What follows is a brief description of steps 1 through 5, offering suggestions in each area relevant to planning for an HCH project. Steps 6 through 8 enter into the implementation and evaluation phases, which will be discussed in Part V.

1. Needs assessment – Describe the homeless population in the geographic area you plan to serve and the problems they experience.

Depending on the circumstances of your particular entry point into this process, you may or may not have different elements of the information necessary to assess the needs of people who are homeless in your community. For those who don't already have the data, here are some of the basic questions you need to ask and some ideas on how to get answers:

How many people are homeless in your community?

As discussed in Part I, it is extremely difficult to get consensus on how many people are homeless at the national as well as local level. This difficulty is due to several factors: changing or differing definitions of homelessness; different time periods sampled (one night vs. one year); the transiency of the population; the fact that many people are only temporarily or episodically homeless; and not least of all, the fact that many people do not want to be identified as homeless and avoid attempts to be counted.

Although it is not the same as counting the total number of people who are without homes, one substitute statistic can be obtained by documenting potential demand by counting the numbers of people who use homeless services agencies. Although the number of people who use a day shelter or meal program may not represent the actual number of people who are homeless in a community, or the actual number of people who would need health services, it's still a good place to start.

One caveat in this area – avoid declaring an increase in the population just because a particular agency saw more people than the previous year. It may be that the organization increased its service capacity and could therefore meet more of the need that before had gone unmet. Or they may have improved their outreach and referral mechanisms, or become more well-known in the community. Numbers showing an increase or decrease should always be qualified with what you know about the circumstances of the organization that provided them.

No matter how you arrive at your data, it is important in this numbers game to always be clear about the statistic you're using and honest about what it really means. Trying to make a square statistic fit into a round report without acknowledging the discrepancy will often get you into trouble later. It's better to state upfront what the limitations are in the numbers you're using, while still finding a way to make your case. Remember that the case you need to make here is that there are people who need the health services you are developing, not that you have unconditionally proven how many people are homeless in your town.

Also, don't forget to define the geographic service area you plan to serve (district, city, town, county, region, etc.) and make sure your numbers refer specifically to estimates for that same area. It is often helpful in the planning process to take a map of your service area and plot out where services are located and where people who are homeless are usually found.

What are the characteristics of people who are homeless – age, ethnicity, family status, length of time homeless, type of homelessness (temporary, episodic or chronic)?

Again, without doing an elaborate survey on the streets and in shelters, it is sometimes difficult to get this information. Ask other agencies that serve homeless people what information they have, bearing in mind that a program focusing on a particular segment of the population will obviously have statistics biased toward that group. For example, an agency serving families, while not able to give you information on the homeless population in general, would certainly have good data on the characteristics of families, and an overnight men's shelter could give you data on single men. You can also check with your local government - if they fund programs serving homeless people, they may already have some aggregate data from several agencies.

Where are the common locations where people who are homeless congregate for services or otherwise?

In addition to using your own powers of observation, you might want to check with any organizations that have outreach workers who are out in the community. Ask them what they've seen. Many times, just talking to several people who have been on the streets for awhile can help you locate the gathering points. Another possible source is your local police department. A sympathetic police officer who supports your attempt to initiate health care services for people who are homeless may have valu-

able experience on the street that can help define both locations where people hang out, as well as problems they may face.

What kinds of health problems and other needs can be documented in the homeless population?

If your organization already provides health services, this data may not be hard to get. If not, you may be able to get helpful information from a variety of organizations. Some may be able to provide actual statistics on prevalence of health or other problems. Others may only be able to give you anecdotal reports. As long as you don't draw unwarranted conclusions regarding the statistical magnitude of a problem, it is perfectly acceptable to use anecdotal information to illustrate the need, as well as being helpful for adding a human face to the numbers. Agencies and institutions you should contact include:

• Health agencies in your community, such as public hospitals, community health centers or the health department

• Hospital emergency room personnel

• Mental health centers

• Public detox centers

• Health care personnel who work in the jails

• Local churches, charitable organizations or travelers' aid programs

• United Way or some other organization that may operate a 24-hour hotline

You may find that you have no resources to help document the extent of health problems or other needs, but you have been able to verify the presence of people who are homeless in your community. In this situation you may want to resort to using national data or data from similar communities to make your case. For example: "Given that we have people without homes in our community, these are the kinds of problems we would expect them to have, based on the experience of similar communities."

2. Systems assessment - Describe the resources available to address the problems and the resulting gaps in services.

In addition to determining the needs of homeless people, you must also identify what resources already exist to meet those needs and identify the gaps in services. You will need to know what organizations are providing the following services: overnight shelter, day shelter, meal programs (including food pantries), clothing banks, travelers' aid, childcare, job development/job training, transitional housing, services for veterans, and any health care services including medical, dental, substance abuse or mental health services. You also need to be aware of public agencies providing social services assistance and what's available for people seeking welfare, food stamps, Medicaid, entitlements (such as SSI) or subsidized housing in your particular state. This is an arena that is changing dramatically and will vary greatly by state and locality, as many of the programs that used to be federally-based are moved to the state level.

Many cities or counties already have planning processes in place that may include a complete inventory of the social services available in your area. United Way, local coalitions, community action agencies, public housing agencies or any other designated public planning entity may have listings or directories. Check with these first before trying to start from scratch with your own survey of agencies. You don't want to end up wasting your time re-inventing the proverbial wheel.

In addition to knowing what services are available, it is important to understand the specific eligibility requirements for the given agencies and their capacities. The mere existence of a counseling program, for example, does not tell the full story. It may be restricted to veterans or to adolescents or to families, or it may have a prohibitive fee scale or its caseload may be so full that it has a three-year waiting list. Also, find out if a program is designed specifically to serve homeless people, or serves homeless people as part of a broader population. This may affect the accessibility and appropriateness of the program for your target population.

3. Problem identification – State the problem you intend to address.

Once the information has been gathered, it needs to be translated into a clear problem statement that defines the issues specific to your community. Some people may think the problem is so obvious that they don't need to state it. However, the way in which a problem is stated reflects a specific perception and also determines the direction you will go in find-

ing solutions. The problem statement is the basis for verbalizing the mission statement for the project.

For example, an organization that already provides health care may discover in their assessment process that the primary problem is lack of access to the services that already exist. Their mission would then include creating or improving that access. An organization in another community may find that the health care services just do not exist. Their mission would then include creation of the services themselves.

Many HCH organizations also include a commitment to advocacy in their mission statement. Since it is difficult, if not impossible, for people to be healthy as long as they're homeless (as discussed in Part II), then it follows that homelessness is the primary problem to be solved. Advocating for an end to homelessness in the lives of individuals and families is one approach to solving this problem. Advocating for the prevention of homelessness through changes in policies and attitudes is another. These are both valid elements to include in the problem statement and by extension in the organization's mission statement.

MISSION STATEMENT –
Birmingham Health Care for the Homeless Coalition, Inc.
The mission of Birmingham Health Care for the Homeless Coalition is to meet the needs of persons who are underserved, including homeless persons, by providing direct medical and health services; facilitating access to public benefits and available community-based resources; and through a coordinated, community-wide effort advocating and promoting solutions to the problems facing underserved persons.

MISSION STATEMENT –
Health Care for the Homeless, Inc. (Baltimore, Maryland)
We provide health-related services, education and advocacy to reduce the incidence and burdens of homelessness.

4. Goal and objective setting – Describe in detail what you want to accomplish.

Goals are long-range statements of what is to be accomplished, without quantifying the expected outcome. Although expected to be somewhat abstract, goals should neither be too vague nor too specific. One test for