

ARTICLES

FEDERAL AID TO THE HOMELESS

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Although the government has incorporated various efforts to aid the homeless, these attempts have been ineffective in solving the overall problem. Homelessness continues to reach crisis proportions in the United States. Homelessness has hit the Black population particularly hard; in many cities across the United States at least 40%, and as many as 79%, of the homeless are Black. The purpose of this paper is to review and critique federal efforts to aid the homeless. Current federal action mainly focuses on short-term funding and solutions. Federal programs addressing long-term solutions to homelessness are now desperately needed. Such alternative measures include transitional and long-term permanent housing with various levels of supervised care.

Currently, from 250,000¹ to three million² people are without homes and are living on the streets. More specifically, at least 68,000 children³ are members of families that are literally homeless. The federal government has responded to this crisis with several measures, most of which attend to the emergent needs of the homeless for food and shelter. This paper reviews and critiques federal efforts to aid the homeless, as well as federal low income housing policy. This analysis will also include recommendations for alternative government measures for housing the homeless.

I. INTRODUCTION TO THE PROBLEMS OF HOMELESSNESS

Homelessness involves a broad cross-section of society and is a manifestation of many factors. Today, the homeless include single men and women,

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This paper was submitted to the National Black Law Journal in 1988. While new federal programs have been established for the homeless, the problems that the homeless face largely remain the same: the number of homeless people is growing and there are an insufficient number of programs that provide long-term solutions to resolve the crisis of homelessness.

1. United States Department of Housing and Urban Development, "Report to the Secretary on the Homeless and Emergency Shelters" (Washington, D.C., 1984).

2. M.E. Hombs and M. Snyder, "Homelessness in America: A Forced March to Nowhere," Community for Creative Nonviolence (Washington, D.C., 1982).

3. United States General Accounting Office, "Children and Youths: About 68,000 Homeless and 186,000 in Shared Housing at Any Given Time," Report No. GAO/PEMD-89-14 (Washington, D.C., 1989).

displaced families, runaway youths, migrants, immigrants, battered women, alcoholics, drug abusers, mentally and physically disabled persons, and the elderly. The homeless are increasingly young, fairly well-educated, recently unemployed, minority men, with rapidly growing numbers of women and children. For these individuals the inability to secure adequate housing has been attributed to unemployment, low wages, the shortage of adequate and affordable low-income housing, deinstitutionalization of the mentally disabled from state mental hospitals, drug and alcohol abuse, personal and family life crises, and cutbacks in government welfare and social welfare programs.

Homelessness has hit the Black population particularly hard.⁴ In many cities across the United States, at least 40%,⁵ and as many as 79%,⁶ of the homeless are Black. The Institute of Medicine⁷ reported that the overrepresentation of Blacks among the homeless in larger cities reflects their overrepresentation among the impoverished. For example, there is a higher proportion of Blacks in the homeless adult population than in the general population of Detroit (73% vs 63%), Chicago (56% vs 40%), Baltimore (62% vs 55%), St. Louis (65% vs 46%), Los Angeles (30% vs 17%), Milwaukee (32% vs 23%), and Ohio (30% vs 10%).

As compared to homeless Whites, homeless Blacks are younger,⁸ and more likely to be unemployed.⁹ While homeless Blacks are more likely to live in economically depressed areas¹⁰ of cities,¹¹ they are less likely to be living

4. M.A. Martin, "The Implications of NIMH Supported Research for the Homeless Mentally Ill Racial and Ethnic Minority Persons," Hunter College, School of Social Work (New York, 1986).

5. A.A. Arce, et al., *A Psychiatric Profile of Street People Admitted to an Emergency Shelter*, 34 *Hospital and Community Psychiatry*, 812-817 (1983); W. Chavkin, et al., *The Reproductive Experience of Women Living in Hotels for the Homeless in New York City*, 87 *New York Journal of Medicine* 10-13 (1987); See generally, J. McAdam, et al., "Tuberculosis in the SRO/Homeless Population," *Health Care of Homeless People*, ed. P.W. Brickner, et al., (New York: Springer Publishing, 1985); G. Morse, et al., "Homeless People in St. Louis: A Mental Health Program Evaluation, Field Study, and Followup Investigation," *Missouri Department of Mental Health*, Vol. 1 (1985); C. Mowbray, et al., "Mental Health and Homelessness in Detroit: A Research Study," *Michigan Department of Mental Health*, (1985); M.R. Sosin, et al., "Homeless in Chicago: Poverty and Pathology, Social Institutions and Social Change," *The School of Social Service Administration, University of Chicago* (Chicago, Illinois, 1988); J.D. Wright, et al., "Health and Homeless in New York City," *The Social and Demographic Research Institute, Department of Sociology, University of Massachusetts-Amherst* (Amherst, Massachusetts, 1985); B.B. Benda and P. Dattalo, *Homelessness: Consequence of a Crisis or a Long-Term Process?* 39 *Hospital and Community Psychiatry* 884-886 (1988); C.I. Cohen and F. Briggs, *A Storefront Clinic on the Brewery*, 37 *Journal of the Studies on Alcohol*, 1336-1340 (1976); R.K. Farr, et al., "A Study of Homelessness and Mental Illness in the Skid Row Area of Los Angeles," *Los Angeles County Department of Mental Health*, (Los Angeles, California, 1986); S.J. Freeman, et al., *Psychiatric Disorder in a Skid Row Mission Population*, 20 *Comprehensive Psychiatry* 454-462 (1979); J.D. Wright and E. Weber, *Homelessness and Health* (Washington, D.C.: McGraw-Hill, 1987).

6. A.L. Solarz, "Criminal Victimization Among the Homeless," *Department of Psychology, Michigan State University-East Lansing* (East Lansing, Michigan, 1986).

7. Institute of Medicine Committee on Health Care for Homeless People, *Homelessness, Health and Human Needs* (Washington, D.C., National Academy Press, 1988).

8. M.A. Martin, *supra* note 5.

9. *Id.*

See also, M.J. Robertson and M.R. Cousineau, *Health Status and Access to Health Services among the Urban Homeless* 76 *American Journal of Public Health* 561-563 (1986).

10. Skid row is a term commonly used to refer to an economically depressed area of a metropolitan city.

11. Robertson and Cousineau, *supra* note 10.

outdoors and more likely to be living in emergency shelters.¹² It has been reported that Blacks are homeless a shorter length of time than Whites. For example, in Los Angeles, Whites were homeless for an average of 2 years, Blacks were homeless for an average of 1 year.¹³

Given that homelessness is a major concern for Blacks across the country, it is of interest to review what current federal efforts are available to aid the homeless. Currently there is minimal information on how ethnic groups among the homeless have fared under these federal programs. Therefore, a description and review of existing federal programs which have impacted the homeless population is required.

A. *The Right to Shelter*

Public policies are necessary to help the homeless secure adequate housing. Various efforts have been directed toward establishing the legal right to shelter.¹⁴ It was hoped that these lawsuits would stimulate the development of solutions to homelessness. For example, in a 1979 New York case, *Callahan v. Carey*,¹⁵ the court granted an injunction requiring New York City to provide beds for homeless men who request them. In 1981, following a negotiated settlement of the case, the court issued a consent decree which stated the legal right to shelter for men and set standards for shelters.

In the 1983 decision *Eldredge v. Koch*,¹⁶ the New York court extended the consent decree to homeless women. The right to shelter was also established in a 1983 West Virginia case, *Hodge v. Ginsberg*.¹⁷ The above cases were based on state and local law, regulations, and agency plans which promised emergency services to those in need. There have been similar cases in Connecticut, New Jersey, Missouri and Pennsylvania.

The first time that the right to shelter was recognized by a federal court was in *Koster v. Webb*.¹⁸ The federal court found that homeless families in New York have a right to shelter under the federal Social Security Act.¹⁹

The legal right to shelter has also been established by referendum. In November 1984, the first right to shelter initiative, the District of Columbia Overnight Shelter Act (Initiative 17) was approved. Initiative 17 required the District government to provide overnight shelter to any D.C. resident who requested it.²⁰ Although the initiative was approved by 72% of voters, in 1985 the D.C. Superior Court ruled that the initiative was invalid because it would require the D.C. government to appropriate new funds.²¹ The ruling was appealed, and in June 1986 the lower court decision was overturned and the

12. D. Roth, et al., "Homelessness in Ohio: A Study of People in Need, Statewide Report," Ohio Department of Mental Health, Office of Program Evaluation and Research (Columbus, Ohio, 1985).

13. Robertson and Cousineau, *supra* note 10.

14. National Coalition for the Homeless, "Lawsuits Involving the Coalition for the Homeless," National Coalition for the Homeless (New York, 1987).

15. Index No. 42582/79.

16. 459 N.Y.S.2d 960 (1983).

17. 303 S.E.2d 245 (1983).

18. 598 F.Supp. 1134 (E.D.N.Y. 1983).

19. National Coalition for the Homeless, *supra* note 15.

20. United States General Accounting Office, "Homelessness: A Complex Problem and the Federal Response," Report No. GAO/HRD-85-40 (Washington, D.C., 1985).

21. National Coalition for the Homeless, "Safety Network 3," National Coalition for the Homeless (New York, 1985).

voters initiative was reinstated.²² In spite of these rulings, homelessness continues to grow across the country and has become a chronic problem. In response, the federal government has initiated several programs to help the homeless.

II. FEDERAL PROGRAMS FOR THE HOMELESS

A. *Federal Emergency Management Agency*

The first national program to provide direct assistance to the homeless, the Emergency Food and Shelter Program (EFSP), was enacted in March 1983. It was enacted by Congress as part of the Emergency Jobs and Appropriations Act, PL 98-9.²³ It is administered by the Federal Emergency Management Agency (FEMA). The FEMA grants can be used by existing programs to purchase food and provide shelter. However, the program is limited because it has no authorizing legislation and therefore has not been permanently established. Moreover, FEMA grants are limited because they virtually cannot be used for capital expenditures or administrative costs.²⁴

The FEMA funds are distributed directly to the states, or through a national board to cities, or local organizations according to local population size and unemployment rates.²⁵ Madeline R. Stoner²⁶ claims that one of the problems is that the use of unemployment rates in the allocation of FEMA funds results in funds being directed to the recently unemployed able-bodied homeless, often called the "new" homeless, rather than to the larger number of homeless who do not fall within this category.²⁷

The United States General Accounting Office (GAO) reiterated this problem in its May 1989 review of FEMA's efforts.²⁸ The United States House Committee on Government Operations (CGO), in a review of federal aid to the homeless,²⁹ also found flaws in FEMA. First, they reported that the amount of FEMA funds appropriated for the homeless was insufficient to handle the growing homeless crisis. For instance, for fiscal year 1985 alone, New York City needed more than the entire FEMA funds allotted nationally for fiscal years 1983 to 1985 to assist the homeless. Second, the FEMA money is limited in that it is severely restricted in its use for major capital expenditures. Third, there is no continuity or permanency in the funding of FEMA. Because FEMA is an agency responsible for aid in emergencies such as natural disasters,³⁰ it had little experience in administering the type of permanent pro-

22. National Coalition for the Homeless, "Safety Network 4," National Coalition for the Homeless (New York, 1986-87).

23. United States General Accounting Office, *supra* note 21.

24. United States House of Representatives, Committee on Government Operations, "The Federal Response to the Homeless Crisis, Third Report," House Report No. 99-47, (Washington, D.C., U.S. Government Printing Office, 1985).

25. National Coalition for the Homeless, *supra* note 22.

26. Associate Professor of Social Work at the University of Southern California.

27. M.R. Stoner, *An Analysis of Public and Private Sector Provisions for Homeless People*, 17 *Urban and Social Change Review* 3-8, (1984).

28. United States General Accounting Office, Report to the Congress, "Homeless: HUD's and FEMA's Progress in Implementing the McKinney Act," Report No. GAO/RCED-89-50 (Washington, D.C., 1989).

29. United States House of Representatives, Committee on Government Operations, *supra* note 25.

30. United States General Accounting Office, *supra* note 21.

gram needed to work with problems for the homeless. For instance, for fiscal years 1985 and 1986, FEMA did not request additional funds to help the homeless, but nevertheless was appropriated funds by Congress.³¹

B. *Federal Task Force on Food and Shelter for the Homeless*

In October 1983, the Department of Health and Human Services (HHS) created the Federal Task Force on Food and Shelter for the Homeless (Task Force). The Task Force is chaired by HHS and is composed of fourteen federal agencies and departments. It coordinates federal efforts that provide food and shelter for the homeless programs in need of assistance with those federal agencies that are in charge of surplus federal buildings, food, and supplies. The Task Force has obtained commitments to assist the homeless from several of its member agencies and departments. In spite of good intentions, the Task Force has been unsuccessful in achieving its goals. This failure is primarily due to the fact that it offers no funds or direct services to assist the homeless, it is not statutorily based, and it has no official staff.³²

More specifically, in arrangement with the Task Force, the Department of Defense (DOD) with the Department of Transportation agreed to provide surplus food from military commissaries to the homeless through shelters and food banks.³³ Further, the DOD agreed to offer 600 unused military facilities to shelter the homeless. Local organizations were to provide beds, food, and security.³⁴ Of the \$8 million that was appropriated for this project in fiscal year 1984 (PL 98-94), only \$900,000 was set aside for two shelter projects.³⁵ In fiscal year 1985, Congress appropriated \$500,000 to the DOD for this project, despite the fact that the DOD had not requested additional funds for it.³⁶ Currently, few DOD facilities are being used to shelter the homeless. The DOD program might have had limited success because many of its available buildings were in "remote" areas and because local politicians objected to the establishment of shelters in their neighborhoods.³⁷ Furthermore, nearly half of the local communities attributed their non-participation in the program to a lack of requisite funds to operate a shelter.³⁸ Additionally, the DOD had not promulgated regulations for this program and had not distributed adequate notice about it.³⁹

As a member of the Task Force, the Department of Housing and Urban Development (HUD) agreed to permit local public housing authorities to give homeless individuals emergency priority admissions. However, the emergency waiting list for public housing is often years long. In 1984, HUD agreed to

31. *Id.*

32. National Housing Law Project, *Homelessness: What Can Be Done?* 25 Housing Law Bulletin 1-6 (1985); *See generally*, United States House of Representatives, Committee on Government Operations, *supra* note 25.

33. H.R. Vieth, "Summary of Federal Programs Available to Help the Homeless," Federal Task Force on the Homeless (Washington, D.C., 1986).

34. National Housing Law Project, *supra* note 33.

35. United States House of Representatives, Committee on Government Operations, *supra* note 25.

36. *Id.*

37. *Id.*

38. United States General Accounting Office, *supra* note 21.

39. National Coalition for the Homeless, "Indefensible Failure: The Defense Department and the Emergency Shelter Program," National Coalition for the Homeless (Washington, D.C., 1987).

lease its stock of defaulted single-family homes for \$1.00 per year to mayors or private organizations to shelter homeless families.⁴⁰ Few HUD homes are currently in use as emergency housing.

It has been suggested that this low use of HUD held single family units was primarily because most were not located in areas with large homeless populations. In many instances, the HUD field officers had not received listings of the available units.⁴¹ "There is an irony here. The units that were held by HUD were once occupied by low and moderate-income families, who often by a stroke of bad luck, were unable to make the payments and who may now be part of the homeless population themselves."⁴² In fiscal year 1985, HUD agreed to consider waivers to the regulations of the Section 8 housing program to allow federal assistance for the development of single-room occupancy housing units.⁴³

Other efforts of the Task Force include an agreement with the United States Department of Agriculture (USDA) Farmer's Home Administration to lease vacant single-family homes in its inventory for \$1.00 per year to local organizations to shelter the homeless. In lieu of cash rental payments, local organizations pay for the property taxes, repair and maintenance of these properties. This is currently a pilot project in only a few states.⁴⁴ The General Services Administration (GSA) and the Task Force agreed to offer surplus federal buildings for use as shelters and to provide surplus property to food banks and shelter projects.⁴⁵

C. Federal Programs Apart from the Task Force or FEMA

Federal programs for the homeless which were not part of the Task Force agreements have included the HHS Runaway and Homeless Youth Program, instituted in 1974, and the HHS Program for the Mentally Ill. The former provides financial assistance to community-based centers which help homeless youth.⁴⁶ The latter provides funds for research, training and demonstration programs.⁴⁷ The HHS Emergency Assistance Program (EAP) is also available to aid homeless families.⁴⁸ The EAP was established in 1967 as a component of the Social Security Administration's Aid to Families with Dependent Children (AFDC).⁴⁹ It provides emergency assistance to children of poor families to "avoid destitution" or "to provide living arrangements." States have the option of participating in this program, and 28 states currently do so. However, the EAP serves only 33,000 families, or 132,000 family members per month.⁵⁰ The EAP is limited because the funds can only be used for existing shelters, not for the construction, rehabilitation, purchase, or rental of emer-

40. See, *supra* notes 21, 33-34.

41. National Housing Law Project, *supra* note 33.

42. *Id.*

43. United States General Accounting Office, *supra* note 21.

44. See *supra* notes 33-34.

45. Vieth, *supra* note 34.

46. *Id.*

47. *Id.*

48. National Coalition for the Homeless, *supra* note 23.

49. United States House of Representatives, Committee on Government Operations, "Homeless Families: A Neglected Crisis, House," Report No. 99-982 (Washington, D.C., U.S. Government Printing Office, 1986).

50. *Id.*

gency shelters. In a review of the EAP,⁵¹ the CGO stated that EAP is "unable to adequately address the problem of homeless families" and "that HHS has failed to follow its regulations on monitoring, reviewing and auditing the EAP program."

Other federal efforts to help the homeless have included the USDA Temporary Emergency Food Assistance Program (now part of the Hunger Prevention Act)⁵² which has distributed surplus food to soup kitchens, food banks and shelters.⁵³ Furthermore, VISTA volunteers from the Action Agency have served the homeless in a variety of projects.⁵⁴ In addition, the Veteran's Administration (VA) has services which could benefit homeless veterans, who comprise about one-half⁵⁵ of the homeless male population. However, many homeless veterans are not receiving such VA services as pensions, domiciliary care, state veteran's homes, or medical care.⁵⁶ Alternatively, several federal entitlement programs, such as Medicaid, Medicare, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and Aid to Families with Dependent Children (AFDC), could offer direct aid to the homeless. However, only 25%⁵⁷ to 33%⁵⁸ of the homeless are receiving some form of public assistance. This suggests that there may be barriers to obtaining these entitlement programs such as a complicated application process, ineligibility of single persons, a required work history, or other complex eligibility and residency requirements.

Many general federal programs which were not specifically created to assist the homeless have been made available to them. Funds from the HHS Community Service Block Grants have been used to provide emergency services for the homeless.⁵⁹ Likewise, the HHS Alcohol, Drug Abuse and Mental Health Administration Block Grants could help the homeless by funding community health centers.⁶⁰ Moreover, the HHS Community Health Centers could provide medical care for the homeless.⁶¹ Also, the HHS Social Services Block Grants could help the homeless by funding counseling programs.⁶² In addition, HUD Community Block Development Grants have been used to acquire and rehabilitate buildings for use as shelters or to cover shelter operating costs for equipment, supplies and staff.⁶³ Although these programs are available, they have only been helpful to a limited degree.

The GAO has described ethnic differences in the use of federally sup-

51. *Id.*

52. National Coalition for the Homeless, "Safety Network 7," National Coalition for the Homeless (New York, New York, 1988).

53. United States General Accounting Office, *supra* note 21.

54. *Id.*

55. P.J. Fischer, et al., *Mental Health and Social Characteristics of the Homeless: A Survey of Mission Users*, 76 American Journal of Public Health 519-524 (1986); see also, Robertson and Cousineau, *supra* note 10.

56. United States House of Representatives, Committee on Government Operations, *supra* note 25.

57. Robertson and Cousineau, *supra* note 10.

58. Fischer, *supra* note 56.

59. Vieth, *supra* note 34.

60. *Id.*

61. Sosin, *supra* note 6,

62. United States House of Representatives, Committee on Government Operations, *supra* note 25.

63. United States General Accounting Office, *supra* note 21.

ported services for the homeless.⁶⁴ In 1987, 37% of the persons provided with emergency shelter were Black; 47%, White; 11%, Hispanic; and 4% American Indian. A similar ethnic distribution existed for recipients of prepared meals. In marked contrast to the preceding statistics, a larger proportion of persons who received grocery bags were White (54%), as compared to Blacks (22%), Hispanics (17%), and American Indians (5%).

III. FEDERAL LOW INCOME HOUSING POLICY

The CGO suggests that insufficient low-income housing is the major cause of homelessness.⁶⁵ In an attempt to understand the impact of federal low income housing policy on the homeless, it is important to review the current housing situation and its recent history. Many homeless people report that the immediate precipitant of their homelessness had been eviction from their homes.⁶⁶ Two and a half million Americans are involuntarily displaced from their homes each year. These evictions have occurred for many reasons.

First, many individuals are unable to meet their rent payments due to sharply rising rents, declining real value of income, unemployment and the loss of public assistance. The major victims are the poor because they have the fewest resources to absorb the hardship or recover from it. Often, the resources are so limited that the poor have to choose between shelter and food, and as a result are forced out of their homes and onto the streets. Second, low-income housing is being lost to gentrification, urban renewal and deterioration. Nationally from 1970-1980, 50% of low-income single room occupancy units (SRO's) were lost.⁶⁷ In New York City there was an 87% loss of SRO's since 1970, with 17,200 units remaining as of 1982.⁶⁸ An example of gentrification is New York City's program of tax incentives to encourage the rehabilitation of dilapidated housing. Many older dwellings occupied by persons with low incomes, among them SRO's, have been closed, their tenants have been evicted, and the units have been renovated as housing for persons with higher income.⁶⁹

In the 1950's and 60's, many SRO's were lost when cities received urban renewal grants. Many skid row SRO's were replaced by more profitable central business districts, cultural centers or parking lots. This has occurred in Denver's Larimer Street, New York's Bowery, San Francisco's Tenderloin District, Chicago's North Clark area, Houston's Old Market Square and Los Angeles' Skid Row. The skid row residents were powerless to prevent the loss of their homes, community services, and job opportunities, and were easily displaced. Relocation efforts were often unsuccessful, resulting in homeless-

64. United States General Accounting Office, *supra* note 29.

65. United States House of Representatives, Committee on Government Operations, *supra* note 25.

66. National Coalition for the Homeless, "Safety Network 2," National Coalition for the Homeless (New York, 1984-1985).

67. United States House of Representatives, Committee on Government Operations, *supra* note 25.

68. Homelessness in America, 1982: Testimony Before the Committee on Banking, Finance and Urban Affairs, House of Representatives, 97th Cong., Serial No. 97-100 (Testimony of K. Hopper and E. Baxter).

69. E. Baxter and K. Hopper, "Private Lives/Public Spaces: Homeless Adults on the Streets of New York," Community Service Society, Institute for Social Welfare Research (New York, 1981).

ness. Vander Kooi stated that in order to prevent needless dislocation and premature deaths, the government needs to "recognize the wisdom of working on skid row human problems, as opposed to the land use problems."⁷⁰

Many of the SRO's which are not rehabilitated are in poor physical condition. Their owners often fail to provide heat and hot water, or repair faulty plumbing, broken locks and falling plaster.⁷¹ Indeed, many older buildings in urban areas have become uninhabitable. In 1982, for example, New York City owned 7,809 buildings of which only 3,227 were occupied. The occupied buildings themselves contained 6,130 units that were vacant because they did not meet the minimum standards for human habitation.⁷² However, despite their squalid conditions, these buildings are often the only housing available to persons with low incomes.⁷³ Even with the available tax incentives, many vacant structures are not rehabilitated because the reconstruction process is simply too expensive.⁷⁴

Third, low-income housing is not being replaced at a rate comparable with the rate of loss. The federal government has severely cut its budget for low-income housing programs.⁷⁵ Furthermore, the focus of federal low-income housing policy has shifted from the construction and rehabilitation of units to the subsidization of existing housing. Thus, the federal government has provided vouchers for the poor to use for rent.⁷⁶ This federal housing policy assumes that there is no shortage of low-income housing, only an inability to pay for it.⁷⁷ Consequently, there are waiting lists of up to five years for much of the public housing in the United States.⁷⁸ In many areas of the country, even applicants in need of emergency housing have to wait several months for a housing unit.⁷⁹ The Brookings Institute predicted that by 1990, there would be a shortage of 1.7 million low-income housing units.⁸⁰

A. *Recommendations for Federal Policy*

In 1985, the General Accounting Office (GAO) reviewed federal aid to the homeless.⁸¹ First, the GAO noted that a coordinated program linking federal efforts on behalf of the homeless had not been instituted. Second, this

70. R. Vander Kooi, "The Main Stem: Skid Row Revisited," in *Sociological Realities II*, eds. I.L. Horowitz and C. Nanry, (New York: Harper & Row, 1971).

71. E. Baxter and K. Hooper, *supra* note 69.

72. Citizens' Committee for Children of New York, Inc., "No One's in Charge: Homeless Families with Children in Temporary Shelter," Citizens' Committee for Children of New York, Inc. (New York, 1983).

73. P. Kasinitz, *Gentrification and Homelessness: The Single Room Occupant and the Inner City Revival*, 17 *Urban and Social Change Review* 9-14 (1984).

74. Homelessness in America, 1982: Hearings Before the Committee on Banking, Finance and Urban Affairs, House of Representatives, 97th Cong., Serial No. 97-100, 177-187 (Testimony of C. Bellamy).

75. National Coalition for the Homeless, "National Coalition Recommendations," National Coalition for the Homeless (New York, 1984).

76. Interviews with R. Youmans, National Housing Law Project, Washington, D.C. (1985, 1986).

77. *Id.*

78. Homelessness in America, 1982: Hearings Before the Committee on Banking, Finance and Urban Affairs, House of Representatives, 97th Cong., Serial No. 97-100 (Testimony of M.S. Oakar).

79. Youmans, *supra* note 77.

80. J. Alter et al., *Homeless in America*, Newsweek, Jan. 1984, at 26.

81. United States General Accounting Office, *supra* note 21.

lack of coordination made it difficult to determine the actual level of federal support for the homeless. Third, the GAO predicted that the homeless population will continue to grow because of insufficient community based services for the mentally ill and the continuing decline in the availability of low-income housing.

In another review of federal aid to the homeless,⁸² the CGO described current federal efforts to help the homeless as "inadequate, disorganized, and ineffective." The CGO found that the public and private response to the homeless crisis was insufficient, as reflected in the severe shortage of emergency food and shelter and long-term assistance for the rapidly growing homeless population. Since state and local governments had been unable to handle the crisis, the CGO suggested that increased federal resources be allocated to cope with the national homeless problem.

In developing federal policies and programs for the homeless, several points deserve consideration. First, the homeless are a heterogeneous group with varying needs for housing and services. There has been a radical change in the composition of the homeless over the past fifteen years to include not only alcoholic, middle-aged men, but also increasing numbers of Blacks and other minority groups, women, children, the elderly, and those with chronic mental illness. Second, the homeless should not be characterized as "new" or "old," because this division looks for the "deserving" poor and will not lead to viable solutions.⁸³ Third, long-term federal planning for the homeless is needed. Homelessness is not a short-term problem, but from many estimates is a chronic and growing problem. A permanent federal agency created specifically to develop, coordinate, enforce and evaluate long-term programs could ensure the effectiveness of federal homeless. Fourth, federal efforts should be directed towards preventing homelessness, by providing assistance to the "near homeless."

In 1984, President Reagan requested that the Department of Health and Human Services (HHS) determine how federal programs could be of more assistance to the homeless.⁸⁴ In response, it established the HHS Working Group on the Homeless (the Working Group).⁸⁵ In an August 15, 1984 report,⁸⁶ the Working Group suggested that the President issue an executive order to all federal agencies to give top priority to the homeless crisis and to support the Task Force in its negotiations for surplus federal property and food. The Working Group also recommended that the federal government establish a permanent office for the homeless in HHS. Other suggestions by the Working Group included having the federal government provide social service outreach workers to shelters to assist the homeless in gaining access to appropriate public assistance and medical benefits, allowing residents of shelters and transitional housing to be eligible for food stamps, increasing federal funds for the rehabilitation and operation of shelters, using Public Health Ser-

82. United States House of Representatives, Committee on Government Operations, *supra* note 25.

83. F.E. Werner, *On the Streets: Homeless Causes and Solutions*, 18 Clearinghouse 11-16 (1984).

84. United States Department of Health and Human Services, HHS Working Group on the Homeless, "The Homeless: Background, Analysis and Options" (Washington, D.C., 1984).

85. National Housing Law Project, *supra* note 31; *see also*, United States House of Representatives, Committee on Government Operations, *supra* note 25.

86. United States Department of Health and Human Services, *supra* note 85.

vice physicians to provide medical services to the homeless, and providing HHS seed money to states that want to develop services for the mentally ill homeless.

The CGO also made recommendations to the federal government, some of which were similar to those of the HHS working Group.⁸⁷ In addition to encouraging the establishment of long-term federal programs to aid the homeless, the CGO recommended that HHS: (1) take a more active role in monitoring the EAP to ensure its sufficiency for and cost-effectiveness in protecting the health and well-being of homeless families; (2) develop a model shelter program for homeless families; (3) educate and encourage states to participate in EAP; and (4) allow EAP funds to be used to construct, purchase, rent and rehabilitate emergency shelters for homeless families. The CGO also suggested that HUD increase its housing assistance programs and establish a policy to resolve the scarcity of low-income housing. Furthermore, the CGO recommended that the federal government provide funds for capital repairs of shelters, creation of new emergency shelters, and that FEMA funds for the homeless be extended for a minimum of five years. Recent recommendations by the GAO⁸⁸ suggest that to "achieve a more equitable distribution" of FEMA and HUD funds for the homeless, more funds should be distributed at the state rather than the local level.

A framework for federal homeless policy may be adapted from the National Coalition for the Homeless. The coalition employs a three-tiered approach to the provision of the broad range of services needed by the heterogeneous homeless population. This strategy involves national, regional, public as well as private planning.⁸⁹ It has been noted that local communities have responded most positively to efforts assisting the homeless when the public sector is involved in the planning of emergency and long-term programs.⁹⁰

The first tier of services for the homeless is emergency shelter crisis intervention. Shelters must be accessible, community based, unrestrictive, and have appropriate social and medical services for each subgroup. The shelter should be staffed by persons committed to and knowledgeable about caring for the homeless. Special efforts should be made to reach those on the streets who have mental or physical disabilities. Studies have evidenced that the homeless will accept shelter if they are treated patiently and are allowed to develop trust in the person offering the aid.

However, shelters are not homes; they are only temporary solutions for those without homes.⁹¹ Therefore, the second tier of services for the homeless is transitional housing. The staff of such housing should be trained to help the homeless secure appropriate entitlements, health care, permanent housing, vocational rehabilitation, and family counseling on life management skills.⁹²

87. United States House of Representatives, Committee on Government Operations, *supra* note 25.

88. United States General Accounting Office, *supra* note 29.

89. National Coalition for the Homeless, *supra* note 76.

90. K.K. Kaufman, "Homelessness: A Comprehensive Policy Approach" 17 *Urban and Social Change Review* 21-26 (1984).

91. Werner, *supra* note 84.

92. United States House of Representatives, Committee on Government Operations, "Homeless Families: A Neglected Crisis," House Report No. 99-982 (Washington, D.C.: U.S. Government Printing Office, 1986).

Moreover, studies have demonstrated that the homeless are mainly natives of cities in which they are located, not transients. Therefore, they should be eligible for services as would any other resident notwithstanding the fact that they have no permanent addresses.⁹³

The third tier of services for the homeless is long-term permanent housing. This would involve general low-income housing as well as special housing with various gradations of supervised care, employment for those able to work, adequate income, and supportive care.⁹⁴ In particular, appropriate community care, outreach, crisis intervention and graded supervised housing need to be developed for the homeless with chronic mental illness.⁹⁵ The development of long-term permanent housing may require the elimination of tax incentives to destroy or gentrify low-income housing;⁹⁶ offering benefits to SRO owners who repair buildings in which tenants are offered continued occupancy;⁹⁷ and a recommitment of the federal government to low-income housing programs.

The federal government has acted on some of the aforementioned suggestions. For instance, the U.S. Department of Labor has developed a Jobs for Homeless Veterans Demonstration Program.⁹⁸ Furthermore, the "Homeless Eligibility Clarification Act" was passed as an amendment to the Anti-Drug Abuse Act of 1986.⁹⁹ The act allows the homeless to use food stamps to buy hot meals from non-profit organizations (e.g. shelters or soup kitchens); removes the permanent address requirement from the federal programs SSI, AFDC, Medicaid and Veterans Benefits; permits institutionalized individuals to apply for food stamps and SSI before they are discharged and with a single application; and amends the Job Training Partnership Act so that the homeless will be included in this federal job training program. The 1986 Emergency Shelter Grants Program administered by HUD provides funds to shelter for rehabilitation, other capital expenses and non-staff related operating expenses.¹⁰⁰ Also, in fiscal year 1987,¹⁰¹ federal legislation provided funds to HUD to develop supportive housing for the homeless in the form of the Supportive Housing Demonstration Program. This program includes the Transitional Housing Demonstration Program and the Permanent Housing for Handicapped Homeless Persons Program.

In the Fall of 1987, Congress authorized and approved the Stewart B. McKinney Homeless Assistance Act (H.R. 558, 5.809),¹⁰² which increased

93. Kaufman, *supra* note 89; *see also*, J.M. Kennedy, *Homelessness in America Becoming A Family Affair*, L.A. Times, Nov. 23, 1986, at A1; *see also*, National Coalition for the Homeless, *supra* note 67.

94. M.R. Stoner, *The Plight of Homeless Women*, Social Service Review 565-581 (December, 1983); *see also*, Baxter and Hopper, *supra* note 69.

95. Homelessness in America, 1982: Hearing Before the Committee on Banking, Finance and Urban Affairs, House of Representatives, 97th Cong., Serial No. 97-100 (Testimony of P. Bradford); *see also*, Baxter and Hopper, *supra* note 69.

96. *See supra* notes 70, 95.

97. K. Hopper and E. Baxter, "One Year Later: The Homeless Poor in New York City," Community Service Society, Institute for Welfare Research (New York, 1982).

98. National Coalition for the Homeless, *supra* note 23.

99. *Id.*

100. National Coalition for the Homeless, *supra* note 23; *see also*, National Coalition for the Homeless, "Safety Network 5," National Coalition for the Homeless (New York, 1988).

101. United States General Accounting Office, *supra* note 29.

102. National Coalition for the Homeless, *supra* note 23.

funding for FEMA as well as other homeless programs. The legislation appropriated funds to be used for immediate aid to the homeless for shelter, capital costs, food assistance, FEMA, physical and mental health services, transitional and supportive housing, rental assistance for the moderate rehabilitation and occupancy dwellings, veterans domiciliary space, and education. The McKinney Act was reauthorized for fiscal years 1989 and 1990.¹⁰³ Congress has also passed a two-year housing bill which provides increased funding for Section 8 Existing Certificates and Moderate Rehabilitation, 202/Section 8 Assistance, Section 202 Loans, Public Housing Operation Subsidies and Comprehensive Assistance Programs.¹⁰⁴

IV. CONCLUSION

The federal government has designed several programs for the homeless. However, most of these programs are temporary and focus on the short-term emergency problems of this population. By all indications, the number of homeless people in the United States has grown and will continue to increase. Therefore, there is now an immediate need for the federal government to develop a strategy for developing long-term coordinated measures to aid those who are currently homeless as well as to prevent homelessness.

103. National Coalition for the Homeless, *supra* note 53.

104. National Coalition for the Homeless, "Safety Network 6," National Coalition for the Homeless (New York, 1988).