

(continued)

via an \$8 million gut-renovation. Once the new facility is opened, it will serve as a transitional residence for 180 women and also provide drop-in services for an additional 50 women living on the streets and not yet ready for full-time social services. We anticipate signing and registering a 20-year contract with the NYC Department of Homeless Services for \$136 million during the course of 2003 and beginning the renovation. Nine months to a year later, we look forward to a gala opening of a facility (in mid-to-late 2004) which will take its place in a broad-ranging continuum of care for New York's homeless women.

Service Overview for 2002

In a year when the number of homeless youth reached a historic high in New York City (doubling in the last four years alone!), our medical and social service providers saw **2,108** children and adolescents. This represents almost one in three of the **6,962** men, women and children who were Care for the Homeless clients in 2002.

Of the **23,772** patient visits for primary care, clients received **13,118** physical exams, **3,375** immunizations, **3,061** TB screenings (involving **543** cases of positive PPDs and **7** new TB infections), and **551** HIV tests which involved staff in **1,405** pre- and post-test sessions. Additional visits included **6,820** for social service, HIV case management, substance use or mental health issues, **3,768** visits with a Health Educator, and **569** dental visits. Altogether **812** clients were treated for asthma, **346** for diabetes, and **213** for HIV/AIDS. Staff carried out another **2,112** one-to-one outreach visits with clients in an effort to assure that they were accessing needed medical and social services.

financial highlights - 2002

Revenue	
Public Grants and Contracts	\$3,289,564.00
Medicaid Reimbursements	\$1,459,307.00
Private Grants & Donations	\$476,492.00
Other (Investment Income)	\$4,003.00
Total Revenue	\$5,229,366.00
Expenses	
Program Services	\$4,366,259.00
Management & General	\$684,295.00
Fund Raising	\$5,082.00
Total Expenses	\$5,055,636.00
Excess (or Deficit)	\$173,730.00

Our Supporters in 2002

\$1,000 and above

Peter & Margaret D'Angelo
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institutional supporters

American Express Foundation
AOL Time Warner Foundation
Broadway Cares/Equity Fights AIDS
Foundation for Worker, Veteran and Environmental Health
H.E.L.P. USA
J. P. Morgan Chase Corporate Social Responsibility

Our Supporters in 2002 (continued)

institutional supporters (continued)

NYC Department of Health - Medical & Health Research Association - Ryan White Title I
NYC Department of Homeless Services
New York Community Trust AIDS Fund
NYS AIDS Institute - Ryan White Title II
Pace University Center for Community Service
Philip Morris Employee Fund
U.S. Department of Housing & Urban Development
U.S. Department of Health and Human Services-HRSA Section 330(h); Section 319; Ryan White Title III
United Hospital Fund of New York
United Way of New York City - SEFA/CUNY Appeal
van Ameringen Foundation

contracted providers

Bedford Stuyvesant Family Health Center (Brooklyn)
Institute for Urban Family Health (Manhattan)
Montefiore Medical Center (Bronx)
New York Hospital Medical Center (Queens)

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Note about Estate Planning

While it is generally understood that a will ranks high among personal legal documents, more than 70% of American adults do not presently have a valid will executed. To help support our multiple interventions on behalf of homeless men, women, and children for as long as New York's crisis of homelessness lasts, we ask that you consider making a bequest to Care for the Homeless for general support. An essential complement to public funding, private philanthropy enables Care for the Homeless to maintain stable services, retain qualified staff, and so provide both personal and skilled services to our clients.

Care for the Homeless

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Care for the Homeless

ANNUAL REPORT

2002



Care for the Homeless Nurse Practitioner, Debbie Barrow, who is about to accompany Citizens Advice Bureau's Homeless Outreach Team, stops for a photograph with two clients from CAB's Living Room in front of the van from which she delivers care for homeless street people in need of medical attention.

Dear Friends,

The persistent crisis of homelessness made headlines in 2002—and not just in New York City either. Both the print and electronic media kept up a constant drum beat, making the record numbers of homeless people in our city and huge increases in cities like Trenton, Denver, Chicago and others nationwide into a genuine Big Story. Even among those with homes, more Americans became dependent upon soup kitchens and emergency pantries in 2002 than have done so since the days of the Great Depression.

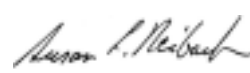
But there were other aspects of this year's Big Story that offered homeless advocates a small dose of hope. In the media, National Public Radio waged a year-long reporting project called *Housing First* to focus more-than-sporadic attention on the inevitable "bill for homelessness and poor housing." Federally, where a malign neglect of housing issues took root two decades ago, new attention began to be paid to the more than 200,000 chronically homeless persons—many mentally ill—who lack both housing and the services to keep them housed. Here in New York City, even as our economy continues to reel from the devastating effects of the 9/11 attacks, the Bloomberg Administration is seeking to build its way out of the morass by creating 27,000 new units of affordable housing over the next five years. But even that many new units of housing will not solve the crisis of affordability or availability of housing as an estimated 750,000 people live doubled and tripled up in others' homes and apartments, but one argument away from the street.

At Care for the Homeless, we have sought to do more than ride the coattails of the Big Story. At City Hall, as well as in Albany and Washington, we have joined the public debate, fought for necessary resources, and gone out on a limb to redevelop new and more adequate facilities for homeless women, in particular. But we have also dedicated ourselves to listening and responding to the smaller stories of homeless people. Midway through the year, we were able to take on two student interns from Pace University as Sloan Scholars who helped document the impact on homeless people of the devastation and dislocation that resulted from the September 11th outrage by collecting stories about their struggles and successes. Thanks to an additional grant through the Dean of Pace's Dyson College from its Center for Community Outreach, we continued to create *From the Client's Perspective* as a resource for staff, clients, and our own public policy work.


One such story comes from one of our Intensive Case Managers of a woman with multiple medical problems and three children who was moved into an apartment that was

not wheelchair accessible. Becoming house-bound and depressed, she was up and against the rule that does not allow a client with a rent voucher to move for at least one year. But our federally funded (HUD) case managers follow their clients when they leave the shelters, so our staff collected medical documentation, tackled the system, and got her moved to an accessible apartment. A small victory, perhaps, but one that has an enormous ripple effect for her and her three young children.

These are but some of the ways that the staff at Care for the Homeless have kept our eyes trained on both the Big Story of homelessness in New York City and alleviated its impact in the lives of our clients. We thank all our supporters and ask that you take note of the program initiatives reported on in this Report. In a time of great fiscal constraints, we seek to stretch every grant and donation dollar to the limit and invite your generous support as we continue to assist homeless New Yorkers.



Susan L. Neibacher
Executive Director



Paul R. Seymour
President

2002 Program Update

Medical Outreach

When Nurse Practitioner Debbie Barrow began traveling with members of the Citizens Advice Bureau's Homeless Outreach Team in June 2002 to provide primary health care to street dwellers, she had no idea she would be traveling in territory, which—while geographically familiar—looked different because of the way homeless people used it. She found her patients huddled near dumpsters behind a Kentucky Fried Chicken, hidden from view in ill-lit hallways, under layers of old quilts, in sturdy corrugated encampments, or behind a rocky escarpment. It took a while, but she has learned how to identify them by an odd limp, a shy walk, or by the hurt in their eyes. The work is both personally and professionally challenging as she develops creative treatment modalities on the spot for a man with an untreated bullet wound, for an addict who is trembling and weeping from drug withdrawal, or for an alcoholic wracked with fear, not willing to get sober. "Meeting them where



they are is a lot harder than it seems," she says. "I end up bargaining with them. It's hard for me to say it's OK when they won't accept my standards of what's health and what's sickness."

So she uses alternative treatments: antibiotic injections or anti-hypertension patches in place of pills which help ensure some adherence to an agreed-upon health care plan as she makes her rounds with the case managers. The clients look out for her as well so that others like themselves can receive care from someone who addresses their physical ailments, but who also looks beyond their torn and wounded selves. "What sends me home to ponder and cry, at times, are not their wounds or injuries," Debbie told us, "but their mental, emotional and spiritual pain, and their need to be held, more than anything else."

By the end of the year, she cared for 192 clients during her street-clinic hours, often engaging people once resistant to the outreach team's efforts. When possible, she refers them to our medical team at the CAB's Living Room, where their medical care can be continued and followed up by other members of the team, including our intensive case managers for HIV+ and mentally ill clients. When necessary, and she is successful hospitalizing clients, she sees to their admission, following them, and coordinating their care while they are inpatients.

Disaster Relief Medicaid

Created in the wake of 9/11, Disaster Relief Medicaid (DRM) enrolled a phenomenal 370,000 uninsured New Yorkers in Medicaid. But DRM—rapid, simple and virtually paper-free—ended on January 31, 2002, forcing these newly-insured New Yorkers to re-enroll for coverage through the old, labor-intensive, documentation-heavy application process. For the rest of the year, Care for the Homeless worked with a group of health care advocates, convened by the United Hospital Fund, to educate DRM beneficiaries about re-applying for coverage, to monitor the transition process, and to advocate for removing barriers to their re-enrollment.

Having three youthfully energetic interns documenting the harsh effects of re-enrollment on the lives of poor people gave Care for the Homeless real-life stories with which to continue arguing for simplifying the Medicaid application process. Together with other foot-soldiers in the New York City Task Force on Medicaid Managed Care, our interns pounded the pavement visiting Medicaid offices during the summer of 2002 and interviewing almost 200 New Yorkers

applying for Medicaid. To see the published report (*Lost in the Medicaid Maze*) and learn about other Care for the Homeless health policy work, visit our website at www.careforthehomeless.org.

Pediatric Mental Health Project

Just before Thanksgiving, Care for the Homeless received a two-year grant from the **van Ameringen Foundation** to provide mental health services to children at the Jackson and Nelson Avenue and Thorpe Family Residences in the Bronx. An outgrowth of our Intensive Case Management team's work with parents in the same shelters, this largest grant of private philanthropy we have ever received will allow us to bring together the services of a pediatric mental health clinician, a psychologist, and a psychiatrist to treat children in families affected by mental illness. Integrating these services with Care for the Homeless's primary care delivery will benefit our youngest clients and positively impact upon the whole milieu at the three targeted family residences. Children who are evaluated as needing psychiatric follow-ups will receive on-site services, helping them develop coping behaviors and engage in anger management, boosting their failing self-esteem, and checking their hostile behaviors. We look forward in the coming year to our clinicians' broadening and deepening the kinds of service we can provide to beleaguered homeless families as we seek to duplicate this intervention in yet more family shelters.

"If you build it, they will come..."



All throughout this year, we made measured progress on our efforts, begun in 2000 when the Kingsbridge Women's Assessment Center was closed, to re-launch services for homeless women in the Bronx. Before the year was out we were awarded a substantial recoverable grant from the **J. P. Morgan Chase Co. (Corporate Social Responsibility)** allowing us to engage architects to begin design drawings and construction documents for what will eventually transform a facility at 1911-21 Jerome Avenue

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