

## Information from the Health Care for the Homeless Program

# Helping Homeless Veterans "One Vet at a Time"

Establishing trust. Getting to know someone as a person. Understanding another's limitations. If this sounds like good outreach, it is, but not the type you'd think.

This is the way Health Care for the Homeless (HCH) providers and U.S. Department of Veterans Affairs (VA) outreach teams describe their working relationship. In cities where VA and other community providers reach out to one another, "everybody wins," says Linda Boone, executive director of the National Coalition for Homeless

Veterans. "But it's not uniform across the system."

Indeed, many veterans fall through the cracks. Each night, according to VA statistics, some 250,000 veterans are literally homeless, sleeping in shelters, in abandoned cars, and on the streets. Twice that many may be homeless in a given year.

A one-day count in September 1997 revealed that approximately one-quarter of VA inpatients were homeless. According to a 1992 national survey, some 60% of veterans who received VA medical care had no private insurance, and another 21% had no health care resources at all.

### Good News/Bad News

Veterans become homeless for many of the same personal and economic reasons as other individuals. Indeed, the belief that most veterans become homeless because of combat-related stress is not borne out by research (see story, page 4).

The good news for homeless veterans is the fact that the VA offers an extensive set of medical, vocational, and income support services, including a range of



VA outreach worker Gerry Burrus, left, consults with a homeless veteran in Indianapolis.

programs specifically designed for veterans who are homeless. The bad news, however, is that many veterans are unable, or unwilling, to access this care.

"The VA has more resources and services available than we do, and in most cases it's in the veteran's best interests to get connected to the VA," says Bruce Burking, Director of the Homeless Initiatives Program (HIP), the HCH grantee in Indianapolis. However, Burking notes, "once in awhile, a vet doesn't want to have anything to do with the VA."

Like other mainstream health care providers, the VA can be "complicated for

'put-together' people to navigate, not to mention someone with mental health or substance abuse problems," notes Pat Letke, P.A., of Unity Health Care, the HCH program in Washington, DC. The VA has a complex set of rules to determine eligibility for health care.

*(continued on page 2)*

### In This Issue

The U.S. Department of Veterans Affairs has called the problem of homeless veterans "a national disgrace." This issue features stories about the needs of homeless veterans and VA services available to help them.

For an annotated bibliography on the health care needs of homeless veterans, please contact Nan Brady at the HCH Information Resource Center, (888) 439-3300, ext. 246.

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# Helping Homeless Veterans (continued)

According to Pete Dougherty, director of VA Homeless Veterans Programs, the VA is legally required to provide medical care for service-connected disabilities and to serve veterans with specific disorders, including post traumatic stress disorder (PTSD), substance abuse, and mental illness. Low-income veterans with no special disabilities may be seen as space allows, and eligible veterans who are homeless are served by a wide range of specially designed programs that focus on outreach and residential treatment.

In general, Dougherty says, an eligible veteran is one who has at least two years of military service (less if he/she served during combat), and has a favorable discharge (honorable or general under honorable circumstances). The VA cannot legally serve veterans with less than honor-

able discharges (often called "bad paper"), Dougherty notes.

Further, like other health care systems, the VA has undergone significant changes. As recently as 15 years ago, Dougherty says, some VA residential programs were "the equivalent of an old soldiers' home; you got in and stayed for the rest of your life." Today, the emphasis is on developing a continuum of care for veterans within the community.

## A Continuum of Services

The VA currently spends approximately \$100 million on programs for homeless veterans, and the department has requested a 50% increase in its Fiscal Year 2000 budget. According to Dougherty, \$40 million of this increase would be used to add a homeless veterans component to every VA Medical Center nationwide, and \$10 million would fund transitional housing loans.

Health Care for Homeless Veterans (HCHV) and Domiciliary Care for Homeless Veterans (DCHV) are the largest VA programs targeted to homeless people. HCHV teams conduct outreach at 71 sites and contract with 166 community providers for short-term residential treatment to serve homeless veterans with mental health and substance abuse disorders.

DCHV operates 1,587 transitional beds at 35 VA Medical Centers in 26 states. Evaluations have shown that both programs promote significant improve-

ment in housing, psychiatric status, substance abuse, employment, social support, and access to health services.

Though treatment is the cornerstone of VA programs for homeless veterans, "We've come to see that a homeless veteran in need of mental health care without stable housing won't access that care," says Kit Angell, M.S.N., HCHV coordinator at the Washington, DC, VA Medical Center. Her program currently offers 25 residential treatment slots.

For veterans who are in outpatient treatment during the day, Angell has arranged, through memoranda of understanding, for

30 additional shelter beds. Despite her best efforts, however, some veterans do end up back on the streets. "We don't like it, but we can't tell you it doesn't happen," Angell says.

Beyond residential treatment, the VA offers several supportive housing options, including a cooperative effort with the U.S. Department of Housing and Urban Development, that provide ongoing case management to veterans living in the community. Still, Angell says, "Affordable, permanent housing is the number one unmet need of homeless veterans."

**Grants to Community Providers.** The VA's newest

*Opening Doors* is published quarterly by Policy Research Associates under contract to the Health Resources and Services Administration's Bureau of Primary Health Care.

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## Addressing Patients' Pain

In what many observers believe could change the face of medical care for all individuals with acute or chronic pain, the U.S. Department of Veterans Affairs' (VA) has initiated a national pain management strategy to assess and monitor patients' pain. Beginning in February 1999, pain was identified as the "fifth vital sign" (in addition to pulse, temperature, respiration, and blood pressure) for which patients in all VA health care facilities will be checked.

"Substantial evidence indicates that neither acute nor chronic pain is managed adequately within most U.S. healthcare systems," said Kenneth W. Kizer, M.D., M.P.H., VA undersecretary for health. "No patient in the veterans healthcare system should suffer preventable pain." The VA's pain management strategy will focus on assessment and treatment of pain, as well as on training healthcare providers and evaluating the outcomes of pain management.

According to Dr. Kizer, recent studies indicate that 20% to 30% of the population annually suffers from acute and/or chronic pain. He has appointed an interdisciplinary committee to oversee development and implementation of the VA pain management strategy. Both patients and families will be active participants in pain management planning, Dr. Kizer said.

program for homeless veterans, the Grants and Per Diem Program, reflects the department's emphasis on developing community partnerships. Begun in 1994, the Grants and Per Diem Program currently funds 103 public and nonprofit agencies in 36 States and the District of Columbia to develop new supportive housing and supportive service centers.

Under this program, the VA provides 65% of the cost to purchase, rehabilitate, or renovate a building or a vehicle, and \$16 per day for eligible veterans in residential treatment. Grantees have used this money to establish drop-in centers, mobile vans, and supportive housing programs. At least 75% of the individuals served by these programs must be eligible veterans. For more information, contact the Grants and Per Diem Program office in Tampa, FL, toll-free, at (877) 332-0334.

### **Creating Successful Partnerships**

Partnering with the VA is not new to Burking—he's been doing just that since 1990, when HIP staff began meeting monthly with staff of the HCHV program based at the local VA Medical Center. His counterpart at the VA is Bob Rogers, M.S.W., HCHV homeless team coordinator. Together, Burking says, "We cross-pollinate our programs."

The focus for both programs is on the individual client. "We each put our pocketful of change on the table," Burking says. "In general, the VA takes the

## **StandDown for Homeless Veterans**

StandDown is a military term that refers to a brief period of time when exhausted combat units are removed to a place of relative safety to rest and recover. Today, according to the National Coalition for Homeless Veterans (NCHV), StandDown refers to a grassroots, community-based intervention designed to help homeless veterans "combat" life on the streets. Some 80 StandDowns are held annually throughout the country.

StandDowns typically last from one to three days, during which time community providers, including those from Health Care for the Homeless and the U.S. Department of Veterans Affairs (VA), establish a one-stop shopping location. Homeless veterans have access to services that include meals, haircuts, clothing, minor medical care, dental and eye examinations, benefits counseling, legal assistance, and referrals for longer-term treatment and services. Some communities use a tent city to house homeless veterans, dividing those who attend into military-style units that recreate a sense of structure some veterans find comforting, according to Linda Boone, NCHV executive director.

The first StandDown for homeless veterans was organized in San Diego in 1988 by two Vietnam veterans. The VA estimates that more than 80,000 veterans and their family members attended StandDowns between 1994 and 1996 alone. A StandDown has the added benefit of bringing together community providers to share resources on behalf of homeless veterans.

For more information on organizing or participating in a local StandDown, contact the NCHV toll-free at (800) VET-HELP (838-4357).

lead with a veteran, but it depends on which program has the resources the individual needs."

To enlarge their efforts by combining them, the HCH and VA teams in Indianapolis conduct joint outreach, share supplies, and participate in two StandDowns each year (see story above). HIP providers are active in the VA's CHALENG program, which brings together community providers to plan coordinated services for homeless veterans.

Under Project CHALENG (Community Homelessness Assessment, Local Education and Networking) for Veterans, the VA is legally required to conduct an annual community needs assessment and to sponsor at least one meeting of

local providers each year. According to Dougherty, every VA Medical Center has a homeless coordinator whose job it is to facilitate the CHALENG program.

Seventy-five individuals—65 of them non-VA providers—attended a recent CHALENG meeting in Washington, DC. "HCH providers are exactly the people we want to have at these meetings," Dougherty says.

Boone is more emphatic. "If you don't know your VA homeless coordinator, the CHALENG people haven't done their job," she says. "You have to help them be partners with you." (See page 4 for information on contacting your VA homeless coordinator).

The key to their success in Indianapolis, Burking

says, is rather simple. "We get to know each other as people, and we understand each other's limitations," he says.

### **Filling the Gaps**

Knowledge of how both HCH and VA programs work allows providers to fill the gaps in services. In general, the VA has access to a wider range of health care services, including specialists, diagnostic testing, and inpatient care, than do HCH programs. "When an individual needs more than we can provide, it helps if they're a vet," Letke says. In addition, if a veteran can access the VA system, even for routine care, "it opens a slot in our system for somebody else," she adds.

*(continued on page 6)*

# Correcting Misunderstandings about Homeless Veterans

**Myth:** *Most veterans become homeless because of combat-related stress.*

**Reality:** *Homeless veterans are less likely to have served in combat than their non-homeless peers, and they are no more likely to have post traumatic stress disorder (PTSD). As with other individuals, pre-existing vulnerabilities make veterans susceptible to homelessness.*

“In general, veterans have no greater risk for homelessness,” according to Robert Rosenheck, M.D., director of the U.S. Department of Veterans Affairs (VA) Northeast Program Evaluation Center in West Haven, CT. In fact, he notes, older veterans are less likely

to be homeless than non-veterans, and Vietnam-era veterans are equally as likely to be homeless as others in their age group.

However, Dr. Rosenheck’s research has shown that in 1987, post-Vietnam-era veterans ages 20 to 34 were three times as likely as their non-veteran peers to become homeless. Psychiatric and substance abuse problems were two to three times higher among veterans than non-veterans in this age group, and rates of antisocial personality disorder were five to six times higher.

Dr. Rosenheck notes that this is the group of young men who entered military service after the draft

ended. “The increased vulnerability for homelessness among veterans may be related to the admission of poorly adjusted young men to military service during the post-Vietnam era,” Dr. Rosenheck says.

In a similar vein, Dr. Rosenheck has found a more significant relationship between poverty and PTSD than between military service and subsequent homelessness. Though 15% of all Vietnam veterans are diagnosed with PTSD, 46% of low-income Vietnam veterans have PTSD, approximately the same percentage found in the homeless population. “PTSD is very important to treat, but it’s

not an independent factor that makes people become homeless over and above poverty, social isolation, and other mental illnesses that accompany PTSD,” Dr. Rosenheck says.

Still, he points out, homeless veterans, 98% of whom are male, are an especially troubled group. Among the more than 25,000 homeless veterans assessed by VA outreach teams in 1996, 85% had a serious psychiatric or substance abuse disorder, and 33% were dually diagnosed. Forty-six percent reported a medical problem. Nearly three-quarters were literally homeless, and one-third reported no income at all. ▲

## Where to Go for Help

The Federal, State, and local resources noted below provide information regarding services available to all veterans, including those who are homeless. To locate VA regional offices, medical centers, or Vet Centers, call the VA toll-free at (800) 827-1000.

### Federal

**U.S. Department of Veterans Affairs (VA).** Find extensive information about VA services, including links to local VA facilities, at the department’s Web site, <http://www.va.gov>. Programs for homeless veterans are featured at <http://www.va.gov/health/homeless/Index.htm>. Send questions about VA benefits and services for homeless veterans to [homelessvets@mail.va.gov](mailto:homelessvets@mail.va.gov).

**U.S. Congress.** All Senators and Representatives have an individual assigned to veterans affairs. Locate and/or contact your member of Congress at <http://www.house.gov> or <http://www.senate.gov>.

### National

**The National Coalition for Homeless Veterans (NCHV).** The NCHV provides legislative advocacy, public education, and technical assistance for providers that serve homeless veterans. NCHV also maintains a database of 1,400 organizations and publishes a bi-monthly newsletter. For membership information, call toll-free, (800) VET HELP (838-4357) or visit the group’s Web site at <http://www.nchv.org>.

### State/Regional

**State Departments of Veterans Affairs.** Most States have a State department of veterans affairs. To locate your State agency, check the government pages in your local phone book or contact your governor’s office.

**Veterans Affairs Regional Offices (VAROs).** VA regional office staff administer and process claims for VA benefits, including disability compensation and pensions. Service officers, usually located at VAROs, investigate benefit claims and advocate for individual veterans.

### Local

**VA Medical Centers.** Every VA Medical Center has a homeless coordinator whose job it is to facilitate community planning for homeless veterans.

**Vet Centers.** The VA operates 206 storefront Vet Centers, originally designed to provide readjustment counseling to Vietnam veterans. Each Vet Center also has a homeless coordinator.

**Veteran Service Organizations (VSOs).** Some VSOs, such as local chapters of the American Legion or the Disabled American Veterans, may offer services or financial assistance to homeless veterans. VSOs help fund service officers who advocate on behalf of veterans seeking help with benefit claims. ▲

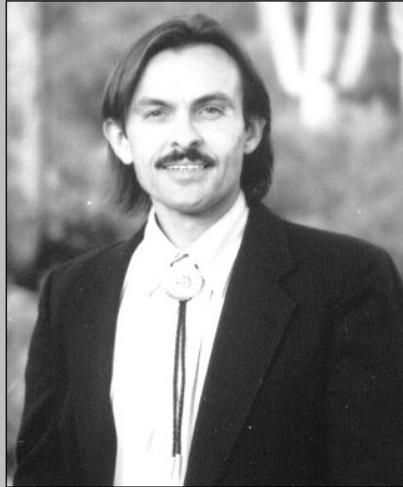
# NEWS FROM THE HCH CLINICIANS' NETWORK

## You're Invited

Mark your calendar and plan to attend the **Fourth Annual Membership Meeting** of the HCH Clinicians' Network on Friday, April 30, 3:45 to 5:00 p.m., at the Hyatt Regency on Capitol Hill, Washington, DC, being held in conjunction with the National HCH Conference. After a brief business meeting where 1999-2000 Steering Committee members will be elected and awards presented, keynote speaker **Lewis Mehl-Madrona, MD**, will talk about "Real Hope for Homeless People."

As a family physician, Dr. Mehl-Madrona has observed the positive effects of complementary medicine and spirituality on the health of homeless people around the country. A graduate of Stanford University Medical School, he taught family practice medicine at the University of Hawaii and currently serves as medical director of the Center for Complementary Medicine, University of Pittsburgh Medical Center.

Dr. Mehl-Madrona's presentation is based on his thought-provoking book, *Coyote Medicine*, which advocates a holistic approach to healing that many clinicians may find relevant to their work. "I became convinced years ago that the ancient and modern approaches to illness can and should be integrated in a way that offers patients the benefits of both," he writes. "*Coyote Medicine* is about my struggles to integrate my Native



**Lewis Mehl-Madrona, MD**

American heritage with conventional medicine. I grew up in an environment that believed in healing and discovered that my medical school professors did not agree. I set out to find a way to practice medicine that was conducive to healing." He continues, "I learned that traditional medicine people respect the time that healing requires, respect the need for a good relationship with their patients, honor the Creator as the Source of Healing, expect that a dramatic personal change is necessary for a chronic disease to turn around, enroll the community in the healing process through ceremony, and serve as keepers of the

faith and hope that healing will happen."

Dr. Mehl-Madrona melds the ideas and therapeutic techniques of Native American medicine men and women with those of behavioral medicine practitioners. In so doing, he offers a provocative blend of ancient and modern arts of healing as a paradigm for medicine and for medical education in the 21st century. To learn more about Dr. Mehl-Madrona and his work, visit his Web site at <http://hometown.aol.com/mmadrona>.

## We're Ready for Your Call

For more information on Network services and benefits, call (615) 226-2292, send E-mail to [network@nhchc.org](mailto:network@nhchc.org), or visit the Clinicians' Network Home Page at <http://www.nhchc.org>.

## HUD Announces Funding Availability

The U.S. Department of Housing and Urban Development (HUD) has announced that \$750 million is available for Continuum of Care Homeless Assistance through the Supportive Housing, Shelter Plus Care, and Section 8 Moderate Rehabilitation Single-Room Occupancy programs. The application deadline for the Continuum of Care programs is June 2, 1999.

In addition, targeted housing programs include Housing Opportunities for Persons with AIDS (HOPWA; \$22.2 million),

Section 202 Supportive Housing for the Elderly (\$434.8 million), and Section 811 Supportive Housing for Persons with Disabilities (\$87.2 million). Funding is also available for community development technical assistance for HUD programs.

For more information, see the *Federal Register* of February 26, 1999 (64 FR 9618), call the SuperNOFA Information Center at 1-800-HUD-8929, or visit HUD's Internet Web site at <http://www.HUD.gov>. ▲

# HCH Grantees Not Required to Screen for Immigrant Status

Under a Notice issued last August by the U.S. Department of Health and Human Services (HHS), Health Care for the Homeless (HCH) programs are not identified as "federal public benefits," and, therefore, HCH providers do not have to screen patients for immigrant status in order to provide health care services. However, HCH programs cannot be *reimbursed* for care to non-qualified immigrants under programs such as Medicaid

and CHIP (the Children's Health Insurance Program) that *are* considered federal public benefits, according to Libby Merrill, deputy director of the Office of Program and Policy Development in the Bureau of Primary Health Care.

The following excerpt from an article by Roger C. Rosenthal, J.D., executive director of the Migrant Legal Action Program, explains the concept of federal public benefits as it applies to migrant health centers. The

HHS ruling applies equally to HCH programs, Merrill says. Rosenthal's article originally appeared in the November/December 1998 issue of *Migrant Health Newslines* and is used with permission.

"As those who work with migrant and seasonal farmworkers are well aware, the welfare reform act, signed into law in August of 1996 (formally known as the Personal Responsibility and Work Opportunity Reconciliation Act of 1996), significantly limits the eligibility of non-citizens for certain public benefits. While some federal programs remain available to non-citizens, access to many other programs is severely restricted.

"The welfare reform legislation divides aliens into two groups: qualified and non-qualified aliens. Qualified aliens, non-immigrants, and those aliens paroled into the U.S. for less than one year are all eligible for federal public benefits. Entities that provide such benefits are

required under the law to verify the citizenship or immigrant status of those who apply to receive them. In the August 4 Notice [68 *Federal Register* 41658], HHS provided a list of programs which are federal public benefits and, therefore, subject to the verification requirements. However, HHS did not include migrant health centers [or HCH programs] on the list of programs considered to be federal public benefits. Any program not on the list is available to all persons, including non-qualified aliens. *Therefore, migrant [and HCH] health care may be provided to individuals without regard to citizenship status or immigrant status.*"

For more information on the question of federal public benefits as it applies to HCH programs, contact Merrill at (301) 594-4060. The list of persons deemed to be "qualified aliens" can be found at 8 C.F.R. 104.1 or 63 *Federal Register* 41677, November 17, 1997. ▲

## Helping Veterans (continued)

VA providers also can connect veterans to benefits counselors who can help determine whether they are eligible for a host of VA benefits, including disability compensation and pensions (see "Where to Go for Help" on page 4 for a list of resources to help homeless veterans). "There needs to be that link between homeless veterans and the VA," Letke says. "Many times the veterans themselves don't know what they're eligible for. Who's going to tell them if not the VA?"

On the other side of the equation, HCH providers play an important role in treating homeless veterans who are ineligible for, or unwilling to access, VA health care services. "The VA will still take an emergency case regardless of eligibility, but we can't be reimbursed for treating an ineligible vet," Angell notes.

When health care providers know VA rules, they can avoid referring veterans who can't be admitted to VA programs. "If you know a veteran has a bad discharge, don't send him," Angell says. "He won't be served, and it will only frustrate him." Because Letke knows this, she'll call ahead and discuss an individual's case with Angell.

This type of cooperation is how the system works best, according to David Hamilton, M.S.W., director of the Homeless Veterans Care Line for the VA Puget Sound Health Care System in Tacoma, WA. "If you're going to send a veteran to the hospital, be sure he gets linked up," Hamilton says. "You have to develop relationships with VA staff and do follow-up."

In the end, according to Dougherty, helping homeless veterans, like helping any homeless person, involves tailoring care to each individual's needs. As Dougherty likes to say, "We help veterans one vet at a time." ▲

## Join Us in D.C.

**The 1999 National Health Care for the Homeless (HCH) Conference will be held April 29 to May 1 at the Hyatt Regency Washington in Washington, D.C. This year's theme is "New Solutions to Old Problems."**

**A complete conference program and registration information is available online at the John Snow, Inc. Web site, <http://www.jsi.com/hch>. To register, contact Maggie Castoires at (617) 482-9485.**

# HCH INFORMATION RESOURCE CENTER CONNECTIONS

## Videos Can Teach and Inspire

There are educational videos available on nearly every aspect of homelessness. From alcohol to violence prevention, homeless children to the elderly, staff safety to the value of humor, videos can teach and inspire.

Consider using a video as a dynamic component of staff training, school programs, events to increase public awareness and advocacy, or fund-raising opportunities.

Highlighted below are some of the many videos available for loan, rental, and/or purchase.

- **The Homeless Home Movie.** Profiles people who are struggling with the realities of homelessness over the course of a year. The video also explores the activities of two homeless advocates whose sharply contrasting viewpoints provide provocative debate. 84 minutes, 1997. Contact: Pat Hennessey, 3200 Garfield Ave., #101, Minneapolis, MN 55408. Phone: (612) 827-0174. E-mail: [mvisions@bitstream.net](mailto:mvisions@bitstream.net). Web site: [www2.bitstream.net/~mvisions/](http://www2.bitstream.net/~mvisions/)
- **Women of Substance.** Narrated by Joanne Woodward, examines the struggles of women who seek treatment for alcohol and drug abuse. It offers strategies for ensuring that pregnant women addicts and their children get the help they need. Three versions: 60/30/10 minutes, 1996. Contact: Video Action Fund, 3299 K St. NW, Suite 102, Washington, DC 20007. Phone: (202) 338-1094. Fax: (202) 342-2660. E-mail: [videoact@aol.com](mailto:videoact@aol.com).
- **The Bi-Lingual Medical Interview.** Valuable educational material for health professionals who wish to teach effective communication skills with the non-English speaking patient. Effective use of medical interpreters, along with common barriers to conducting the medical interview, are demonstrated. Parts I and II (Geriatric Interview), 31/25 minutes. Contact: Boston Area Health Education Center, 818 Harrison Ave., Boston, MA 02118. Phone: (617) 534-5258.
- **A Healing Place.** Profiles staff and residents of a respite program for homeless and elderly patients

who have been released from the hospital but are not yet able to manage their own follow-up care. This program documents an effective way to care for a growing number of patients who are being discharged "quicker and sicker." 23 minutes. Contact: Fanlight Productions, 47 Halifax Street, Boston, MA 02130, Phone: (800) 937-4113. Fax: (617) 524-8838. E-mail: [fanlight@tiac.net](mailto:fanlight@tiac.net). Web site: [www.fanlight.com](http://www.fanlight.com).

- **Almost Home.** Looks at the experiences of children living in a homeless shelter. Narrated by the children themselves, there is frank talk about their realistic worries, their embarrassment among classmates, and their dreams of wanting things they can't have. 25 minutes, 1997. Contact: Fanlight Productions (see above).
- **Recognizing Drug Seeking Behavior.** Designed to introduce health professionals, who prescribe medication, to common drug seeking behavior patterns. An interview with a "professional patient" and addict reveals the basic repertoire of techniques used to manipulate the physician. 20 minutes. Contact: Health Sciences Consortium, 201 Silver Creek Court, Chapel Hill, NC 27514-1517. Phone: (919) 942-8731.
- **I'm Still Here: The Truth About Schizophrenia.** Documents the experiences of individuals, families, and professionals who have had experience with a highly misunderstood psychiatric disorder. The film captures the democratic nature of the illness, with interwoven portraits ranging from homeless persons to musicians, computer programmers, and ordinary families. The film's central purpose is to unravel the stereotypes associated with this illness. 67 minutes, 1996. Contact: Wheeler Communications Group, 266 East Lake Rd., Honeoye, NY 14471. Phone: (716) 229-4210.

The HCH Information Resource Center has a video lending library of more than 60 videos on topics of interest to those who provide health care to homeless persons. For information and a catalog/order form, contact Nan Brady at the number below.

## How Can We Help You?

For more information, contact Project Coordinator Nan Brady at the HCH Information Resource Center.  
Toll-free (888) 439-3300, ext. 246 • E-mail: [hch@prainc.com](mailto:hch@prainc.com) • Website: <http://www.prainc.com/hch>

## BPHC Announces Funding Opportunity

On March 8, Bureau of Primary Health Care (BPHC) Director Marilyn H. Gaston, M.D., announced that approximately \$3 million is available for Health Care for the Homeless (HCH) projects to create new access points. As explained in Policy Information Notice (PIN) 99-04, this effort is part of the Bureau's initiative to achieve 100 percent access to care for all underserved populations and to eliminate health disparities.

Current Section 330(h) grantees are asked to submit proposals to expand the geographic reach of their programs to rural areas or areas not currently served with grant funds, or to establish sites that target new groups of homeless people not being served in the community. The Bureau anticipates approving 30 to 40 awards, not to exceed \$100,000 each. Applications are due May 15, and complete instructions have been mailed to grantees. For more information, contact Susan Whitney at (301) 594-4480 or [swhitney@hrsa.gov](mailto:swhitney@hrsa.gov).

## Base Funding Adjustments Made

To help strengthen the safety net of organizations that provide health care to homeless people, approximately

\$3 million will be used to increase the base funding levels of Section 330(h) grantees. The need for increases was assessed using Uniform Data System (UDS) program data, as explained in a letter to all HCH grantees.

Those grantees selected to receive an increase have been asked to provide information about how the increase would be used. This information must be returned to the BPHC Office of Grants Management within 30 days of receipt of the letter. For more information, contact Linda Overstreet at (301) 594-4441 or [loverstreet@hrsa.gov](mailto:loverstreet@hrsa.gov).

## Clinical Resource Guide Available

On March 1, the BPHC issued Program Assistance Letter (PAL) 99-12, entitled "Principles of Practice—Clinical Resource Guide for Health Care for the Homeless Programs." This guide describes clinical issues specific to the HCH Program and should be used as a companion document to BPHC PIN 98-23, Health Center Program Expectations.

Both documents are available on BPHC ACCESS at <http://www.bphc.hrsa.gov>.



**Department of Health & Human Services**

Health Resources and Services Administration  
Bureau of Primary Health Care

**Health Care for the Homeless**  
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