.org, or contact H. Denman Scott, MD, MPH, at (877) 844-8442.



Nonprofit Warehouse Launches Prescription Drug Discount Card.

Nonprofit Warehouse, an Atlanta, Georgia-based organization that provides products from nonprofit manufacturers to groups that work with persons in need, has launched its Free Prescription Drug Discount Card. The program is available to nonprofits, government agencies, and faith-based ministries or to any person who does not have a prescription drug benefit. The program was developed in conjunction with the Amerikind Pharmacy Network, and the cards are valid at any Kmart pharmacy in the U. S. and Puerto Rico. For those who do not have access to a local Kmart pharmacy, a mail order program will be available. There are no income, age, or documentation requirements. The card cannot be combined with other discount offers. Complete details are available at www.nonprofitwarehouse.com

Nonprofit Warehouse also provides over-the-counter medications, eyeglasses, dental appliances, sanitation and maintenance chemical supplies, gloves, hospital scrubs and lab coats to nonprofit organizations in 38 states. This program fills a long-standing need in the treatment of the underserved. For more information, contact Nonprofit Warehouse, PO Box 680396, Marietta, GA 30068. Phone: 770/541-7777; Fax: 770/541-1122; Website: www.nonprofitwarehouse.com

Consumers Learn to Advocate for Themselves

In response to mental health consumers' growing demand for self-advocacy education, the National Mental Health Consumers' Self Help Clearinghouse has developed the Freedom Self-Advocacy Curriculum in collaboration with the National Mental Health Association (NMHA) and the National Association of Protection and Advocacy Systems (NAPAS). The Clearinghouse is now offering hands-on training to help you learn how to teach consumers the attitudes, knowledge, and skills for successful self-advocacy. Go to their website at www.mhselfhelp.org/freedom/.

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National Leadership Institute Offers Free Management Help

Addiction treatment programs needing help with the business and management side of their operations can get free technical assistance from the National Leadership Institute. NLI does not offer assistance with clinical matters. The Institute's mission is defined as enhancing "the business and management acumen of community-based organizations serving critical populations," including racial and ethnic minorities, children and adolescents, women, gays and lesbians, homeless people, and people with mental illnesses. For more information, go to www.jointogether.org/jtodirect.jtml?U=85537&O=546183.

Health Care for the Homeless Research Update

The HCH Research Update compiles abstracts of recently published research bearing on HCH practice. The July 2002 edition reports homeless-specific research on youth & adolescents, women, cancer, hepatitis, smoking cessation, food & nutrition, health services use, HIV/AIDS, tuberculosis, entitlements, and mental illness & substance abuse. Back issues of the HCH Research Update are also available. Visit the website, www.nhchc.org. Click on "Research," then "Publications."

How Can We Help You?

Contact the HCH information resource specialist at (888) 439-3300 ext. 247 or visit our website at www.hchirc.bphc.hrsa.gov.

Did you know?

The HCH Information Resource Center website has a new address. You can find us at www.hchirc.bphc.hrsa.gov.

HRSA's BPHC Now Supports 154 Health Care for the Homeless Projects

Following the final round of application reviews for FY 2002, HRSA's Bureau of Primary Health Care authorized funding of 10 new HCH projects, bringing the total number of funded projects to 154. Combined, the new grantees will bring health care services to more than 17,000 homeless people who do not have access to care. Funding was also awarded to seven HCH projects to expand services to new access points, thus providing services to an additional 6,500 homeless people. The 10 new grantees are:

- Health Care for the Homeless, Houston, TX
- Natividad Medical Center, Salinas, CA
- Migrant Health Center, Mayaguez, PR
- Families First of the Greater Seacoast, Portsmouth, NH
- Little River Medical Center, Little River, SC
- Mobile Medical Office, Humboldt, CA
- Outside In, Portland, OR
- Ruth Meiers Hospitality House, Bismark, ND
- O'Neill Health Center, Hyannis, MA
- Southeast Alaska Regional Health Consortium, Juneau, AK

Other FY 2002 Funding Opportunities

In addition to New Access Points, BPHC awarded funds to 18 HCH grantees to expand access to primary care at their current sites. These projects will add new medical providers, expand hours of operation, and/or provide additional medical services through contractual relationships. Another funding announcement permitted existing HCH grantees to apply for support to improve and expand access to mental health, substance abuse, oral health, and pharmaceutical services. Thirteen HCH projects received awards for mental health/substance abuse services, and three received awards for oral health services.

ALL NEW GUIDELINES FOR FY 2003 NEW ACCESS POINTS FUNDING!

Funding caps, deadline dates, and eligibility requirements have changed in the FY 2003 Guidelines for New Access Points. Don't miss an opportunity to expand health care services to underserved people in your community. For information, visit www.bpch.hrsa.gov.

The Third Annual Gathering of Respite Care Providers

Fort Lauderdale, Florida — December 5-6, 2002

For more information, contact Lenka Donovan at (617)488-1762 or ldonovan@bhchp.org



Department of Health & Human Services

Health Resources and Services Administration
Bureau of Primary Health Care

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Health Care for the Homeless
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