

Interpersonal Violence and Homelessness: The Link

Prominent among the faces of homelessness are those of women and children, many of whom are homeless after leaving violent and abusive relationships. Research findings, coupled with experience of health care professionals in the field, tell us that interpersonal violence is highly associated with homelessness. Some studies report as many as half of all homeless women and children have experienced or are fleeing abuse.

Ellen Bassuk, MD, associate professor of psychiatry at Harvard Medical School and co-founder and president of The Better Homes Fund, believes that the implications for those who care for homeless women and children are "huge." Dr. Bassuk states, "Given the high prevalence of serious victimization among homeless women and children, all programs that serve homeless people must be trauma sensitive." While some women and children find shelter and assistance in programs specifically designed for victims of domestic violence, many others wind up in programs that serve a cross-section of homeless individuals.

Dr. Bassuk and her colleagues at The Better Homes Fund have developed resources to bring expertise gained through domestic violence programs and research to all

organizations that serve homeless individuals. A resource that is particularly useful for Health Care for the Homeless (HCH) programs is *Identifying and Responding to Violence Among Poor and Homeless Women* (The Better Homes Fund, 1999). This guide for providers presents detailed information on identification and assessment of trauma, safety planning, short and long-term treatment of trauma, and the importance of supportive provider/patient relationships that take the psychological effects of trauma into account.

Peter Sherman, MD, medical director of the New York Children's Health Project (NYCHP), a program of the Children's Hospital at Montefiore (CHAM) supported by the Children's Health Fund, concurs with Dr. Bassuk's call for greater understanding among health professionals of the impact of trauma, particularly on children.

Dr. Sherman believes that for every woman and child housed in a domestic violence shelter "there are probably ten more living in homeless shelters, bunked up with friends or relatives, or still living with their abuser...and they often go unrecognized, untreated, or inappropriately treated in our health care systems." For example, while the symptoms may be similar, children who are diagnosed with attention deficit/hyperactivity disorder (ADHD) may, in fact, be suffering from undiagnosed post-traumatic stress syndrome (PTSD). Dr. Sherman notes, "Treatment for these disorders is very different. It is critical that primary care physicians, nurses, and social workers who treat homeless children be trained to identify violence and victimization and deal with the effects of different levels of abuse."

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Tonie Burgos, Michael Lambert, and Peter Sherman, MD, of the New York Children's Health Project.

In This Issue

The theme of the 2001 National Health Care for the Homeless Conference in Washington, DC is "The Many Faces of Homelessness." This issue features the 'faces' of homeless youth and homeless women and children who have experienced violence and victimization.

We'd like to know about other successful programs that serve these individuals. Contact the HCH Information Resource Center at (888) 439-3300, ext 247.

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For more information...

Dr. Sherman and Ms. Burgos will present a workshop on "Domestic violence screening and intervention for children and families" at the 2001 National HCH Conference. The workshop is scheduled for Saturday, June 30 from 8:30 - 10:00 am.

To learn more about the Better Homes Fund, contact Ellen Bassuk, MD, at (617) 964-3834 or visit the website www.betterhomesfund.org. ▲

Join Us in D.C.

The 2001 National Health Care for the Homeless Conference will be held June 28-30 at the Hyatt Regency Washington on Capitol Hill.

A complete brochure and registration form is available online at Policy Research Associates' website at www.prainc.com/hch. Or contact conference registrar, Michele Dix, at 888-439-3300 ext. 242.

Meeting the Need: The New York Children's Health Project

The New York Children's Health Project (NYCHP) serves homeless persons throughout New York City, including children and families living in shelters, housing-endangered families, families affected by domestic violence, and unattached homeless youth including runaway adolescents and young people transitioning from foster care. The NYCHP operates five mobile medical units and provides care on-site in homeless shelters and one large domestic violence shelter. A New Access Points Grant from the Bureau of Primary Health Care (BPHC) provides funding for health care and case management services to women and children throughout the city who receive domestic violence services.

NYCHP provides comprehensive primary health care, 24 hour on-call availability, and facilitated referral for a full range of subspecialty services and inpatient care. Mental health services include assessment, counseling, early intervention and case management. A Community Advisory Board, co-chaired by Michael Lambert, program director,

and Tonie Burgos, a former consumer of services, provides advice and guidance to the program.

One Woman's Story

Today, Tonie Burgos leads a busy life. She directs SUCCESS4U, a goals development program, co-chairs the NYCHP Community Advisory Board, and is raising her eleven year old son in the apartment they share in New York City. Two years ago, after years of living in an abusive relationship, Burgos and her son found their way to one of New York's largest domestic vio-

lence shelters. When she arrived, she recalls that she had untreated medical problems, including a back injury she sustained as a result of abuse, and she needed physical therapy. Her son had health problems as well. Through the services of a NYCHP clinic on-site at the shelter, Burgos and her son received the medical care and social services they needed. She also credits NYCHP staff with helping her find the strength to create a new life for her family. She is thankful for their caring and competent support and remains active with the organization. As co-chair of the Community Advisory Board, she is continually listening to women at clinic sites about their aspirations, hopes, fears, and needs so that NYCHP maintains relevance and sensitivity to the people they serve. Burgos notes, "When women first arrive at shelters, many feel out of control and depressed...they are physically ailing and their self-esteem is shattered." From personal experience, however, she knows that programs like NYCHP can be a lifesaver.

Burgos' own experience led her to create and implement SUCCESS4U, a program designed to lay the groundwork for achieving life goals. Using SUCCESS4U as a model, she works with young people at Big Brothers Big Sisters of New York City. She believes the approach, which focuses on developing goals related to education, career, and personal growth and identifying tools and strategies to reach those goals, can be equally effective for women who have experienced domestic violence and are looking to rebuild their lives. "Short-term accomplishments can go a long way in giving a woman the self-confidence to make changes in her life."

For more information...

To learn more about the New York Children's Health Project, contact Michael Lambert at (212) 535-9779 or mlambert@montefiore.org

For information about SUCCESS4U, contact Tonie Burgos at (212) 686-2041 ext. 242. ▲

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Health Care for Homeless Adolescents: The Need

“Their needs are broad and their needs are deep”...Seth Ammerman, MD

Seth Ammerman, MD, assistant clinical professor at Stanford School of Medicine and medical director of Packard Children’s Hospital Health Van, describes the health care needs of homeless adolescents as pretty typical of those of other adolescents: asthma, colds, sore throats, skin conditions, menstrual problems, minor injuries and headaches. Then add sexually transmitted diseases, pregnancy, hepatitis, alcohol and drug abuse, depression and other mental illnesses. And then, add the problems that come with homelessness, like hunger, malnutrition, a lack of warm clothes, and discrimination. “What we have,” says Dr. Ammerman, “are very complex patients with multiple needs. There are a lot of untreated and under-treated medical problems. And with many of these kids, we have to go back and catch them up on their basic immunizations...services that we take for granted.”

Abby Lehrman, patient care navigator with Street Outreach Services (SOS) of the San Francisco Community Clinic Consortium (SFCC), echoes Dr. Ammerman. She emphasizes that injection drug use and high-risk sexual behaviors are of particular concern to her because they place homeless

youth at high risk for a number of serious health problems including HIV/AIDS, hepatitis B and C, violence, and victimization. Staff at the National Network for Youth confirm Lehrman’s fears. The organization estimates that the rate of HIV prevalence for homeless youth may be as much as two to ten times higher than rates reported for other samples of adolescents in the United States. Gretchen Noll, project director with the National Network, agrees that HIV infection is a very real threat among homeless adolescents and adds another concern. “A new and troubling trend is the increase in the number of homeless adolescents who have serious mental illness.”

Alan Shapiro, MD, supervising pediatrician of the New York Children’s Health Project, sees it all on the mobile medical van parked outside Street Work, an outreach program that serves homeless youth living on the streets, in subway tunnels, and in abandoned buildings (squats) in New York City. In addition to HIV/AIDS, high rates of mental illness, and all the other health conditions that plague homeless youth, Dr. Shapiro is concerned about “how marginalized street kids are...even in

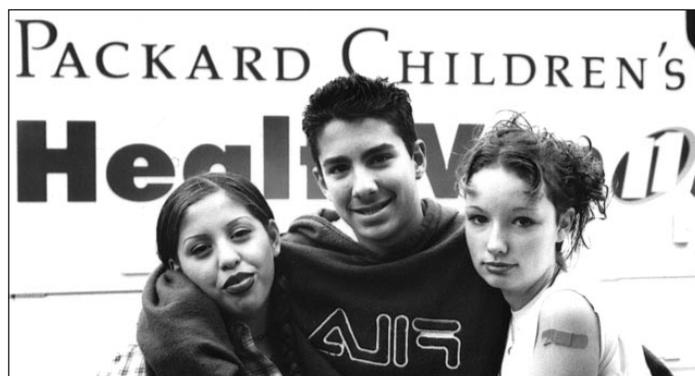
discussions of homeless individuals.” Dr. Shapiro reminds us, “Many of these kids are the products of parents whose lives were ruined by the crack cocaine epidemic in the early and mid 1980’s, and they have never had a stable family life or the supports needed to grow into healthy adults.” Many of the youth Dr. Shapiro has treated on the van have been in foster care for most of their lives. He believes that much more attention needs to be paid to the way children are transitioned from foster care to independent living.

Ammerman, Lehrman and Shapiro agree that the scope and severity of need among homeless youth cannot be underestimated. They also agree that the best way to serve these youth is to go where they are—shelters, drop-in and outreach centers, encampments, squats, and the street. The next hurdle is providing comprehensive and non-judgmental care that is culturally sensitive, age-appropriate, and demonstrates an understanding of the difficult circumstances of young people who are living without family or other formal physical, emotional, and psychological supports. Dr. Ammerman firmly believes “Building trust is the first step.” ▲

Health Care for Homeless Adolescents: What Works

The Packard Children’s Hospital Adolescent Outreach Program

Two days each week, Dr. Seth Ammerman, a specialist in adolescent medicine at Packard Children’s Hospital, and his health care team board a mobile medical clinic, the Health Van, and travel to agencies and organizations in Santa Clara County and San Francisco that serve homeless and at-risk youth. Collaboration is the key. From the van, the team provides comprehensive primary health care, all the services that youth would receive at a Children’s Hospital Clinic, while community-based organizations meet needs for food, shelter, clothing, counseling, job



Youth at the Packard Children’s Hospital Mobile Health Van.

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Health Care for Homeless Adolescents: What Works (continued)

training, legal aid, and schooling. It is one-stop shopping and eliminates a major barrier to care, navigating complex and difficult-to-access health and social service delivery systems.

The Health Van is staffed by a multi-disciplinary team including Dr. Ammerman, a nurse practitioner, a registered nurse, a nutritionist, a social worker, and a registrar/medical assistant. Medical students, residents, and fellows from the Stanford School of Medicine receive training while working on the van. Dr. Ammerman emphasizes the importance of the nutritionist, who helps homeless youth maintain healthy diets, and the social worker who provides case management, counseling and mental health support services. Adolescents with more serious health care problems, such as hepatitis or severe psychiatric illness, are referred for specialty care at the Children's Hospital. Dr. Ammerman credits the Health Van's high rate of return visits to several factors:

- Close collaboration with community agencies serving homeless youth
- Teen-sensitive staff who spend time to build trust
- A multi-disciplinary team that focuses on the needs of the 'whole' person
- The van serves an adolescent-only population
- Easy access to care with little bureaucratic 'red tape'
- Strong case management services
- A regular schedule of operation
- Distribution of snacks, clothing, hygiene kits, and other incentives

For more information...

Dr. Ammerman will present a workshop "Practical aspects of providing health care for homeless adolescents" at the 2001 National HCH Conference. The workshop is scheduled for Thursday, June 28 at 10:30 am -12:30 noon.

To learn more about the Packard Mobile Health Van, contact Dr. Ammerman at (650) 725-8293 or sethamm@msn.com.

San Francisco Community Clinic Consortium: Street Outreach Services (SOS)

The Street Outreach Services (SOS) Mobile Van travels the streets of San Francisco and, depending on its destination for the day, goes to parks, soup kitchens, drop-in centers, encampments, and other gathering places for homeless people. In certain neighborhoods, staff see runaway and homeless youth; in others they don't. "The kids stick to themselves," observes Abby Lehrman, patient care navigator with SOS. "They are wary of shelters for adults and stay away from them." The SOS Mobile Van is a direct service of the San Francisco Community Clinic Consortium (SFCC)



Abby Lehrman, patient care navigator, and Jill Jinks, Americorps volunteer at the SOS Mobile Health Van.

and is staffed by medical professionals from the Haight Ashbury Free Medical Clinic, the South of Market Health Center, the San Francisco Department of Public Health Services, and resident physicians from the University of California at San Francisco (UCSF).

SOS delivers basic medical care and provides a large amount of comfort. Lehrman, known as "the vitamin lady" on the streets, distributes food supplements, vitamins, blankets, clothes, hygiene supplies, bleach, condoms, and helps young people get services beyond the capacity of the van such as substance abuse treatment, mental health services, or more intensive medical and social services. Since a high proportion of homeless youth in San Francisco engage in high-risk sexual behaviors or drug activity, SOS takes a harm reduction approach. Individuals are counseled on ways they can adopt behaviors to reduce their risk for HIV and other sexually transmitted infections and hepatitis. SOS has also collaborated with a needle exchange program, Prevention Point, to set up a clinic for women at the needle exchange site.

SOS has a new initiative aimed at caring for homeless individuals with extensive health problems such as HIV/AIDS or serious mental illness. Lehrman, who has managed the Health Van for the past seven years, transports clients from one service agency to the next, helps navigate systems of care, and goes looking when they don't show up for appointments. SOS hopes that intensive case management will save seriously ill homeless people who might otherwise fall through the cracks.

For more information...

To learn more about the SFCC SOS Program, contact Abby Lehrman at (415) 345-4235 or alerh@sfccc.org. ▲



HCH Clinicians' Network News

Dr. Jack Geiger to Speak at Sixth Annual Membership Meeting

National HCH Conference participants are invited to the HCH Clinicians' Network Sixth Annual Membership Meeting, Thursday, June 28, 4:00-5:30 p.m., to hear distinguished guest H. Jack Geiger, MD, speak on "Racial and ethnic bias in American medicine: Symptom of a larger disease."

A founding member of Physicians for Social Responsibility, Dr. Geiger has devoted his professional career to

problems associated with health, poverty, and human rights. He initiated the community health center model in the United States, combining community-oriented primary care with public health interventions, civil rights protection, and community empowerment and development initiatives.

Network membership is open to any hands-on provider of care to homeless people. To learn more, visit the Clinicians' Network website at www.nhchc.org/network.html or call (505) 872-1151.

Changing Our Ways: Health Care's Greatest Challenge

"Habit is habit, and not to be flung out of the window by any man, but coaxed down stairs a step at a time."
Mark Twain, 1894.

*by Pat Post, Communications Manager
National Health Care for the Homeless Council*

Among the challenges facing clinicians and their clients is controlling chronic illness through lifestyle changes and adherence to treatment. For homeless persons, the task is complicated by factors beyond their control - limited access to water, a healthy diet, and a safe place to rest or heal.

Scientific research has demonstrated that for most people, behavioral change occurs gradually, in predictable stages—precontemplation (disinterest), contemplation, preparation, action, maintenance and relapse. The cycle is usually repeated several times before a new behavior is firmly established.¹

Homeless health care providers use many approaches to facilitate behavior change, at multiple levels of intervention—individual counseling, small group sessions, and facility or community-level interventions—to create policies and systems that promote desired behaviors.

Substance Abuse Treatment

"The biggest morbidities I see in teens are behavioral. The most widely abused substance is tobacco," says pediatrician Seth Ammerman, MD, Stanford University and Packard Children's Hospital, San Francisco. He urges clinicians to discover the motives for particular behaviors and what clients know about risks and benefits. "Don't assume anything," he advises. "Motivational interviewing should be tailored to a patient's cognitive level and developmental stage."

"Every illness people have and every body system is affected by the addictive drugs they use," warns Aaron Strehlow, RN, PhD(c), CS, FNP-C, NPNP, clinic administrator at the Union Rescue Mission, UCLA School of Nursing Health Center, in Los Angeles. "Whatever illness we are treating, we need to treat the substance abuse concurrently. Providers should present factual information about the physiological effects of psychoactive substances and avoid a judgmental attitude," he advises. "Promote readiness for addiction treatment through motivational interviewing, while addressing your clients' other health problems."

Chronic Disease Management

Cindy Schaefer, RNC, MSN, clinical nurse specialist at St. Anthony's in Evansville, Indiana, motivates and reinforces diabetes self-management skills through education and peer support groups. "Information from peers about what works may make a greater impression than advice from a clinician," she observes.

"When clients come to the clinic, my first priority is to listen to problems and bolster low self-esteem, which is often at the root of homelessness," says Jo Ann Lierman, PhD, ARNP, RNC, health and wellness coordinator at Redemptorist Center in Kansas City, Missouri. "Allowing them to express concerns gradually builds rapport and fosters receptiveness to educational information." Many homeless individuals have blurred vision as a complication of diabetes and hypertension. Lierman formats educational handouts in large print and uses language at the 3rd or 4th grade reading level and lots of graphics. She also educates shelter providers and soup kitchen volunteers about the dietary needs of persons with cardiovascular disease.

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The National Network For Youth: A Resource For Agencies Serving Homeless Adolescents

"Homeless adolescents can look remarkably like adults...but they have a whole host of different problems and some programs aren't equipped to respond"...Gretchen Noll, Project Director, National Network for Youth

Agencies that serve runaway and homeless youth face unique challenges in reaching and caring for adolescents who are without a home and find themselves in shelters, camped out with friends, or living on the street. The National Network for Youth, a national advocacy and youth development organization, is an important resource for Health Care for the Homeless (HCH) grantee organizations that wish to adapt their programs and services to meet the complex needs of homeless youth.

The National Network for Youth, founded over 25 years ago by youth services agencies throughout the country, is a membership organization dedicated to "the mission of ensuring that young people can be safe and lead healthy and productive lives." Today there are over 800 individual and organizational members and several affiliated regional and state networks. The National Network informs public policy related to youth services and regularly convenes groups of service providers, youth, and experts in youth development to discuss and develop new approaches and strategies around preventing homelessness among youth. National Network Issue Briefs highlight key issues that affect youth such as HIV prevention and treatment, sexual abuse and exploitation, and adolescents and health behavior theory.

The National Network also serves as a source of comprehensive youth services information and offers a wide range of training, technical assistance, consultation, and capacity building services. The National Network, which had its roots in an informal collabora-

tion of runaway youth programs, has retained a special interest and focus on the needs of runaway and homeless youth. HCH programs that have historically served homeless adults and now see an increase in the number of homeless adolescents can take advantage of National Network resources and expertise.

The National Network helps agencies design programs and services that are "youth-friendly" and responsive to the particular needs and circumstances of homeless adolescents. These youth have multi-dimensional needs and many have acquired survival skills, some of which involve high-risk behaviors, that aren't required by youth living in more stable environments. There are meaningful ways to involve youth in outreach, program planning, and service delivery that enhance a program's ability to successfully reach and retain homeless adolescents in care. The National Network works directly with agencies and links them to resources with-

in their own communities and geographic areas.

The National Network adheres to a philosophy of care, the community youth development model, which identifies and builds upon the strengths and assets within each youth and his or her broader community. Technical assistance from the National Network takes many forms, including on-site training and consultation, attendance at the Network's Annual Conference which showcases best practices, and accessing resources and training materials.

For more information...

Gretchen Noll will present a workshop "Runaway and homeless youth and HCH: Matching needs and resources," at the 2001 National HCH Conference. The workshop is scheduled for Thursday, June 28 at 2:00-3:30 pm.

To learn more about the National Network for Youth visit their website at www.nn4youth.org or contact Gretchen Noll at (202) 783-7949. ▲

National Network Resources and Training Materials

Safe Choices Guide: *HIV and Other STD Policies & Prevention Programs for Youth in High Risk Situations* is a training manual for community-based direct service youth workers. It provides basic information on HIV infection/transmission and provides individual and group interventions aimed at prevention.

Having A Place to Call Home: *A Compendium for Serving Youth in High-Risk Situations* highlights programs that have developed successful strategies in working with youth, outlines federal legislation and programs, research, and sources of foundation support for youth work.

Advancing Youth Development: *A Curriculum for Training Youth Workers* provides guidance and practical strategies for the integration of a youth development approach to working with youth in high-risk situations.

The complete list of resources and training materials is available at the National Network for Youth website at www.nn4youth.org



HCH INFORMATION RESOURCE CENTER *Connections*

Videos Reveal Faces of Homelessness

The HCH Information Resource Center video lending library has 120 titles on many aspects of homelessness — advocacy, children, mental health, and much more. Videos are available for loan, free of charge, to HCH grantees and subcontractors. To make your selection easier, the video catalog has some helpful features, including source and production date of each video, report on prior usage, and viewers' ratings. Highlighted below is a sampling of recent additions to the library.

- **It Was a Wonderful Life: Hidden Homeless Women.**

Jodie Foster narrates this chronicle of six former upper middle class women who became homeless. Many were left in dire financial straits following divorce, job loss, or illness - reduced to living out of cars or finding shelter with friends. With strength, humor and pride, they manage to survive. This award-winning video challenges our notion of who can feel secure in society. 60 minutes/1993. Contact: Filmmakers Library, 124 East 40th St., New York, NY 10016. (212) 808-4980. Web: www.filmakers.com. Cost: \$55 for non-profit groups.

- **Consumers Working as Providers: Improving Quality and Reducing Costs.** This video explores areas where mental health consumers work as providers of mental health services. Topics include cost savings, case

examples, hiring and supporting people in recovery, and transitioning from group therapy to peer support. Contact: National Empowerment Center, 599 Canal St., Lawrence, MA 01840. (800) POWER-2-U. Web: www.power2u.org. Cost: \$49.

- **Street Talk and Tuxes.** This video reveals the lives of individual street kids - their devastating histories and dreams for a brighter future - and follows them to the only annual prom for homeless youth in the country. Here, for a brief time, they strut, eat, dance, laugh, and forget their lives in a traditional rite of passage. 55 min./1998. Contact: Susan Shadburne Productions, 22D Hollywood Ave., Ho Ho Kus, NJ 07423. (800) 343-5540. Email: tmcndy@aol.com. Web: www.shadburne.com. Cost: \$100.

- **We Don't Leave Our Wounded Behind: A Program for Homeless Veterans.** This video looks at the critical needs of homeless veterans, including issues of poverty, discrimination, and despair. Disabled American Veterans creates partnerships with community groups to help those in need, and the video highlights the efforts of one group in Indiana that provides food, clothing, and health care to homeless veterans. 17 min./undated. Contact: Disabled American Veterans, 807 Maine Ave. SW, Washington, DC 20024. (202) 554-3501. Web: www.dav.org

How Can We Help You?

For more information, contact Patty Spaulding at the HCH Information Resource Center
Toll-free (888) 439-3300, ext. 247 E-mail: pspalding@prainc.com Web site: www.prainc.com/hch

Changing Our Ways (continued)

HIV Prevention

Clinicians at Columbia University in New York have developed innovative strategies to prevent the sexual transmission of HIV. "Our work addresses both the ecology and illness of our patients through individual and group sessions," explains Dr. Ezra Susser. His colleague, Dr. Alan Berkman, is using "peer educator activists" to reinforce learning through teaching others. "Almost no one changes

behavior on the basis of information alone," he observes. "You also need motivation, repetition, positive feedback, and acting out of new skills."

*For more information about behavioral change, see *Healing Hands, a publication of the HCH Clinicians' Network, available online at www.nhchc.org/hands.html.**

¹ Zimmerman GL, et al. A 'stages of change' approach to helping patients change behavior,

Am Fam Physician; March 2000; 61: 1409-16: www.aafp.org/afp/20000301/1409.html.

² Rollnick S and Miller WR. What is motivational interviewing? *Behavioral and Cognitive Psychotherapy* 1995; 23: 325-334: www.motivationalinterviewing.org/clinical.

³ Marlatt GA (Ed), Lewis DC and Abrams DB. *Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors*. Guilford Press, October 1998; ISBN: 1572303972

⁴ Susser E, et al. Human Immunodeficiency Virus sexual risk reduction in homeless men with mental illness, *Arch Gen Psychiatry*; March 1998; 55(3): 266-72. ▲



HRSA Announces New Health Care for the Homeless (HCH) Grantee

The Health Resources and Services Administration (HRSA) is pleased to announce funding of the *I.M. Sulzbacher Center for the Homeless* in Jacksonville, Florida. This new grantee will use the Federal funds awarded to increase existing primary medical services and move from a "free" clinic to an HCH model of care. Sulzbacher plans to provide oral health services and mental health services in addition to the primary care and substance abuse services required under section 330(h), and will expand their safety net to include over 6,000 homeless persons in the Jacksonville area. For more information on the I.M. Sulzbacher Center for the Homeless, check the HCH Directory on the web at www.prainc.com/hch.

New Publications of Interest

On January 24, 2001, the BPHC issued Program Assistance Letter (PAL) 2001-10, "*Understanding the Health Care Needs of Homeless Youth*." This timely paper discusses the health and social services needs of homeless youth and provides information about models of care delivery. The PAL is available on the BPHC website

at www.bphc.hrsa.gov/pinspals. Additional copies of the paper in booklet form may be requested from the HCH Information Resource Center at (888) 439-3300 or via e-mail at hch@prainc.com.

The BPHC has also published "*No Place to Call Home: An Overview of the Outreach and Primary Health Services for Homeless Children Program*." Distributed in late-May to all HCH grantees, this publication highlights the characteristics and service needs of homeless children and their families and the comprehensive, innovative services developed by the Homeless Children's Program in response to those needs. Copies of this paper are also available from the HCH Information Resource Center.

Funded through a cooperative agreement with the BPHC, The National Health Care for the Homeless Council (NHCHC) has completed two important papers of interest to the HCH field. "*Casualties of Complexity: Why Eligible Homeless People Are Not Enrolled in Medicaid*," by Patricia Post, was issued in May 2001. "*Homeless Veterans and Health Care: A Resource Guide for Providers*," by Marsha McMurray-Avila, was issued in April 2001. Copies of both papers have been mailed to all HCH grantees. Additional copies may be obtained from NHCHC at (615) 226-2292 or by e-mail at council@nhchc.org. In the near future, both documents may be viewed on the NHCHC website at www.nhchc.org.



Department of Health & Human Services

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Health Care for the Homeless
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