

Employment for Homeless People: What Works

Editor's Note: Health Care for the Homeless (HCH) providers have long noted that their patients have multiple health and social service needs. For many homeless people, the need for employment tops the list. This issue of Opening Doors focuses on barriers to employment for homeless people and highlights programs that work. See page 7 for a list of employment-related resources.

Homeless people want and need to work. Indeed, finding a job was the single most important need reported by homeless clients in the 1996 National Survey of Homeless Assistance Providers and Clients, conducted by the Interagency Council on the Homeless.

But even homeless people who work have a difficult time escaping homelessness. Forty-four percent of homeless respondents in the Interagency Council's 1996 survey were, in fact, working, most in short-term jobs.

The National Coalition for the Homeless reports that a full-time, year-round, minimum wage job would only put a family of three at 84 percent of the federal poverty level. In every state, the National Coalition points out, a minimum wage salary is insufficient to afford a one- or two-bedroom apartment at fair market rent.

In This Issue

Innovative programs offer homeless people the chance to return to work or to hold a job for the first time. From Seattle's FareStart to Nashville's Honest Day Labor, homeless people are gaining the self-confidence and the skills to help support themselves.

We'd like to know about other successful employment and job training programs. Contact the HCH Information Resource Center at (888) 439-3300, ext. 247.

Multiple Barriers to Work

The statistics are startling, but they only tell part of the story. Like other low-income individuals, homeless people face multiple barriers to work, including housing instability, medical and dental problems, mental illness, substance abuse, domestic violence, criminal involvement, lack of transportation, and lack of child care.

Lack of education and job-related skills and lack of self-confidence are also significant barriers. Lecia



Jeff Taton, left, Chef de Cuisine at Canlis Restaurant in Seattle, trains Mel, a student at the FareStart job training program for homeless people. Mel is now employed as a prep cook at FareStart (see page 6).

Bovard-Taylor, Ph.D., deputy executive director of The Women's Bean Project in Denver, CO (see related story), notes that 90 percent of the women she works with have no high school diploma or equivalent, and most read at a fourth to eighth grade level. Thirty-five percent have never worked outside the home.

The more barriers to work a person faces, the less likely it is that he or she will become self-sufficient, notes the Corporation for Supportive Housing. CSH
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recently completed a three-year employment demonstration program called *Next Step: Jobs*, in conjunction with 21 supportive housing providers in three cities. Findings are highlighted in its report *The Next Wave: Employing People with Multiple Barriers to Work*.

People with multiple barriers to work can and do find jobs, the CSH report notes. However, it points out, the current system of requiring everyone to work full-time “does not reflect the experience of significant numbers of people who struggle to gradually attach themselves to the labor market in small, tentative steps.”

Programs That Work

Homeless people need more services and support than traditional job training programs offer, according to John Rio, program director for National Employment Initiatives at CSH. He points to the final report of the federal Job Training for the Homeless Demonstration Program, which highlights characteristics of a successful job training program for homeless people. They include

- comprehensive assessment,
- ongoing case management,
- housing,
- supportive services,
- job training and job placement services, and
- follow-up.

Programs that include these components are as successful in placing homeless people into jobs as more traditional employment programs are in placing non-homeless people, according to the Department of Labor, which administered the demonstration program.

Steve Berg, vice president of policy and programs for

the National Alliance to End Homelessness, notes that an employment program for low-income people must involve employers up-front, so that it trains the workers businesses want to hire, and must take a long-term approach. “The first job doesn’t define success,” Berg says.

In its report *Working Out of Poverty*, the National Governor’s Association (NGA) advises states that a “‘work-first’ approach is not simply about placing welfare recipients in entry-level jobs.” Many people who take such jobs return to welfare when

they can’t make ends meet. The key to helping people become self-sufficient, according to the NGA, is to help them retain their jobs and advance in the labor market.

Service System Changes

Individual providers can only do so much to help homeless people find and retain jobs, notes the CSH report. The agency recommends system-wide changes such as a more flexible definition of work—including acceptance of part-time and supervised employment—and continued medical and income support benefits for those with disabilities who do work.

Several recent changes at the federal level may support these efforts. The Workforce Investment Act (WIA) of 1998, which took effect on July 1, 2000, overhauled the Job Training Partnership Act, the country’s job training system.

WIA replaced Private Industry Councils with local workforce investment boards, which may contract with organizations to provide services for special populations, including people who are homeless and “hard-to-serve.” Providers who serve homeless people should educate their local boards about the special needs of homeless job seekers, Berg notes.

Further, the Work Incentives Improvement Act of 1999 is designed to remove economic barriers to employment for people with disabilities. Beginning October 1, 2000, the Act allows states to offer expanded availability of Medicaid and Medicare to Social Security Administration (SSA) beneficiaries who work.

Also, in early 2001, people who receive Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) will be issued a “ticket to work” that allows them to obtain vocational rehabilitation, employment, or other support services from a provider of their choice. While these developments are promising, the CSH report notes that states are offered little incentive to continue to insure people with disabilities who work, and that providers are only paid when a SSA beneficiary leaves the rolls.

A “Sense of Urgency”

Berg believes there is a “sense of urgency” about taking advantage of the current tight labor market to help put homeless and other low-income people back to work. “Desperate employers are willing to look at groups they may have shunned,” Berg says.

Though some individuals may require ongoing and even life-long income support, helping them to join the workforce saves money in public health, criminal justice, mental health, child welfare, and emergency systems, according to the CSH report. “Employing people with multiple barriers to work is feasible, cost-effective, and it works,” the report concludes. ▲

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Honest Day Labor: Finding a Door to Knock On

The Program at a Glance: A non-profit temporary and permanent employment agency for homeless people. Staff and director are formerly homeless. More than 2,000 workers have earned more than \$1.5 million in gross pay. More than 140 have found permanent employment.

Contact: Raymond E. Klimley, Executive Director, Honest Day Labor, 513 8th Ave. S., Nashville, TN 37203, (615) 244-8101, www.alternativeworkforcehdl.com.

When Ray Klimley was homeless in Nashville, he didn't want further education. "I had owned a company," Klimley says, "I needed a job." But he wasn't happy with for-profit day labor companies that paid workers minimum wage and charged for a ride

to work, boots, and a hard hat. "There wasn't much left," Klimley says.

With the help of his wife, Elizabeth, and with start-up funds from the Ingram Book Company, Klimley founded Honest Day Labor (H D L), a non-profit job placement service for homeless people. Klimley pays his workers a minimum of \$6 an hour. He doesn't charge for the ride to work or the necessary supplies. And he will hold a "job ticket" for his workers who need time off for a medical visit at the Downtown Clinic, Nashville's Health Care for the Homeless program.

H D L workers, 98% of whom are homeless, fill a need for short-term labor in the hospitality, construction, and manufacturing industries, among others. Training is strictly on-the-job. "These are smart people, they watch each other," Klimley says.

Though "day labor" is in the name of the company, Klimley aims for permanent jobs whenever he can. In keeping with his mission, he doesn't charge the employee or the employer when a temporary job becomes permanent.

“All I need to get off the street is a job.”

Klimley knows his service isn't for everybody. H D L works with the one-third of homeless people Klimley sees who say, "All I need to get off the street is a job," and who mean it. When one of his workers is hired in a permanent position, Klimley says, "That means he was ready, willing, and capable. He just needed a door to knock on." ▲

Celebrating Small Successes at the Women's Bean Project

The Program at a Glance: One-year intensive job training for homeless and at-risk women. Features individual and group support and individualized job placement. Women produce bean soups, specialty sauces, gift baskets, and catered meals. All graduates in the last three years found jobs. Average starting wage for 1999: \$9.30 an hour with benefits.

Contact: Lecia Bovard-Taylor, Ph.D., Deputy Executive Director, The Women's Bean Project, 3201 Curtis St., Denver, CO, 80205, (303) 292-1919, ext. 232, www.womensbeanproject.com.

For Lecia Bovard-Taylor, who has a background in both clinical psychology and business, her role at The Women's Bean Project is about more than producing 10-bean soup or placing someone in a job. It's about establishing trusting relationships with women who have multiple barriers to work and few opportunities.

Each year, 12 to 18 women enroll in the intensive job training program. They are, by any measure, severely disadvantaged, with little education, few marketable skills, low self-esteem, prior substance abuse, and dependence on public assistance, Bovard-Taylor says.

At The Women's Bean Project, the job is a vehicle to discover what problems a woman is having and to address them on the spot. Nothing is swept under the rug.

Difficulties with attendance, problem-solving, or getting along with co-workers are discussed with the women individually and in weekly support group sessions. In these meetings, women also speak about the losses they have suffered and their fears about getting along on their own, Bovard-Taylor says.

Full-day retreats emphasize specific skills. "Frugal shopping" helps women distinguish between wants and needs. At a medical retreat, a physi-

cian discusses good health practices and meets with women individually. But perhaps the scariest activity for many of the women, Bovard-Taylor says, is the self-development hike.

"These women are very narrowly focused," she points out. The outdoor hike is gentle but effective in helping the women feel good about themselves.

Self-sufficiency is the ultimate goal of The Women's Bean Project, but Bovard-Taylor is realistic. "This is not going to happen for everyone," she says. Still, she counts as successes, in the past year alone, the following accomplishments:

- 2 women earned their driver's licenses.
- 4 women purchased their first cars.
- 2 women opened their first bank accounts.
- 4 women received much needed dental work.

"At the Women's Bean Project, we celebrate small successes," Bovard-Taylor says. ▲

HERstory of Homelessness: Lessons for Women's Health Care Providers

By Pat Post

National Health Care for the Homeless Council

The woman huddled in a corner of your clinic waiting room may be young or middle-aged, unaccompanied or with small children. She is probably unexpected or late for her appointment, a little breathless and distracted, and somewhat disheveled. If you look closely, you can read anxiety and fatigue in her face.

Listen carefully, and you may hear embarrassment or a trace of fear in her voice. She may be homeless or on the verge of homelessness, seeking help for a minor health problem that masks a history of abuse and addiction. Afraid of shocking or repelling you, she hesitates to reveal this information but hopes that you will discover her secret, because she desperately needs your help.

"Women are more likely to tell you about winning the Boston Marathon than about a history of alcoholism or abuse, or the fact that they are sleeping in a shelter," says Vera M., a formerly homeless woman now serving on the Board of the Family Health Center in Kalamazoo, MI. Nevertheless, clinicians should ask their female clients explicitly about these things, Vera says.

Serious Health Problems

Research reveals that domestic violence affects more than 60% of homeless women, who experience significantly higher rates of substance abuse/dependence, major depression, and post-traumatic stress disorder than low-income housed women. Because they are also more likely to be victims of sexual abuse or to trade sex for commodities, women who are homeless are at increased risk for contracting sexually transmitted diseases such as HIV/AIDS and the human papilloma virus, which is associated with cervical cancer.

For these reasons, women's health care should be of special concern to clinicians serving individuals who lack residential stability and safety. A tactful request to "describe the circumstances in which you are living" should be included in every clinical evaluation, Health Care for the Homeless (HCH) clinicians advise. A written questionnaire can make potentially embarrassing self-revelations easier.

Barriers to Care

Homeless women face daunting access barriers, including those noted below.

- Lack of information about where to obtain primary or preventive care.
- Lack of health insurance, limiting access to specialty care.

- Lack of integrated mental health and substance abuse treatment programs.
- Lack of transportation.
- Clinical services available only during working hours.
- Fragmented services with complex and variable eligibility requirements.
- Fear of HCH clinics where males resembling their abusers congregate.
- Negative attitudes of mainstream providers, especially toward individuals with behavioral disorders.

Building a Therapeutic Relationship

"Most homeless women are interested in obtaining health care, but no one has offered it to them before in a respectful, caring manner," explains Tom Roseland, FNP-C, clinical director and homeless health project coordinator at Golden Valley Health Centers in Modesto, CA. "Compassion, continuity of care, and a clinical environment in which abused women feel welcome and safe are essential components of a therapeutic relationship," Roseland says.

Respect for physical and psychological space is a *sine qua non* in caring for these women, notes family practitioner Roseanna H. Means, MD, founder and president of Women of Means, Inc., a homeless health program in Wellesley, MA. Dr. Means asks permission prior to touching or examining her homeless clients, all of whom have experienced physical or sexual abuse. She sees patients with their clothes on first, carefully explains the genital exam, and never leaves clients alone in stirrups.

For more information about health care for homeless women, see the August 2000 issue of *Healing Hands*, the HCH Clinicians' Network's bimonthly newsletter, at www.nhchc.org/hands/hands.html. ▲

Making Services User-Friendly For Homeless Women

- Use common courtesy; respect human dignity.
- Extend clinic hours to evenings and weekends.
- Do general health screening as well as gynecological screening.
- Address mental health and substance abuse issues and diet.
- Build trust—listen well and talk first, examine second, invade third.
- Understand the paradigm of traumatic experience.
- Keep treatment regimens simple; encourage frequent, brief encounters.
- Praise patients for accomplishments; don't scold.
- Track high-risk patients following referrals.
- Be flexible, and keep your sense of humor.

Vera M., consumer board member, Family Health Center, Kalamazoo, MI; Roseanna H. Means, MD, President, Women of Means, Inc., Wellesley, MA.

We Need YOU!

The Health Care for the Homeless Clinicians' Network is a national association of clinicians dedicated to combating and preventing homelessness and to improving the health and quality of life of homeless people. In addition to providing a direct link to others doing the same work and facing the same challenges, Network membership benefits include the following:

- information about current issues and practices in the field of homeless health care through a subscription to the Network's bi-monthly newsletter, *Healing Hands*;
- opportunities for professional growth through educational workshops and audioconferences; and
- access to policy and advocacy information through individual membership in the National Health Care for the Homeless Council.

Currently the Network has 416 members in 85 (65%) of the 135 HCH grantees and their subcontractors nationally. We hope to expand our membership to 500 individual members representing at least 75% of HCH projects by year's end.

Network members in 1999-2000 represented a variety of clinical disciplines—25% were nurses, 16% physicians, 16% social workers, 20% mid-level providers (nurse practitioners or physician assistants), and 23% other disciplines. These clinicians work in each of the 10 U.S. Public Health Regions of the United States.

To learn more about the HCH Clinicians' Network, go to www.nhchc.org/network.html. To become a member, fill out the form found at www.nhchc.org/networkform.html and mail it with the \$25 membership fee to HCH Clinicians' Network, P.O. Box 60427, Nashville, TN 37206-0427, or contact Pat Petty at (615) 226-2292.

Attitude Counts at Second Chance/STRIVE

The Program at a Glance: Multi-faceted job training and placement program for homeless people and those who are unemployed/underemployed. Work experiences include permanent job placement, part-time or temporary employment, employment in Second Chance micro-enterprises, and transitional employment. 20,000 placed in jobs since 1992. Operates two sober living homes.

Contact: Scott Silverman, Executive Director, Second Chance/STRIVE, 505 16th St., San Diego, CA, 92101, (619) 239-1003 (Second Chance), (619) 234-8888 (STRIVE), www.secondchanceprogram.org.

Scott Silverman founded Second Chance in 1992 to provide housing and jobs for people who have, what he calls, a "nontraditional working past." His clients are homeless, unemployed, or underemployed, and for most, Silverman notes, the gaps

in their employment history are as much of a barrier as mental illness, substance abuse, or criminal involvement. They need to polish their job readiness skills, and that's where STRIVE comes in.

“I'm thrilled to get up every morning and go to work.”

STRIVE (Support and Training Results in Valuable Employees) has been described as "boot camp" for the hard-to-employ. Founded in East Harlem in 1985, STRIVE is an intensive three-week job readiness program that focuses on "soft skills," what the *Wall Street Journal* (February 13, 1997) referred to as "the manners and values of the work world." Second Chance became the first West coast STRIVE location in 1998.

STRIVE's founders believed that most of all, employers want employees with positive attitudes. Program staff challenge participants to take a hard look at themselves and to view themselves as marketable adults and not as victims. This "tough-love" approach gets results. Nationally, STRIVE boasts an 80 percent job retention rate after two years.

Yvonne Martinez is a recent graduate of the Second Chance/STRIVE program. Now an aide to U.S. Congressman Brian P. Bilbray of San Diego, Martinez has come a long way from what she calls "the mean streets of Brooklyn," where she was the oldest of 13 children raised by a single mother. She was homeless in San Diego before getting her second chance.

"I'm thrilled to get up every morning and go to work," Martinez says. "I smile proudly because I remember where I've come from and what I've accomplished." ▲

Cooking Up Success at FareStart



Leslie smiles at her pie baking success. She now works in the corporate dining room of US West.

The Program at a Glance: 16-week food service training program. Features case management, life skills training, job search preparation, and a mentoring program. 150 graduates per year; 90% become employed immediately, and 75% remain employed one year later.

Contact: Megan Karch, Executive Director, FareStart,

1902 Second Ave., Seattle, WA, 98101, (206) 443-1233, ext. 20, www.farestart.org.

“Food helps create a sense of community, and that’s a big part of how we succeed,” says Megan Karch, executive director of FareStart, Seattle’s innovative job training program for homeless people. Each day, some 30 to 40 students help prepare a total of 2,000 meals.

The main restaurant in downtown Seattle serves a gourmet lunch. Two off-site cafes feature lighter fare, and

FareStart prepares 900 meals daily for homeless shelters, Head Start programs, and day care and senior service centers.

FareStart students are literally homeless or at-risk of homelessness, and their “needs are substantial,” Karch says. Each is assigned a case manager, who helps individuals find shelter, clothing, and medical care, which may include a visit to Health Care for the Homeless in Seattle.

In Life Skills classes, held in weeks 4 to 6, “We encourage students to take a hard look at themselves and the behaviors they need to change,” Karch says. Life Management training, in weeks 13 to 15, focuses on such practical skills as budgeting, job search and interviewing, and relapse prevention.

The highlight of the 16-week course is graduation night. Because admission to the program is available on a rolling basis, a small group of students graduates each Thursday night at FareStart’s renowned “Guest Chef Night.” A local chef from a top-flight restaurant helps students prepare a 3-course gourmet meal, available to the public for \$14.50. If you want to get in, you need a reservation.

Graduation is “an amazing experience,” Karch says. “Our mission is to transform the lives of our students, and you can see it.” FareStart students work for some of Seattle’s major employers, including Nordstrom, the Space Needle Restaurant, Planet Hollywood, Tony Roma’s, and Starbucks. FareStart also hires its own graduates. ▲

No Wrong Answers at St. John’s Place

The Program at a Glance: Five-phase job training program in office skills, maintenance, and home health services. All clients are homeless, with an average age of 38. 65% are African American, 34% are Hispanic, and 40% have a high school diploma. 82 people found jobs in the past 3 years, with average pay of \$9.71 per hour. 93% are employed after one year.

Contact: Doreen Gibbs, MA, CRC, Director, St. John’s Place Family Center Employment Program, 1630 St. John’s Place, Brooklyn, NY, 11233, (718) 771-7720, ext. 240.

Homeless people don’t come to St. John’s Place Family Center Employment Program ready to go to work. “We’re talking about how to get a job, and they’re talking about not having clothes or needing dental care,” says Doreen Gibbs, program director.

That’s why Gibbs calls the first phase of her five-phase job training program, “Pre-occupation,” a deliberate play on words. Individuals need to have their immediate needs met first, Gibbs notes, otherwise they are too pre-occupied to participate. Still, they must come dressed appropriately to meet

with staff, Gibbs says, because “they are here to go to work.”

Phase 2, called Orientation to Work, is based on an Institute for Life Coping Skills series during which participants complete a vocational evaluation and begin to explore their options. “No one will tell a client what he or she can or cannot do,” Gibbs says. “There are no wrong answers.”

In a phase 3 internship, students are individually matched with employers. St. John’s pays the students and provides individual support for four-day-a-week internships that last from eight to 32 weeks. On the fifth day of each week, students meet in groups to talk about any difficulties they’ve had on the job.

Phase 4 involves an intensive job search, including attendance at job fairs and interviews, and training in how to use the Internet to search for work. The newest and final phase is called, appropriately, LIFE, for Life Improvement Following Employment. LIFE skills help graduates learn how to manage their time and their money and continue to move forward with their lives. ▲

Resources on Employment for Homeless People

The following publications address job training and employment programs for homeless individuals. Except where noted, these articles are available free of charge from the HCH Information Resource Center. Contact us toll-free at (888) 439-3300, ext. 247.

- Brown R, Ganzglass E, Golonka S, Hyland J, Simon M. **Working Out of Poverty: Employment Retention and Career Advancement for Welfare Recipients.** Washington, DC: National Governors' Association, 1998. This report explores promising welfare-to-work programs of states and localities.
- The Enterprise Foundation. **Working Toward the Future: Profiles of Six Employment Training and Placement Programs.** Columbia, MD: The Enterprise Foundation, 1995. This information packet describes six employment training/placement programs covering a range of approaches. Available from: The Enterprise Foundation, Communications Department, 10227 Wincopin Circle, Suite 500, Columbia, MD 21044. Cost: \$10.
- Fleischer W, Sherwood K. **The Next Wave: Employing People with Multiple Barriers to Work.** New York, NY: Corporation for Supportive Housing (CSH), 2000. This report draws upon the lessons of the CSH *Next Step: Jobs* demonstration program to inform return-to-work policies for people with multiple barriers to work. Available from: Corporation for Supportive Housing, 50 Broadway, 17th floor, New York, NY 10004, (212) 986-2966. Cost: \$5. Or download at www.csh.org/pubs.html.
- HomeBase. **Creating Economic Opportunities for Low Income People: How Section 3 Can Help.** San Francisco, CA: HomeBase, 1997. This is a resource packet on Section 3 for recipients of HUD funds, employment and training providers, and advocates. Available from: HomeBase, 870 Market Street, Suite 1228, San Francisco, CA 94102, (415) 788-7961. Cost: \$20.
- Pavetti L, Acs G. **Moving Up, Moving Out or Going Nowhere? A Study of the Employment Patterns of Young Women and the Implications for Welfare Mothers.** Washington, DC: The Urban Institute, 1997. This study examines the employment prospects of disadvantaged women. Available from: The Urban Institute Press, 2100 M Street NW, Washington, DC 20037 (202) 261-5687. Cost: \$8.50. Text available at www.urban.org/welfare/jobtr.htm.
- Ratcliff K, Shillito L, Poppe B. **The Employer's Role in the Job Success of People Who Are Homeless.** *Psychiatric Rehabilitation Journal* 19(3): 87-90, 1996. This study investigated employer experiences with homeless persons who graduated from a job training program and secured employment.
- Sard B, Lubell J. **Outline of How Federal Housing Programs Can Help Provide Employment and Training Opportunities and Support Services to Current and Former Welfare Recipients.** Washington, DC: Center on Budget and Policy Priorities, 2000. This outline provides information on HUD's resources on employment and training opportunities and support services for families moving from welfare to work. Available from: Center on Budget and Policy Priorities, 820 First Street NE, Suite 510, Washington, DC 20002, (202) 408-1080. Cost: \$5. Or download at: www.cbpp.org/1-6-00hous.htm.
- Strawn J. **Beyond Job Search or Basic Education: Rethinking the Role of Skills in Welfare Reform.** Washington, DC: Center for Law and Social Policy, 1998. This study compares quick employment and skill building programs. Available from: Center for Law and Social Policy, 1616 P Street NW, Suite 150, Washington, DC 20036, (202) 328-5140. Cost: \$6. Or download at www.clasp.org/pubs/jobseducation/beyondexec.htm.
- U. S. Department of Labor (DOL). **Employment and Training for America's Homeless: Best Practices Guide.** Washington, DC: DOL Employment and Training Administration, 1997. This is a guide for employment and training agencies based on findings of the Job Training for the Homeless Demonstration Program. Single copy free. Order form available at www.ttrc.doleta.gov/opr/Pub818.htm. Text available at www.doleta.gov/documents/homelessman/homeless.htm.
- U.S. Department of Labor (DOL). **Employment and Training for America's Homeless: Final Report on the Job Training for the Homeless Demonstration Program.** Washington, DC: DOL Employment and Training Administration, 1998. This is the final report of the Labor Department's McKinney Act demonstration program for homeless people. Single copy free. Order form available at www.ttrc.doleta.gov/opr/Pub818.htm.

Health Center Grantees Receive HCH Funding in FY 2000

On March 23, PIN 2000-08 announced "Requirements for Health Care for the Homeless Respite Initiative-FY 2000," and on April 19, PIN 2000-10 offered "Opportunities for Health Centers to Expand/Improve Access and Services During Fiscal Year 2000." After review of the nearly 200 applications received in response to those announcements, the following awards were made:

- 76 HCH grantees received a total of \$2.2 million in one-time funding to maintain or improve the quality of their service delivery programs;
- 9 HCH grantees received a total of \$860,000 for mental health and substance abuse services; 5 more may be funded in FY 2001 if funds permit;
- 11 HCH grantees received a total of \$1.2 million for oral health services; two more may be funded in FY 2001 if funding is available;
- 10 HCH grantees received a total of \$1.3 million to provide respite care services and participate in the respite care pilot study.

\$1.46 million was awarded to seven health center programs to establish new health care access points for homeless people. Five awardees are community/migrant health centers expanding their programs to homeless people; the other two are expansions of already existing HCH programs. Two new access points are located in Delaware and Arkansas, giving the HCH program a presence in all 50 states for the first time. Look for these new additions to our community when *HCH Grantee Profiles - 2000* is released later this year.

For more information contact Susan Whitney at swhitney@hrsa.gov, or 301-594-4480.

National Gathering of Respite Care Providers for the Homeless

On September 24-25, respite care providers gathered in Chicago to begin building a national network of respite care providers, to explore and educate participants on service delivery models of respite care for homeless people and to begin identifying research needs and funding opportunities. Meeting sponsors were Interfaith House in Chicago, Boston Health Care for the Homeless, Christ House in Washington DC, the National Health Care for the Homeless Council, and the Bureau of Primary Health Care.

Participants from 20 U.S. cities and one individual from Canada discussed the basic ingredients of respite care, different models currently in operation, and how respite care should be defined. Presentations addressed research needed to demonstrate the effectiveness and cost benefit of respite care and funding opportunities available for respite care. Participants were able to visit Interfaith House to see their model of respite care. The group will continue work on identifying the essential components of respite care with plans for a second gathering of respite care providers at the National HCH Conference in June 2001 in Washington, DC, and a third meeting in the Fall of 2001 in Boston. Participation by any and all providers of respite care is welcomed.

For more information contact Amy Taylor at amtaylor@hrsa.gov, or 301-594-4455.



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