
City of Philadelphia
10-Year Plan to End
Homelessness

*Recommendations for
Intake, Emergency Shelter
and the Housing System*

**Prepared for the Mayor's Task Force to End
Homelessness**

**John F. Street, Mayor
Pedro A. Ramos, Esq., Managing Director
Dainette Mintz, Deputy Managing Director**

May 2007

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Prepared by the Center for Urban Community Services

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Executive Summary

In the spring of 2006, the City of Philadelphia asked the Center for Urban Community Services (CUCS) to conduct an assessment and develop recommendations for several aspects of the implementation plans for the *10-Year Plan to End Homelessness: Creating Homes, Strengthening Communities, and Improving Systems*. Specifically, CUCS evaluated the emergency intake and shelter system; examined the transitional and permanent housing options for homeless families and individuals and determined the appropriate mix and volume of housing required to address the current unmet need of housing for homeless individuals and families.

In order to complete the assessment, CUCS drew on both quantitative and qualitative data. For the quantitative research, CUCS examined consumer data on: demographics, income and benefits, histories of complex life challenges and recidivism, and destinations upon exiting emergency, transitional and permanent housing. Additionally, CUCS evaluated aspects of transitional and permanent supportive housing programs such as length of stay, turn-over rates, costs, and other outcomes. CUCS relied on data from the Office of Supportive Housing (OSH) Homeless Management Information System (HMIS), The Division of Social Services Database Cross Agency Response for Effective Services database (DSS CARES), OSH Transitional Housing Database, and HUD Annual Performance Reports (APRs) to carry out the assessment. Analyses of these databases were performed by OSH staff, University of Pennsylvania Center for Mental Health and Services Research, and CUCS.

The qualitative research included interviewing and working with a wide variety of key informants. CUCS conducted key informant interviews and focus groups with government officials, OSH staff, housing policy specialists, advocates, community members and providers and consumers of emergency, transitional and permanent supportive housing. CUCS worked in collaboration with OSH staff and received support on data collection and recommendations from both the Housing Work Group and Intake and Shelter Work Group of the Mayor's Task Force to End Homelessness. The study team conducted site visits to intake centers and emergency and transitional housing facilities. Additionally, CUCS presented data to and received guidance from the Mayor's Task Force, the Action Leadership Team as well as the Steering Committee for the 10-Year Plan to End Homelessness.

Following are the key findings from the assessment:

- Homeless people are poor and do not have adequate income to pay rent without subsidies or help obtaining better employment.
- Obtaining a housing subsidy reduces the likelihood of returning to shelter but subsidies are extremely difficult to access and very limited in availability.
- A family could obtain a housing subsidy for one year at less than the cost of sheltering them for 95 days.
- Philadelphia has relatively short stays in emergency shelter, but rates of return to shelter are high.

- There is a relatively high rate of disability and other obstacles to housing stability among the homeless population.
- Transitional and permanent supportive housing are not centrally administered to ensure priority access for high-need shelter users.
- TH helps people (especially families) to increase their incomes, obtain employment and access subsidized housing. However, there is a cohort of people who are failing in transitional housing. And, while permanent supportive housing is effective for many residents, there is a cohort that is not succeeding.

In order to address the key findings of the assessment and to provide concrete next steps for the future, CUCS created recommendations around Intake and Emergency Shelter, Housing and Overall System Issues. Following are the Intake and Shelter recommendations from the assessment:

- Create a new assessment tool or acuity index to use at the point of shelter intake to determine level of services needed and if homeless diversion or rapid relocation is possible. Also, identify (“flag”) recidivists at intake and focus extra efforts and provide specialized services immediately upon re-entrance to the system.
- In response to the need to close Ridge Avenue, decentralize intake for single men by creating 2-3 smaller centers or include intake beds in new shelters as they are designed/opened. Create an additional family intake center.
- Ensure that there are behavioral staff at intake centers to conduct assessments for persons with mental illness.
- For persons who have employment income and had their own housing before, consider providing a cash benefit to assist in rapidly securing an apartment. Conduct further and deeper analysis of available data to confirm the existence of potential recipients of this benefit.
- Create Engagement Centers where persons living on the street can access services and be assisted to obtain shelter and housing. Support the current proposal for engaging chronic street population.
- Consider renaming shelters “emergency housing”
- Continue to focus on rapid relocation from emergency shelter to permanent housing with more intensive services targeted to those who are not moving out or those who are repeated users of emergency housing. Consider using Transitional Housing for people who do not move or have returned to shelter.
- Provide regular updates to assessments to ensure that homeless persons are receiving the services they require and are moving through emergency housing system as quickly as possible.
- Create specialized shelters for persons who would benefit from particular accommodations and services to meet their specific needs. Support OSH recommendations to add new program models. Additionally, through greater control over access and program models, use existing transitional housing to target specific homeless sub-populations in need.
- Create more low-demand or safe haven facilities. Continue to fund/support overnight drop-in centers.

Following are the Housing recommendations from the assessment:

- Increase the affordable and supportive housing stock and the availability of housing subsidies.
- Prioritize the use of HUD McKinney funds for new projects for single adults who are repeatedly homeless or homeless for long periods of time.
- Create new permanent supportive housing projects for families.
- Develop mixed population serviced-enriched housing projects with units for low-income people and homeless persons with special needs.
- Create a rental assistance demonstration project and seek state funding for it.
- Increase the homeless set-aside in the Housing Trust Fund to at least 10%.
- Support current proposed legislation on inclusionary zoning to foster the creation of affordable housing specifically aimed to serve very-low income and homeless persons. Continue making recommendations to modify the legislation to make it a viable resource to address homelessness.
- Create a “Transition in Place” program that allows persons in scatter site transitional housing to remain in their housing permanently while services and the rent subsidy sunsets after a period of time or is replaced with another housing subsidy if available.
- Better understand the intersection between CODAAP and PSH (populations and systems) and ensure CODAAP/DBH assumes an appropriate level of responsibility and cost for housing individuals exiting treatment.
- Access to transitional and permanent supportive housing should be centralized and an assessment tool should be developed to match clients to appropriate housing options. More intensive and costly services should be targeted to people with one or more barriers to stability and those who are repeatedly homeless.
- Consider targeting transitional housing units to families and individuals facing multiple life challenges and barriers as well as to repeat users of the emergency housing system.
- Examine the Housing First program to ensure that all resources are being effectively utilized.
- Create an Interagency Council on Homelessness to address the housing and system recommendations and to ensure that all appropriate City agencies are working to execute the tasks.

Following are general recommendations regarding additional aspects of the homeless housing system:

- Develop routine HMIS analyses and reports to be run quarterly and reviewed by OSH executive staff.
- Consider developing a more extensive evaluation/monitoring process for the HUD and OSH funded transitional and permanent housing programs.
- Provide training to all emergency, transitional and permanent supportive housing case managers on entitlements for homeless individuals and families to increase access to benefits such as SSI, Medicaid, Food Stamps and Veterans Benefits.
- Consider participating in campaigns to increase the TANF housing allowance.

Philadelphia's 10-Year Plan to End Homelessness

Recommendations for Intake, Shelter and the System of Housing and Services

Introduction

The Assessment

In order to address the critical problem of homelessness in the City of Philadelphia, in 2004, Mayor John Street directed a mayoral task force to develop a 10-Year Plan to End Homelessness. In the fall of 2005, the *Ten Year Plan to End Homelessness: Creating Homes, Strengthening Communities, and Improving Systems* (the "10-Year Plan") was completed. This document outlined the major principles and goals involved in ending homelessness in Philadelphia. In the spring of 2006, the Center for Urban Community Services (CUCS) was asked to assist in the development of some of the implementation plans that were being developed for each of the eight goals in the 10-Year Plan.

The specific charge to CUCS was to conduct an assessment of the emergency, transitional and permanent housing systems and provide recommendations regarding: 1) the appropriate mix and volume of housing types for homeless families and individuals that are needed for persons to exit the homeless system, 2) the existing shelter configuration (number, size and types of shelters) and need for alternative models, and 3) the shelter intake process and changes needed to ensure that it is efficient, effective and humane. The purpose of this assessment and recommendations are to help ensure that the City of Philadelphia is able to provide safe and appropriate emergency accommodation and high quality housing and services to homeless families and individuals consistent with the 10-Year Plan.

For this project, the assessment team examined the current emergency housing intake process; evaluated the emergency housing configuration (number, size and types of shelters) and determined the appropriate mix and volume of housing types (transitional, permanent supportive, housing subsidies) to meet the needs of homeless families and individuals. The study also reviewed extensive quantitative data on the clients who use the emergency system as well as the programs that serve them. CUCS also conducted an unmet housing needs analysis and projected the costs of future housing projects and subsidies. The assessment was conducted in collaboration with the Office of Supportive Housing and the following 10-Year Plan Committees: the Housing Work Group, the Intake and Shelter Work Group, the 10-Year Plan Steering Committee and the Action Leadership Team. Data and findings were presented to the Mayor's Task Force of the 10-Year Plan to End Homelessness at their sessions in May and December of 2006.

In an environment of decreasing housing options, financial constraints, and an affordable housing shortage, a primary goal of this assessment was to make recommendations that make effective use of the limited resources that do exist and to take advantage of potential opportunities for additional resource development. The results of this assessment are presented in a series of key findings and recommendations designed to help guide in the development of homeless housing policy and decisions regarding the use of funds for future housing and shelter options in Philadelphia.

The Current Homeless Situation

Homelessness has been on the rise in Philadelphia as housing prices soar, real incomes decline and funding for affordable and subsidized housing is limited. On the night of January 25, 2006, there were approximately 3100 persons living in emergency shelters and about 300 persons living on the streets of Philadelphia, an increase of 22% over a three-year period. (Office of Supportive Housing, 2006).

While the number of homeless persons in the emergency system is increasing, another problematic aspect of the homeless situation is recidivism within the emergency housing system. There is a large cohort of homeless individuals and families who are cycling in and out of shelters unable to permanently exit the emergency housing system and achieve housing stability. Data reveal that 40% of single men, 27% of single women and 13% of families who had a shelter stay in 2005 had 4 or more shelter stays between 2000 and 2005. Recidivism within the emergency housing system is costly to the City and leaves homeless individuals and families without the housing resources and services they need to become independent and stably housed.

A Snapshot of the Homeless System

Currently, for homeless families and individuals, entry to the emergency housing system begins at the Intake Centers: Family Reception and Eligibility Determination (FRED) for families and single women (Eliza Shirley after hours) and Ridge Avenue for single men. Persons who enter the intake centers are then either diverted from homelessness or placed in emergency housing. To address the need for emergency housing beds, the City contracts approximately 2900 emergency housing beds (including overflow and seasonal beds) from private organizations and adds additional capacity as needed. However, in the fall of 2006, the Mayor, requested a plan to revamp the emergency intake system, expand capacity to meet the increasing need for shelter beds and create program-specific emergency housing facilities.

As part of the housing continuum of care for homeless families and individuals, there are approximately 3900 transitional housing beds and another 250 under development. There are also approximately 4200 units of permanent supportive housing and another 560 beds under development. There is a great demand for additional permanent supportive housing units; most programs have very low vacancies and not-for-profit sponsors maintain extensive waiting lists.

Methodology

In order to complete this assessment, CUCS drew on both quantitative and qualitative data. For the quantitative research, CUCS examined consumer data on: demographics, income and benefits, histories of complex life challenges and recidivism, and destinations upon exiting emergency, transitional and permanent housing. Additionally, CUCS evaluated aspects of housing programs such as length of stay, turn-over rates, costs, and outcomes. CUCS relied on data from the OSH Homeless Management Information System (HMIS), The Division of Social Services Database (DSS CARES), OSH Transitional Housing Database, and HUD Annual Performance Reports (APRs) to carry out the assessment. Analyses of these databases were performed by OSH staff, University of Pennsylvania Center for Mental Health and Services Research, and CUCS.

The qualitative research included interviewing and working with a wide variety of key informants. CUCS conducted key informant interviews and focus groups with government officials, OSH staff, housing policy specialists, and providers and consumers of emergency, transitional and permanent supportive housing. CUCS worked in collaboration with OSH staff and received support on data collection and recommendations from both the Housing Work Group and Intake and Shelter Work Group for the 10-Year Plan to End Homelessness. CUCS conducted site visits to intake centers and emergency and transitional housing facilities. Additionally, CUCS presented data to and received guidance from the Mayor's Task Force to End Homelessness and the 10-Year Plan Steering Committee.

The Center for Urban Community Services

CUCS' mission is to end homelessness for as many people as possible and to ensure that low-income individuals and families, particularly those with mental illness, HIV/AIDS or other disabling conditions, can live successfully in the community. CUCS is the nation's largest provider of social services in supportive housing as well as a comprehensive human services agency that implements new practices, actively shares its knowledge and assists in shaping local, state and national strategies and systems.

CUCS' work is conducted on three mutually-reinforcing levels: Direct Services – CUCS offers a range of programs and services to more than 14,000 individuals and families in New York City who are homeless or formerly homeless, low-income, living with mental illness or who have other special needs. Training and Consultation – CUCS' Housing Resource Center shares knowledge with several thousand direct care staff annually and has provided consultation and technical assistance to hundreds of organizations and government agencies throughout the nation. Systems Change – CUCS shapes systems by making effective models standard practice nation-wide; by working with government entities and coalitions of public and non-profit organizations to develop strategies for meeting local goals; and by leveraging our expertise to affect public policy that meets the needs of our constituents. The CUCS staff who conducted this study include Suzanne Wagner, Liz Isaacs and Myles Wensek.

Organization of the Report

This report begins with a *Methodology* section which details the process of data collection and the qualitative and quantitative strategies utilized to obtain and analyze the data. The *Key Findings* section describes the most notable results from the data collection and analysis. In the *Data Summary* section, highlights of the quantitative analysis are presented. (The full set of data tables is located in Appendix 2.) The *Recommendations* are divided into sections that lay out concrete suggestions for next steps in three areas: 1) Intake and Shelter, 2) Housing and Systems Strategies and 3) General Suggestions related to data analysis, program monitoring and increasing income for OSH clients.

The Appendices, which follow the main sections of the report, include:

1. References, Data Sources and Key Informants
2. Data Tables
3. System Flowcharts of Single Adults and Families through the Emergency, Transitional and Permanent Supportive Housing System
4. Gaps/Unmet Need Analysis
5. Best Practices in State and Local Housing Programs
6. Cost Projections
7. Mayor's Task Force Presentations from 5/12/06 and 12/1/06

Methodology

Overview

For this assessment, CUCS evaluated three aspects of the system in Philadelphia including: 1) the current intake process into the emergency system; 2) the emergency housing configuration (number, size and types of shelters), and 3) the transitional and permanent housing options available for homeless families and individuals who are exiting the emergency system. In order to examine these components of the homeless system, and to present key findings and create recommendations on the above, CUCS collected data on consumer demographics, income and benefits, histories of complex life challenges and recidivism, presenting problems, length of stay, and destinations upon exiting emergency, transitional and permanent housing. Additionally, CUCS evaluated aspects of transitional and permanent supportive housing programs such as length of stay, turn-over rates, costs, exit destinations, and other significant outcome measures.

The study relied on both quantitative and qualitative data collection methods to complete the assessment. For the quantitative research, CUCS utilized data from the OSH Homeless Management Information System (HMIS), The Division of Social Services Database (DSS CARES), OSH Transitional Housing Database, and HUD Annual Performance Reports (APRs) to carry out the assessment. Analyses of these databases were performed by OSH staff, University of Pennsylvania Center for Mental Health and Services Research (U Penn Center), and CUCS. In order to understand the characteristics and specific housing and support service needs of certain populations, CUCS attempted to collect and analyze demographic data by race, age, gender, and household composition. However, in some cases, data were only available in the aggregate and examining specific populations separately was not possible. Additionally, data from other studies done in Philadelphia was used to fill gaps in the analysis.

The qualitative research entailed interviewing and working with a wide variety of key informants. CUCS conducted key informant interviews and focus groups with government officials, OSH staff, housing policy specialists, and providers and consumers of emergency, transitional and permanent supportive housing. CUCS worked closely with OSH staff and met regularly with the Deputy Managing Director and her deputies. CUCS received support on data collection and recommendations from both the Housing Work Group and the Intake and Shelter Work Group for the 10-Year Plan to End Homelessness. CUCS conducted site visits to intake centers and emergency and transitional housing facilities and interviewed line-staff and consumers at these locations. Additionally, CUCS presented data to and received on-going guidance from the Mayor's Task Force as well as the Steering Committee for the 10-Year Plan to End Homelessness.

For a complete list of references, data sources and key informants, see Appendix 1.

Emergency Housing Intake: Consumers and the Intake Process

In order to capture information on consumers utilizing the intake centers and to get a better understanding of the reasons persons present at intake, OSH staff provided HMIS data on demographics and presenting problems of clients who entered the intake centers during the first quarter of 2006. Because the HMIS system is still under development, the data are aggregated and were not able to be disaggregated for families and singles.

CUCS also relied on key informant interviews with OSH administrators, line-staff, providers of emergency housing as well as consumer focus groups and site visits to understand and assess the intake process. The study team conducted site visits to both the intake center for families and single women at FRED and Eliza Shirley and the intake center for men at Ridge Avenue and interviewed staff at both locations. In addition, we conducted interviews with consumers who had gone through the intake process at the centers. As part of the evaluation of the intake process, CUCS, in collaboration with OSH staff created a list of the steps involved in the intake process and presented that information to the Intake and Emergency Shelter and Housing work groups.

Emergency Housing Consumer Demographics and Characteristics

In order to understand who is utilizing the emergency housing facilities, and to make recommendations around meeting the housing and support service needs of consumers, CUCS worked with U Penn Center to look at demographic and other key data captured through HMIS on consumers. U Penn Center analyzed the HMIS shelter data on race, age, ethnicity, gender as well as length, duration and number of shelter stays for the 14,999 persons who had a shelter stay in 2005. U Penn Center was able to separate the data for single adults and families ran cross tabulations on a number of variables.

CUCS also worked with the OSH staff to analyze HMIS income data for a three year period beginning in July 2003. Income data were only available in the aggregate and were not able to be analyzed separately for single adults and families.

In addition to the quantitative data collection, CUCS relied on key informant interviews with government officials, OSH staff, providers and focus groups with consumers to assess the disabling conditions, income, factors contributing to homelessness, and housing and service needs of clients.

Complex Life Issues

It is well-established that many consumers are living with complex life challenges that contribute to their housing instability and homelessness. We were able to gain some information on characteristics of consumers that may affect their service and housing needs by looking at the results of several DSS CARES queries. The DSS CARES database is able to match homeless consumer records across multiple agencies in order to provide data on which systems of care consumers have accessed. DSS CARES provided

data on homeless persons with histories of mental health disorders and substance abuse by matching the Department of Behavioral Health (DBH) records with HMIS. DSS CARES was also able to match HMIS clients with the Department of Corrections records to show which clients had been in both systems. Because at the time of this assessment the DSS CARES database was under development, there were limitations to what information the database was able to provide. All of the data that were available were in the aggregate and did not separate out families and individuals.

Long-term Stayers and Recidivism

Data from key informant interviews revealed that there were many homeless persons cycling in and out of the emergency housing system. To better understand this phenomenon, CUCS looked at the 2005 HMIS data on persons with multiple stays and long-term stays in the emergency housing system. U Penn Center conducted the analyses on the 9468 single individuals and 2011 families who had shelter stays in 2005 and analyzed the number and duration of shelter stays in the past. We examined a five-year time period from 2000-2005 to understand recidivism; quantitative data from HMIS confirmed key informant interviews that a substantial number of homeless individuals and families had utilized the emergency housing system multiple times during this time period.

CUCS reviewed secondary research on long-term stayers, recidivists, and the chronically homeless for this assessment. Specifically, CUCS drew on research conducted by Maguire and Culhane on characteristics and service utilization of chronically homeless individuals; these researchers provided important data on this critical population.

Street Homelessness

Because persons living on the street are currently not part of the OSH HMIS system, CUCS was unable to conduct the same type of analyses on this population that was possible for the sheltered population. However, we were able to use data from the annual street count conducted for the HUD Exhibit 1, as well as the quarterly street count conducted by the Outreach Coordination Center, operated by Project HOME, to get an understanding of the number of persons living on the streets in Center City and other select areas of the jurisdiction.

In addition to the count information, the Outreach Center keeps records on street encounters and was also able to provide anecdotal information on consumers living on the street. Data from Project HOME's Grace Café, a winter drop-in center, on support service needs of consumers, also were helpful in assessing the housing and service needs for the street homeless.

Emergency Housing Facilities

As part of data collection to determine the number, size and types of emergency housing needed, CUCS conducted site visits to 13 emergency housing facilities and interviewed line staff at each location. A standard set of questions was used in each of the site visits to assess: housing and service needs of clients, trends in demographics, length of stay, recidivism, service and shelter provision, previous housing situations, presenting problems, exit destination from shelter and other program outcomes. In addition, CUCS conducted two consumer focus groups: one at People's Emergency Center and another at My Brother's Place to get consumer views on the emergency housing facilities.

Transitional and Permanent Supportive Housing: Consumers, Program Outcomes and Successful Strategies

To assess the demographics of the consumers and the program outcomes for the transitional and permanent supportive housing programs, CUCS relied primarily on the data from the most recent HUD Annual Performance Reports (APRs) that programs submitted. These data provided information on client demographics as well as length of stay, reason for leaving, destination, capacity, turn-over, income/benefits at entry and exit, prior living situation, and special needs of consumers. Data were analyzed on 6 Transitional Housing programs for single adults; 14 Transitional Housing programs for families; and 5 Transitional Housing programs serving both singles and families. Together these transitional programs serve over 500 households at a given point in time. APR data on permanent supportive housing programs included both HUD SHP and Shelter + Care programs as follows: 27 Permanent Supportive Housing programs for single adults; 12 Permanent Supportive Housing programs for families; and 11 programs serving both single adults and families for a total of over 1000 households.

In addition to the APRs, CUCS evaluated data collected and analyzed by OSH staff from the OSH Transitional Housing database. The database provided information on length of stay; demographics and destinations for consumers who entered OSH funded transitional housing from June 2002 through June 2006. OSH was able to conduct a match of the transitional housing database with HMIS to provide information on rates of return to shelter from transitional housing programs. Data on rates of return to shelter were provided for persons who had entered shelter between June 2002 and December 2005.

The People's Emergency Center (PEC) released a report at the end of 2006 on results from a transitional housing survey that they conducted of 10 transitional housing programs. CUCS reviewed the report and included in the assessment information on complex life issues such as rates of mental health disorders, substance use, and domestic violence and educational and literacy challenges. CUCS also used secondary research on best practices and interviewed providers of transitional, permanent supportive and housing subsidy programs to provide information on successful strategies employed by other localities.

Calculation of Unmet Housing Need

As part of the housing recommendations, the study team calculated the unmet need for transitional housing, permanent supportive housing and housing subsidies for homeless individuals and families in Philadelphia. The analysis began by examining the current transitional and permanent supportive housing inventory detailed in the 2006 HUD McKinney Exhibit 1. CUCS then assessed the housing and support service needs of consumers by evaluating disabilities in the homeless population derived from HUD APRs, local and national studies, and input from the Housing Work Group in order to determine the type, level and intensity of services required to serve each sub-population. In addition, we looked at income and employment information from HMIS and HUD APRs to better understand how many consumers would be able to contribute to their housing costs and what level of housing subsidy would be required. The Gaps/Unmet Need Analysis is included in Appendix 4, which includes a detailed description of the formulas used in the calculations.

Housing Projection Cost Analysis

After the Gaps/Unmet Need Analysis was completed, CUCS prepared a cost analysis on the housing, support services and housing subsidies required to meet the identified need. We used the Fair Market Rent (FMR) and varying time frames to determine the cost of rapid re-housing, short-term rental assistance and long-term rental assistance. Case management costs and other expenses were factored into the calculations as well. For transitional and permanent supportive housing, capital, support services, and operating costs were factored in to create total expenditures for the future projects. The cost projections for the various housing options are included in Appendix 6.

Key Findings

The following findings were developed by CUCS using data collected through HMIS, DSS CARES, OSH Transitional Housing Database, key informant interviews and focus groups and input from OSH staff, the Housing Work Group and Shelter and Intake Work Group of the 10-Year Plan to End Homelessness.

1. Homeless people are poor and do not have adequate income to pay rent without subsidies or help obtaining better employment.

Consistently, research studies and the data collection for this study indicate that the majority of homeless individuals and families have either very little or no income. Often, when homeless persons do have income, it is insufficient to support them living independently without the assistance of benefits, subsidies and/or more income from employment. Consumers noted the challenges of having enough money to pay for all the costs associated with moving and renting an apartment. Providers reported that even when consumers have secured employment, it takes a long time for them to be able to save for security deposits and moving expenses. Of the 6,425 single adults and families that used the shelters in Philadelphia in a 3 year period (July 2003-June 2006), 66% of the males and 70% of females reported income below \$500 per month. During this same period, 34% of men and 24% of women reported that they had no income (City of Philadelphia, 2006).

Homeless persons leaving transitional housing are also struggling with extremely low-incomes. Of the 233 single persons who exited HUD transitional programs last year, 20% had incomes between \$1,001 and \$1,500 per month, 17% earned between \$501 and \$1,000 per month and 56% earned less than \$500 per month (HUD Annual Progress Reports, 2006). In order for an individual to afford a monthly rent of \$649 (Fair Market Rent for a studio), and pay no more than 30% of his/her income, the federal standard for affordability, a person would have to earn \$25,960 per year or \$2,163 per month. And, for a family to be able to afford a 2-bedroom apartment at FMR, they would need to earn \$35,440 per year or \$2,953 per month. Only 2% of single individuals and up to 5% of families leaving HUD transitional housing programs would be able to afford an apartment using these standards (HUD Annual Progress Reports, 2006).

A study of ten transitional housing programs for families conducted by the People's Emergency Center revealed that 85% of the families in transitional housing were headed by women whose only income at the time they entered emergency housing was Temporary Assistance for Needy Families (TANF) (People's Emergency Center, 2006). While TANF is an important benefit for families, the \$300 housing allowance that families receive cannot begin to cover rent and the costs of supporting a family.

The level of poverty and inability of low-income persons to obtain affordable housing continue to fuel homelessness in the City of Philadelphia. Low-income persons face

huge financial challenges trying to obtain and maintain affordable housing in the City and risk becoming homeless as the situation worsens. The poverty rate in Philadelphia is twice the national average. Minimum wage in Philadelphia is currently \$6.25 per hour. One working person earning minimum wage supporting a family of four earns just over 50% of the poverty line. As of 2005, 25% of all residents in Philadelphia live below the poverty threshold which is \$9,973 for a single person, \$15,577 for a family of three and \$19,971 for a family of four (US Census Bureau, 2005). And the availability of affordable units is inadequate to meet demand. Only one in three rental households in the City earning less than \$20,000 live in subsidized housing. (Hillier and Culhane, 2003).

2. Obtaining a housing subsidy reduces the likelihood of returning to shelter but subsidies are extremely difficult to access and very limited in availability.

Data from the Office of Supportive Housing (OSH) Transitional Housing programs indicate that persons who leave without a housing subsidy are twice as likely to return to shelter as those who leave for subsidized housing (Office of Supportive Housing, 2006). Providers and consumers reported that when consumers leave emergency housing and go to unstable housing situations, they are likely to have to return to shelter when they lose income/employment or face a financial or health crisis. Research reveals that housing subsidies can reduce the risk of persons returning to homelessness. Culhane asserts that for families, “housing subsidies cure homelessness” and points to a nine city study that indicates that families who were given housing subsidies remained stably housed 18 months post placement. Another study of families in New York City reveals that 93% of families remained stably housed post-placement while 38% of families who left without a subsidy returned to shelter.

Obtaining a Housing Choice Voucher or securing a public housing placement can be an extremely lengthy process at best and may be an impossible housing option for many. Currently there are 14,000 persons on the waiting list for public housing and 6,500 persons on the waiting list for Housing Choice Vouchers which is currently closed (Housing Alliance of Pennsylvania, 2005). Providers repeatedly reported that consumers entered emergency housing in the hopes of obtaining a Housing Choice Voucher even though the vouchers are very difficult to access and preferences are not given to homeless individuals or families.

3. A family could obtain a housing subsidy for one year at less than the cost of sheltering them for 95 days.

The average cost for OSH emergency housing is approximately \$30 per day per person. For the average 3-person family, the cost of sheltering them for 95 days (the average length of stay) is \$8,550. A housing subsidy for one year including first month’s rent, security deposit and OSH paying the difference between 30% of income and the fair market rent for a family needing a two-bedroom apartment and earning \$7.80 per hour, would be \$8,060.

4. People who present at shelter intake come, for the most part, from family and friends, but a percentage have had their own housing.

Of the 2,314 households that presented at intake between 1/1/06 and 3/31/06, 52% of all persons who presented at intake reported that they were evicted by a friend or relative. Consumers explained that they resided with family and friends until they exhausted their options and had no other place to go and were forced to go to emergency housing. 35% of all persons who presented at intake reported a building emergency, fire, unfit property, eviction or pending eviction as their presenting problem (City of Philadelphia HMIS, 2006).

5. Philadelphia has relatively short stays in shelter, but rates of recidivism/return to shelter are high.

HMIS data indicate that 78% of single individuals stay in the emergency housing system less than three months. Of the 9,471 single adults who used shelters in 2005, 46% stayed less than 1 month and 32% stayed between 1 and 3 months. The average length of stay was 72 days and the median stay was 33 days (University of Pennsylvania, 2006).

However, while individuals are staying for a short period of time for the most part, they are returning to shelter over and over and cycling through the emergency housing system. In terms of recidivism, there is a large cohort of single adults who are in and out of the shelters each year. Of the single men who had a shelter stay in 2005, 65% were repeat shelter stayers between 2000-2005. The data show that in this five year period, 40% or 2768 men had 4 shelter stays or more and of those men, 1554 (22% of all men) had seven shelter stays or more. 57% of single women in the shelters were also repeat stayers from 2000-2005 with 12% of all women having seven or more shelter stays (University of Pennsylvania, 2006).

HMIS data reveal that the majority of families also remain in emergency housing for under 3 months. 35% of families stayed less than 1 month, 27% stayed between 1 and 3 months, 17% stayed 3 to 6 months and 14% stayed more than 6 months. The average length of stay was 95 days and the median was 55 days. While recidivism is not as pronounced for families as for individuals, there are many repeat stayers in the system. Forty-six percent of the 2004 families in emergency housing in 2005 had been in shelter at least once before during the past five years and 12% (285) had seven stays or more since 2000 (University of Pennsylvania, 2006).

Key informants reported that because people are unable to obtain housing subsidies or stable long-term employment, consumers stay in emergency housing and then leave to unstable, uncertain housing situations and find themselves in need of shelter once again. In addition, because many consumers are living with mental health disabilities and substance abuse, until they are able to properly address these issues, they are at risk of returning to homelessness.

6. There is a relatively high rate of disability and other obstacles to housing stability among the homeless population.

Data from HMIS and DSS CARES as well as information collected through other local reports, focus groups and key informant interviews revealed that homeless families and individuals are living with mental health disorders, substance abuse, and many other complex life issues that impede their ability to live independently and achieve housing stability.

DSS CARES reported that 44% of all persons who were in shelter in 2005 had used the mental health or substance abuse treatment system in the previous 3 years (City of Philadelphia, 2006). A 2006 study conducted by the People's Emergency Center (PEC) on transitional housing revealed that 51% of caregivers were living with post-traumatic stress disorder or some other mental disorder (People's Emergency Center, 2006). Recent studies by Culhane have found that 27% of all families in shelter have either used psychiatric inpatient services, substance abuse detox or had foster care placement of a child. Of repeat shelter users, 42% have at least one barrier to housing stability (Culhane, 2006). Emergency housing and DBH Connections and FaSST staff in the shelters indicated that there were many persons living with mental health issues and that the demand for mental health services was the highest it has ever been. Providers indicated that there was a great need for these services and it was difficult to serve all individuals and families in need.

Along with DBH services, homeless persons require services from other systems of care and interact with other City agencies in Philadelphia because of complex life issues. Approximately one out of five homeless children has ever received DHS child welfare services. Providers reported that because of the young age of mothers, their inexperience living independently and the isolation and demands of being a single parent, many caregivers struggle to take care of their children. The PEC study indicated that 13% of mothers had at least one child in foster care while they were in transitional housing (People's Emergency Center, 2006).

Many persons who are currently homeless have had histories with the foster care and homeless system as children. Nearly 1 of 10 foster youth use the shelter system within 5 years of exit from the child welfare system. And, the PEC study indicates that 48% of the families in transitional housing had been homeless sometime in the past and of those families, 22% of the caregivers had been homeless as children (People's Emergency Center, 2006).

Data also reveal that persons in the emergency housing system in 2005 have a recent history with the criminal justice system. DSS CARES reports that 18% of the persons in emergency housing in 2005 were in prison between 2002 and 2004 (City of Philadelphia, 2006). Persons recently released from prison obviously face challenges in finding housing. In addition to having to find employment and re-enter society, persons with a felony record do not qualify for public housing in Philadelphia

and these persons often face discrimination by landlords who conduct criminal background checks and will not rent to them.

In addition to mental health disorders, substance abuse, and requiring services of a myriad of City and State agencies, data from the PEC study found that homeless persons were also living with other complex life challenges. The study states that “families in transitional housing were grappling with multiple intense social needs beyond simply being poor”. The study reported that 40% of all families were led by women who were survivors of domestic violence and 25% of mothers had a history of sexual abuse. The study revealed that about half (55%) of all families led by single mothers had dropped out of high school and 49% of the families had never lived independently before becoming homeless (People’s Emergency Center, 2006).

Other providers of emergency and transitional housing indicated that many homeless consumers were ill prepared to live independently and did not yet possess the life skills required to maintain a household budget or attain employment. Providers reported that many consumers struggled with literacy issues and required years of basic education before they would be ready for GED or job training.

Persons living on the street are another cohort of individuals who are living with mental health disorders, substance abuse and other complex life issues. Street homelessness is on the rise and continues to persist in Philadelphia. In the month of August 2006, there were 550 persons living on the street in Center City; the greatest number since 1997 (Project HOME, 2006). Many of these persons are unable to benefit from traditional services and shelter and some are not willing or able to meet sobriety or other program requirements to secure emergency housing.

Providers have indicated that there is a need to serve this population in a low-demand setting where they can access an array of services in a welcoming and safe environment and that currently there are not enough emergency housing or service options for this population. Outreach workers have indicated that persons on the street do not want to reside in a traditional shelter; they find the environment to be threatening, have had negative experiences with institutions and many are unable or unwilling to receive services.

In the winter of 2005/2006, Project HOME operated Grace Café, an overnight drop-in center. In a three-month period of time, Grace Café served 844 unduplicated individuals with an average of 60 individuals each night. The Café provided a warm, safe place where homeless individuals could spend the night. The Café served many street homeless and others who chose not to engage in the services of traditional shelters. Consumers were offered access to services and a chance to learn about potential housing opportunities; sobriety was not a requirement. Over 50% of the persons who stayed at Grace Café engaged in some kind of service ranging from housing placement to substance use treatment (Project HOME, 2006).

Another group of homeless individuals living with disabilities and other challenges are the chronically homeless. Data reveal that there is a chronic homeless crisis in the City; in 2005, there were 1918 individuals who had been homeless one year or longer or four times in the past three years. This is 20% of the 9,000 single adults who used the shelter system in calendar year 2005 (University of Pennsylvania, 2005). Recent research also shows that between 1999 and 2002 (inclusive), 2731 persons were repeat or long-term shelter users. Of these individuals, 41% had received substance abuse treatment for the uninsured and 52% had received publicly funded mental health services (Maguire et al, 2005). These homeless individuals have intensive service needs and cycle in and out of the shelter system. From prior research, we know that these individuals consume 50% of the shelter resources (Culhane et al, 1997).

Staff in emergency housing indicated that many singles in the emergency shelter system struggled with drug and alcohol issues and many were not willing to stop using while in shelter. These persons had trouble adhering to program rules and often left because of non-compliance or unwillingness to participate. These clients may return to unsafe living conditions and then cycle back through the emergency housing system again. Key informants reported that there is a need for wet housing for these clients to prevent them from returning to the street and to try to engage them in housing and services more effectively.

7. Transitional Housing is separate and distinct from the emergency housing system and there is no process to ensure that TH resources are targeted to high-need shelter users. Other systems feed the homeless system – Behavioral Health, Corrections, Health Care, Foster Care.

Currently the City controls placement into some OSH-contracted transitional and permanent housing. For HUD funded transitional and permanent housing programs, providers often seek their own referrals, which does not ensure that these housing resources are targeted to shelter users or those most in need. For example, in HUD McKinney transitional housing for singles, HUD Annual Progress Reports revealed that 55% of the placements were from locations other than emergency shelter. Given the lack of centralization, the City cannot ensure that transitional housing is serving as a resource for the backdoor of emergency housing or is targeting populations most in need. Additionally, there is no standardized assessment tool used at intake or emergency shelter to guide placement into transitional and permanent supportive housing. Without a uniform assessment, consumers may end up in inappropriate placements where they are either over-served or under-served. This creates inefficiencies in the housing system and does not properly address the housing and support service needs of consumers.

Of 261 single persons (223 men, 38 women) who entered HUD TH last year: 45% came from a shelter or the streets, 12% came from other transitional housing and 40% came from substance abuse treatment, jail or prison or family/friends. Of 189 families who entered HUD TH last year: 80% came from a shelter, 6% came from

other transitional housing and 14% came from substance abuse treatment, family/friends or rental housing (HUD Annual Progress Reports, 2006). Other systems of care are relying on the homeless housing system to house consumers. While there is a great demand for housing for these populations, the emergency housing population will not be able to move out of shelters and into transitional housing if there is no available space in transitional housing programs. Key informants indicated that there is a need for City and State agencies to come together to discuss these issues of discharge planning and to make policies and plans around housing for vulnerable populations so that they do not all fall in the purview of the emergency housing system.

8. TH helps people (especially families) to increase their incomes, obtain employment and access subsidized housing. However, there is a cohort of people who are failing in TH.

Transitional housing providers provide a wide array of important services to consumers. Consumers in family transitional programs indicated that GED and job training were critical components of the programs and that these training opportunities assisted them in finding employment.

Single individuals are leaving transitional housing for a variety of destinations with mixed results. The HUD APR data indicate that of the 233 singles adults who exited the HUD TH programs, 19% moved into subsidized housing, 18% went to unsubsidized housing, 17% moved in with family/friends, 22% moved to other transitional housing and for 15% of participants the destinations were unknown (U.S Department of Housing and Urban Development, 2006). Of the single individuals who exited OSH transitional housing from 2002-2006, 40% went to unsubsidized housing, 28% went to subsidized housing and 19% went to a destination unknown (OSH Transitional Housing Database, 2006). Of the 644 persons who exited transitional housing from 2002-2005, 26% returned to shelter. Males are 55% of the users of OSH transitional housing yet they are disproportionately represented in those who return to shelter (77%). Leaving transitional housing before completing the program put singles at greater risk of returning to shelter; 40% of the single adults who were terminated from OSH TH returned to shelter and 30% of those who left the program voluntarily also returned to shelter (City of Philadelphia, 2006).

Of the 233 single adults who exited HUD TH programs, 54% completed the program and 30% had negative reasons for leaving – non-compliance, disagreement with rules, needs could not be met by project (U. S Department of Housing and Urban Development). Providers noted that some consumers embraced the program and had great success while others struggled to adhere to guidelines and rules and were resistant to participating in the program. Providers stated that some consumers were unable or unwilling to follow rules about sobriety and were either asked to leave or decided to move out. Because many of these consumers have no other housing options, they end of returning to shelter and cycling back through the emergency housing system.

Of the 194 families who exited HUD TH programs last year, 44% went to some form of subsidized housing, 20% went to unsubsidized housing, 12% went to family/friends, 8% went to transitional housing and 16% went to an unknown destination (U.S Department of Housing and Urban Development). Of the families exiting OSH TH between 2002-2006, 52% went to unsubsidized housing, 33% went to subsidized housing and 10% went to an unknown destination. 12% of all families who exited OSH transitional housing between 2002-2005 returned to shelter: 21% of families that were terminated from the program returned to shelter and 1/3 of male-headed households returned to shelter (City of Philadelphia, 2006).

In terms of other outcomes of families who left the program, 25% were employed, 23% had income over \$1,000 per month and 28% had income between \$500 and 1,000/month (HUD Annual Progress Reports, 2006). Of the 194 families who exited HUD TH programs last year: 46% completed program; 27% had negative reasons for leaving and 20% left for housing before completing program (U. S. Department of Housing and Urban Development, 2006).

Providers reported that often when consumers are forced to leave transitional housing because they have hit the 24-month time limit, they are not ready for independent living and still require either on-going supportive services or rental assistance. Providers indicated that the transitional housing system should be more flexible so that clients can remain in the program until they are ready to move on and that for many consumers, there is a need to continue to provide a housing subsidy once the supportive services are no longer needed.

9. Permanent supportive housing exists but is limited and is not centrally administered to ensure priority access for high-need shelter users. Other systems refer to the PSH system – Behavioral Health, Corrections, Health Care.

Currently there are 4,240 permanent supportive housing beds: 1,710 beds for single adults (512 for chronically homeless) and 3,530 beds for persons in families/ 929 units. There is a great demand for the current beds and OSH maintains an extensive waiting list for the units that they control. Providers also confirmed that there are lengthy waiting lists to get into their permanent supportive housing projects as well. Providers indicated that there is a need for more units of permanent supportive housing specifically to house: persons in transitional housing who need long-term supports, mentally ill persons, and chronically homeless recidivists. According to a housing gaps and unmet need analysis conducted by CUCS in collaboration with the Housing Work Group of the 10-Year Plan to End Homelessness, in order to serve the current demand for permanent supportive housing, there is a need for 5,119 permanent supportive housing units for singles and 448 units for families. The data cited above in Finding 6 regarding the level of disability among homeless people further supports the need for permanent supportive housing.

OSH is in charge of referrals and placements to the permanent supportive housing programs that they control, approximately 164 units (City of Philadelphia, 2006). In addition, the Department of Behavioral Health/Mental Retardation Services manages access to most HUD Shelter Plus Care units and all OMH residential programs. However, there is no central point of access for the remaining units; consumers need to apply to each program individually and programs control the placements. Therefore, there is no mechanism in place to determine that permanent housing resources are being matched with clients appropriate to the level of care being provided by the program. There is no way to ensure that the most service needy homeless persons are being served by these programs.

According to HUD APR data, only 42% of the families in permanent supportive housing are identified by providers as disabled, which is a condition of program eligibility, although 70% are reported to have drug abuse problems and 50% to have mental illness (HUD Annual Progress Reports, 2006). These statistics on the families may be provider error in reporting or may be ineligible persons being served. Without a system to centralize referrals and placements, there is no way to guarantee that eligible clients are being served and that resources are being utilized most effectively. Additionally, the current system does not give consumers or providers an efficient way to find out about programs or apply to programs; it is very labor intensive to apply to each program individually.

HUD APR data indicate that of the 277 single persons (182 men, 95 women) who entered PSH last year, 63% came from a shelter or the streets, 11% came from other transitional housing and 31% came from hospital, treatment, jail or prison, or family/friends. Of 131 families who entered HUD PSH during the last year, 56% came from a shelter, 15% came from other transitional housing, 29% came from substance abuse treatment, family/friends or rental housing (HUD Annual Progress Reports, 2006). As is the case with transitional housing, there are consumers entering programs from other systems of care. Therefore, the emergency housing system is competing with these other systems of care for housing resources and is not able to use permanent supportive housing as a backdoor for shelter as effectively as possible. It should be noted that the US Department of Housing and Urban Development has changed the eligibility rules for McKinney PSH to include only persons from the streets, shelters or transitional housing for homeless people. This change should work in OSH's favor and result in more access for adults and families in emergency housing .

10. PSH is effective for many residents, but there is a cohort that is not succeeding.

Of 257 single persons who exited PSH, 12.5% went to subsidized housing, 13% went to institutions/treatment, 8.5% went to transitional settings, 27% went to shelter, the streets or to unknown destinations. Of those who exited, 25% completed the program and nearly 50% had negative reasons for leaving. While residents of PSH are living

with disabilities and complex life issues, the numbers of persons leaving PSH to other settings such as shelter or transitional housing is quite high.

Of the 257 single persons who exited HUD PSH, 9% were employed at exit, 10% exited with more than \$1,000 per month in income, 57% exited with between \$501 and \$1,000 per month in income and 33% were below \$500 per month. Fifty-six percent left before 12 months (38% before 6 months) (HUD Annual Progress Reports, 2006). Income and employment levels are quite low for persons exiting permanent supportive housing which suggests that these consumers will need additional supports before they will be prepared to live independently. At least 33% of the single persons who exited PSH are living below the poverty line.

Of the 50 families who exited HUD PSH programs during the last year, 38% went to some form of subsidized housing, 8% went to home ownership, 20% went to unsubsidized housing, 14% went to family/friends and 16% went to jail, drug treatment, shelter transitional housing or unknown locations. In terms of employment and income upon exit, 18% were employed, 18% left with income above \$1,000 per month, 40% left with income between \$500 and \$1000. Additionally, 42% completed the program, 36% had negative reasons for leaving and 10% left for housing before completing program, 20% stayed less than one year (HUD Annual Progress Reports, 2006). All but 20% of the families who exited PSH are living below the poverty line.

Data Summary

Introduction

In conducting the assessment, the team analyzed extensive quantitative data available from the City of Philadelphia and provider reports. The analyses were conducted by OSH, the University of Pennsylvania Center for Mental Health and Services Research (UPenn Center) and CUCS. Following are data highlights from this assessment which provide information on the inventory and persons being served by the emergency, transitional and permanent supportive housing systems. The sources of this data include the OSH HMIS, DSS CARES, the Office of Supportive Housing Transitional Housing Database, the most recent HUD Annual Performance Reviews for Transitional and Permanent Supportive Housing programs, and the 2006 HUD McKinney Exhibit 1 for the City of Philadelphia. The complete set of data tables is included in Appendix 2.

The data summary is organized as follows:

1. Point-time time Homeless Count Information
2. Annual Homeless Count Information
3. System Inventory: Emergency, Transitional & Permanent Supportive Housing
4. Income and Disabilities for Single Adults and Families in Shelter
5. Demographics and Outcomes for Single Adults in Shelters
6. Characteristics and Outcomes for Single Adults in Transitional Housing
7. Characteristics and Outcomes for Single Adults in Permanent Supportive Housing
8. Demographics and Outcomes for Families in Emergency Shelter
9. Characteristics and Outcomes for Families in Transitional Housing
10. Characteristics and Outcomes for Families in Permanent Supportive Housing

1. Point-time time Homeless Count Information

The following information was collected by OSH and the Homeless Outreach Coordination Center.

On the night of January 25, 2006:

- A total of 3,079 people were living in city-funded shelters
 - 1,469 were single adults – 1,122 males, 347 females
 - ~500 chronically homeless
 - 510 were households with children for a total of 1,610 people
 - 1,068 of them were children, ~900 of them were youth 16-21
 - The average family size was 3.15 people with 2.1 children
- In addition, there were ~250 persons residing in Sunday Breakfast Rescue Mission and other faith-based shelters
- 313 people were living on the streets (237 in center city)

2. Annual Homeless Count Information

HMIS data analyzed by the University of Pennsylvania Center for Mental Health Services Research (UPenn Center)

In 2005, there were 14,999 persons (unduplicated) who used OSH shelters:

- 9,471 -- single individuals
- 2,004 -- heads of households
- 3,506 -- children
- 18 -- no data
- 20% of the single individuals (1,918) had been homeless one year or longer or had four homeless episodes in three years
- 13% of families who had a shelter stay in 2005 (255 of 2004) had been homeless one year or longer or had four homeless episodes in three years

3. System Inventory: Emergency, Transitional and Permanent Supportive Housing

Emergency Housing Inventory

- 3,037 Emergency Shelter Beds
 - 1,341 beds for single adults
 - 1,696 beds for persons in families/516 units
- 36 Emergency Shelters (not including faith-based):
 - 10 for single men
 - 8 for single women
 - 14 for single women and families
 - 1 for couples (couples are also placed in three other shelters)
 - 3 for youth
- In addition, there are:
 - ~400 overflow and seasonal beds
 - ~250 beds from faith-based shelters

Transitional Housing Inventory

- There are 3,878 transitional housing beds
 - 1,887 beds for single adults
 - 1,991 beds for persons in families (573 units)
- Under development:
 - 76 beds for single adults
 - 181 beds for persons in families (65 units)

Permanent Supportive Housing Inventory

- 4,240 Permanent Supportive Housing Beds
 - 1,710 beds for single adults (512 for chronically homeless)
 - 3,530 beds for persons in families/ 929 units
- 566 beds under development
 - 89 beds for single adults (74 for chronically homeless)
 - 477 beds for families/139 units

4. *Income and Disabilities for Single Adults and Families in Shelter*

Income

OSH provided the following HMIS data on income for 6425 persons that had a stay in emergency shelters 7/1/03-6/30/06.

- Women (n=4252)
 - 24% no income
 - 45% \$1-500
 - 26% \$501-1000
 - 4% \$1001+
- Men (n=2154)
 - 34% no income
 - 33% \$1-500
 - 25% \$501-1000
 - 9% \$1001+

Disabilities/Life Issues

According to DSS CARES, of 13,054 persons served in the emergency housing system in 2005 (7,894 males and 4,998 females):

- 44% were also served in a behavioral health system (mental health or substance abuse) between 2002 and 2004 (3,680 males and 2,050 females)
- 18% were also incarcerated in the Prison system between 2002 and 2004 (1893 males and 426 females)

5. *Demographics and Outcomes for Single Adults in Shelters*

Age and Length of Stay

HMIS data for single adults who used emergency shelters in 2005 as analyzed by U Penn Center.

- Gender: 74% male and 26% female
- Age (n=9468)
 - 9% 18-25 years
 - 15% 26-35 years
 - 34% 36-45 years
 - 30% 46-55 years
 - 10% 56-65 years
 - 3% over 65 years
- Length of Stay (n=8723)
 - Average length of stay was 72 days and median was 33 days
 - 17% less than 1 week
 - 29% 1 week to 1 month
 - 32% 1-3 months
 - 13% 3-6 months
 - 6% 6 months-1 year
 - 3% more than 1 year

Long-term and Repeat Shelter Stayers

- Of the 6902 single men in shelters in 2005, 23% had been homeless one year or longer or had four homeless episodes in three years.
 - 65% were repeat stayers between 2000-2005. 40% of the men had 4 stays or more and 22% of the men had 7 stays or more in the same time period.
- Of the 2440 single women in shelters in 2005, 12% had been homeless one year or longer or had four homeless episodes in three years.
 - 57% were repeat shelter users from 2000-2005
 - 27% had 4 stays or more and 12% had 7 stays or more.

6. Characteristics and Outcomes for Single Adults in Transitional Housing

Office of Supportive Housing Transitional Housing

The following data are from the OSH Transitional Housing (TH) database.

- Of the single adults who entered OSH TH from June 2002-June 2006 (n=346):
 - 40% exited to unsubsidized housing
 - 28% exited to subsidized housing
 - 18% left for an unknown destination.
- Single Men in OSH Transitional Housing, n=409
 - 35% stayed 1-6 months,
 - 39% stayed 6-12 months
 - 19% stayed 12-15 months
 - 33% of all the men discharged returned to shelter
- Single Women in OSH Transitional Housing, n=306
 - 14% stayed less than 1 month
 - 49% stayed 3-9 months
 - 12% stayed 12-21 months
 - 15% returned to shelter

HUD Transitional Housing

The following data are from the most recent HUD APRs submitted by six transitional housing programs for single individuals in 2005 and 2006.

- Exit Destination (n=233)
 - 18% no housing subsidy
 - 19% subsidized housing
 - 22% transitional housing
 - 3% emergency shelter
- Length of Stay (n=233)
 - 9% less than 1 month
 - 24% 1-2 months
 - 31% 3-6 months
 - 23% 7-12 months
 - 13% 13-24 months

- 1% 25 months-3 years
- Reason for leaving program (n=233)
 - 54% completed program
 - 22% non-compliance with program
- Monthly Income at Exit (n=233)
 - 10% no income
 - 47% \$1-\$500
 - 17% \$501-1000
 - 20% \$1001-1500
 - 17% \$1500+
- Source of Income at Exit (n=233)
 - 44% General Public Assistance
 - 25% Employment Income
 - 14% Food stamps
 - 13% Veterans benefits
- Prior living situation (n=261)
 - 45% from emergency shelter
 - 13% from transitional housing
 - 25% from substance abuse treatment
- Special needs (n=261)
 - 38% mental illness
 - 50% alcohol abuse
 - 63% drug abuse

7. Characteristics and Outcomes for Single Adults in Permanent Supportive Housing

HUD Permanent Supportive Housing

The following data are from the most recent HUD APRs submitted by 27 permanent supportive housing programs for single individuals in 2005 and 2006.

- The capacity rate for the programs is 89%, average turnover rate is 49% and median turnover is 35% (turnover is calculated by dividing the number of participants who exited the program by the number of people on the first day).
- Exit Destination (n=257)
 - 11% no housing subsidy
 - 13% subsidized housing
 - 3% transitional housing
 - 8% emergency shelter
- Reason for leaving program (n=254)
 - 24% completed program
 - 16% non-compliance with program
- Length of Stay of those who exited (n=254)
 - 35% stayed less than 6 months: 9% less than 1 month, 6% 1-2 months, 22% 3-6 months
 - 19% stayed 7-12 months and 22% stayed 13-24 months

- 23% stayed longer than 25 months: 11% stayed 25 mos.-3 years, 5% were 4-5 years, 2% were 6-7 years, 5% were 8 years+
- Monthly Income at Exit (n=254)
 - 13% no income
 - 20% \$1-\$500
 - 59% \$501-1000
 - 7% \$1001-1500
 - 3% \$1500+
- Source of Income at Exit (n=254)
 - 39% SSI
 - 14% SSDI
 - 9% Social Security
 - 18% General Public Assistance
 - 9% Employment Income
 - 11% Food stamps
 - 13% Veterans benefits
 - 12% no financial benefits
- Prior living situation (n=277)
 - 35% from emergency shelter
 - 27% from non-housing (park, street, etc)
 - 11% from transitional housing
 - 11% from substance abuse treatment
- Special needs (n=277)
 - 78% mental illness
 - 38% alcohol abuse
 - 57% drug abuse
 - 20% HIV/AIDS
 - 19% Physical disability
 - 88% disabled

8. Demographics and Outcomes for Families in Emergency Shelter

Age and Length of Stay

Following are HMIS data on the characteristics of families in emergency shelters in 2005 analyzed by U Penn Center:

- Age (n=2011)
 - 32% 18-25 years
 - 34% 26-35 years
 - 25% 36-45 years
 - 7% 46-55 years
 - 1% 56-65 years
- Length of Stay (n=2011)
 - Average length of stay was 95 days and median was 55 days
 - 35% 1 month or less
 - 27% 1-3months
 - 17% 3-6 months
 - 10% 6 months-1 year
 - 4% more than 1 year
- Long-term and Repeat Shelter Stayers
 - Of the 2011 families in shelters in 2005, 37% had four homeless episodes in three years and 62% had a shelter stay over one year.
 - Of the 2011 families in shelter in 2005, 46% were repeat stayers between 2000-2005. 13% of the families had 4 stays or more in the same period.

9. Characteristics and Outcomes for Families in Transitional Housing

OSH Transitional Housing

The following data are from the OSH Transitional Housing Database.

- Of the families who entered OSH TH from June 2002-June 2006 (n=514)
 - 52% exited to unsubsidized housing
 - 33% exited to subsidized housing
 - 10% left for an unknown destination
- Of the 417 families who were discharged from OSH Transitional Housing between June 2002 and December 2005, 12% returned to shelter.
- Families in OSH 1-Year Transitional Housing, n=121
 - 23% stayed 1-6 months
 - 47% stayed 6-12 months
 - 21% stayed 12-15 months
 - 4% stayed over 15 months
- Families in OSH 2-Year Transitional Housing, n=386
 - 11% stayed 1-6 months
 - 23% stayed 6-12 months
 - 28% stayed 12-18 months
 - 18% stayed 18-24 months
 - 20% stayed over 24 months

HUD Transitional Housing – Families

The following data are from the most recent HUD APRs submitted by 14 transitional housing programs for families in 2005 and 2006.

- The capacity rate for the programs is 89% and the turnover rate is 88% (turnover rate is calculated by dividing the number of participants who exited the program by the number of participants on the first day).
- Exit Destination (n=194)
 - 20% no housing subsidy
 - 58% subsidized housing
 - 3% transitional housing
 - 4% emergency shelter
- Reason for leaving program (n=194)
 - 46% completed program
 - 16% non-compliance with program
- Length of Stay (n=194)
 - 4% less than 1 month
 - 4% 1-2 months
 - 21% 3-6 months
 - 30% 7-12 months
 - 34% 13-24 months
 - 8% 25 months-3 years
- Monthly Income at Exit (n=194)
 - 49% \$1-\$500
 - 28% \$501-1000
 - 12% \$1001-1500
 - 11% \$1500+
- Source of Income at Exit (n=194)
 - 56% TANF
 - 56% Medicaid
 - 57% Food stamps
 - 25% Employment Income
- Prior living situation (n=189)
 - 80% from emergency shelter
 - 6% from transitional housing
- Special needs (n=188)
 - 29% mental illness
 - 12% alcohol abuse
 - 19% drug abuse
 - 35% domestic violence

10. Characteristics and Outcomes for Families in Permanent Supportive Housing

HUD Permanent Supportive Housing

The following data are from the most recent HUD APRs submitted by 12 permanent supportive housing programs for families in 2005 and 2006.

- The capacity rate for the programs is 90%, average turnover rate is 41% and median turnover is 22% (turnover rate is calculated by dividing the number of participants who exited the program by the number of participants on the first day).
- Exit Destination (n=50)
 - 20% no housing subsidy
 - 38% subsidized housing
- Reason for leaving program (n=50)
 - 42% completed program
 - 30% non-compliance with program
- Length of Stay (n=50)
 - 6% 3-6 months
 - 14% 7-12 months
 - 12% 13-24 months
 - 16% 25 months-3 years
 - 40% 4-5 years
 - 12% 6-7 years
- Monthly Income at Exit (n=50)
 - 2% no income
 - 20% \$1-\$250
 - 20% \$251-500
 - 40% \$501-1000
 - 10% \$1001-1500
 - 8% 1501+
- Source of Income at Exit (n=50)
 - 40% SSI
 - 36% Food stamps
 - 34% TANF
 - 18% Employment Income
 - 14% General public assistance
- Prior living situation (n=131)
 - 56% from emergency shelter
 - 15% from transitional housing
 - 16% from substance abuse treatment
- Special needs (n=130)
 - 71% drug abuse
 - 49% mental illness
 - 32% alcohol abuse

Recommendations for Intake and Emergency Housing

Introduction

The recommendations for intake and emergency housing were created jointly in a collaborative effort between the City of Philadelphia Office of Supportive Housing Emergency Housing staff and the Center for Urban Community Services (CUCS). The Office of Supportive Housing responded to an opportunity for additional City funding for new intake and emergency housing facilities and created a plan to improve the current system and add new components to their programs. The Intake and Emergency Shelter workgroup constituted for the 10 Year Plan to End Homelessness under the auspices of the Mayor's Task Force on Homeless Services, provided critical information and guidance during the recommendation process. The following recommendations seek to address systemic problems, provide more specialized services and housing to consumers, and most importantly move homeless persons to independent, stable housing as quickly as possible.

Recommendations for Intake

- 1. Create a new assessment tool or acuity index to use to determine level of services needed and if homeless diversion or rapid relocation is possible. Also, identify (“flag”) recidivists at intake and focus extra efforts and provide specialized services immediately upon re-entrance to the system.**

The creation of a revised assessment tool will assist OSH in targeting efforts and resources to the specific needs of the individuals and families. The tool would assist case managers to evaluate which services and emergency housing placements are needed. In order for OSH to best utilize the new emergency housing system which provides specialized shelter for specific populations, and to effectively conduct homeless diversion and rapid relocation, case managers need to have a standardized assessment tool to determine the type and level of care required.

Certain information should be collected in the assessment tool such as: physical and behavioral health conditions, substance abuse issues and history of domestic violence. Data on employment, income, shelter use history and housing history is also important to capture. For families, information on where children are attending school is needed so that OSH can work to provide continuity in homeless children's education. Additionally, assessing shelter recidivism at intake is critical given the relatively high rates in the system. The tool, used in conjunction with the DSS CARES database which provides information on which local government services a client has accessed, will give intake workers a more complete picture of need and will greatly assist in helping provide appropriate services and emergency housing to homeless families and individuals.

2. In response to the need to close Ridge Avenue, decentralize intake for single men by creating 2-3 smaller centers or include intake beds in new shelters as they are designed/opened. Create an additional family intake center.

The creation of several smaller intake centers would make operations, security and service provision easier to manage. Additionally, smaller centers may be better able to blend into communities and receive community acceptance. The computerized Homeless Management Information System (HMIS) that has been implemented will support the decentralization of intake functions as OSH workers at all sites can have access to previous shelter information and authorizations for shelter can be monitored centrally, no matter where the intake has been conducted.

The intake centers should have beds attached that are meant for short stays and focus on rapid re-housing, where possible. For those who cannot be quickly re-housed, more in-depth assessments can be conducted and people can be assessed for the need for specialized services. Ideally, single individuals should spend no more than two weeks in an intake bed before being assigned to a longer term emergency housing bed.

Family intake centers should move families in and out ideally in under one week. It is critical that families be placed as quickly as possible so that children do not miss school and can get settled in one place. Behavioral health staff should be on site to conduct assessments for those with mental health and substance abuse problems

The intake centers provide a critical “triage” step in the emergency housing system. Persons come in and quickly receive an assessment and get appropriate referrals and services. The intake centers for both singles and families could provide important resources to homeless persons. For example, representatives from agencies such as Corrections, DHS, and DBH could be available to answer questions and provide information and referrals. An employment kiosk could be set-up to encourage persons seeking employment to get information on work opportunities. And, a housing resource case manager would work with individuals who have income and could be placed rapidly.

3. Ensure that there are behavioral staff at intake centers to conduct assessments for persons with mental illness (particularly those that are psychotic when they present for services).

The DSS CARES database indicates that approximately 44% of consumers in the emergency housing system were served by the behavioral health system (City of Philadelphia, 2006). It is important that persons living with mental health disorders receive assessments from trained behavioral health workers at intake. Crisis intervention can take place immediately if needed and this can secure the safety of the consumer and other clients. Behavioral health managers can refer those individuals

who are appropriate to the DBH housing system and can also refer persons for needed mental health services.

OSH and the Department of Behavioral Health recently issued a joint policy statement to address the needs of single women, families and adult couples who present at Family Intake that specifically delineates the roles of OSH and DBH staff in addressing the needs of clients with behavioral health issues. A similar policy and protocol for single males should be developed.

4. For persons who have employment income and had their own housing before, consider providing a cash benefit to assist in rapidly securing an apartment. Conduct further and deeper analysis of available data to confirm the existence of potential recipients of this benefit.

Data from the city's intake centers indicates that thirty-five percent of the people who obtained shelter in the first quarter of 2006 stated their primary reason for seeking shelter was legal eviction/pending eviction, building emergency, fire or unfit property (City of Philadelphia, 2006). One potential solution to addressing the needs of this subset of the homeless population could be to offer a cash benefit. However, the accuracy of the data available on income and presenting problems is questionable and further data collection and analyses are required in order to confirm these findings. The acuity index will aid in the collection of pertinent data related to income and presenting problems.

The benefit could include first and last months rent, and a time-limited rent subsidy (perhaps based on the difference between 30% of monthly income and FMR or something more shallow or that declines over time). This assistance would be available only one time in five years and would only be made available to persons after confirming that they had positive histories with: holding a lease and employment tenure and did not have histories of repeated evictions, serious criminal involvement, active substance abuse/repeated detox, or serious psychiatric disorders. Participants in the benefit program would ideally be provided with case management/employment assistance and have regular reviews of their progress. Additional benefits and/or bonuses could be tied to their achievement of certain milestones such as saving money or increasing their incomes.

In evaluating this strategy, it is important to note that the cost of one month of shelter for an average family is \$2,700. The average length of stay in 2005 was 95 days at a cost of \$8,550 per family. A one-year benefit for a family needing a two-bedroom apartment and earning \$7.80 per hour would cost \$8,060 if the benefit paid first and last months rent and the difference between 30% of income and the fair market rent. (The rationale for selecting this level of earnings is to show a nearly equivalent cost rate for comparison purposes. Families earning more than this relatively low rate of \$16,224 per year would require less subsidy and save more money for the City; those earning less would cost more to house than to shelter.)

For a single individual, the cost of shelter is \$30 per day and the average length of stay is 72 days at a cost of \$2,160. Providing a subsidy of \$150 per month for 12 months would cost \$1,800.

Using these models, 100 families earning minimum wage could be subsidized for one year for \$995,200; 100 families earning 25% of AMI would cost \$806,000. If the family had more income or the housing subsidy were shallower (families paid a higher proportion of income for rent), the costs of this approach would be even less.

5. Create Engagement Centers where persons living on the street can access services and be assisted to obtain shelter and housing. Support the current proposal for engaging chronic street population.

In the month of August 2006, there were 550 persons living on the street in Center City; the greatest number since 1997 (Project HOME, 2006). Many of these persons are unable to benefit from traditional services and shelter and some are not willing or able to meet sobriety or other program requirements to secure housing. There is a need to serve this population in a low-demand setting where they can access an array of services in a welcoming and safe environment. We also know that there were 1597 single persons who used the emergency housing system four times or more in a three-year period of time. Persons who are cycling in and out of the system need a different type of intervention and may benefit from services provided at the engagement center.

Engagement Centers (also known as drop-in centers, reception centers, and access centers) for homeless persons can provide services in a supportive and non-threatening environment. Engagement centers generally offer people concrete services such as shower, laundry and public restrooms and many offer many other services such as case managers who are available to help with entitlements and access to services and housing. These centers are often successful at working with homeless persons who are “service resistant” and have been unable or unwilling to take advantage of shelter and services in the past. Persons living on the street and other homeless persons can access services and be assisted to obtain shelter and housing. Ideally, these centers would have safe haven or other types of low-demand beds attached and would have performance based outcomes and incentives for moving people off the streets and obtaining permanent housing arrangements.

Engagement Centers can offer a wide array of services such as: hygiene services – showers, laundry, public restrooms, meals, clothing, personal care items, access to computers and phones, mail/message pick-up, individual counseling, peer counseling, entitlement assistance, vocational training, GED training, money management, independent life skills training, legal services, on-site medical care, mental health services, substance abuse services, art therapy, crisis intervention, housing placement

services, childcare, transportation to jobs, medical care and housing opportunities, recreational activities, and information on and referral to other services.

Many cities have successful engagement centers; some provide basic hygiene services while others have more elaborate programs in place. All of the programs offer voluntary services or programs and are designed to engage clients in a welcoming environment to meet clients where they are. In New York City, the Department of Homeless Services works in partnership with non-profit organizations and sponsors ten Drop-In Centers located throughout the City. Drop-Ins provide hot meals, showers, laundry facilities, clothing, medical care, recreational space, employment referrals, and other social services. In addition to these services, some drop-ins offer more comprehensive services. Urban Pathways in NYC has two 24-hour drop-in centers; one serving homeless men and women and one exclusively serving homeless women. Both centers offer access to meals, clothing, and showers. They also provide on-site medical, mental health and substance abuse assessments and employ a strong case management approach to help clients successfully transition to housing.

The City of Seattle has several drop-in and engagement centers. All of them are associated with housing and services programs with the exception of the Urban Rest Stop (URS), a hygiene center operated by the Low Income Housing Institute (LIHI). URS provides restrooms, showers and laundry facilities to homeless men, women and children. The facility has private showers, washer and dryer units and public restrooms. In addition, URS provides personal care items and distributes information on entitlements and services. The program is working to add a much needed nurse to the facility. URS is open 7 days a week and serves between 300-500 persons per day. Pathfinder provides services for homeless men and women at a drop-in center 7 days a week. The center is open from 8am to 8pm each day. The center provides meals, showers and laundry services and offers persons living on the street a safe place to relax and regroup. The center has medical staff on-site and has staff to provide assistance with entitlements, referrals and transportation.

Los Angeles currently has 14 engagement centers throughout the city. The Watts Labor Community Action Committee operates a drop-in center to assist homeless persons access a wide range of services including: mental health services, crisis counseling, long term case management, mail/message pick-up, and family services including child care while clients are receiving services at the access center. The center served 3,600 clients in 2005.

Currently OSH is exploring ways to engage the chronic street population in Philadelphia. There is a proposal to create an engagement center which would allow homeless persons to access basic services – meals, laundry, showers, and mail, as well as health care, mental health services, case management and other supportive services in a low-demand environment. Critical components of the program include: an accessible location, a well-staffed facility with quality supportive services for persons living with physical and behavioral health issues, immediate access to

overnight facilities/emergency housing and a strong connection and relationship with outreach workers. The program's ultimate success should be measured by its ability to get people of the streets and keep them housed. In cases where this is not possible, the City and Engagement Center staff should work to identify housing strategies that will be successful with those subsets of the population that are not able to permanently exit homelessness.

In addition to the creation of an engagement center, OSH will work to coordinate with Community Court and DBH to assist with access to services and treatment. Training will be provided for police officers, judges, and community court partners on the Sidewalk Behavior Ordinance.

Recommendations for Emergency Shelter

1. Consider renaming shelters "emergency housing".

This change reflects the City's focus on the system being a response to emergencies and its focus on housing, as opposed to "sheltering". This recommendation has already been implemented.

2. Continue to focus on rapid relocation with more intensive services targeted to those who are not moving out or those who are repeated users of emergency housing. Consider using Transitional Housing for people who do not move or have returned to shelter. Recent research indicates that families that are repeat users tend to be those with the most barriers to stability (See Housing recommendations for more discussion on this topic.)

In 2005, 2004 families used the emergency system and 35% stayed less than one month; 9,471 single adults used the system and 46% stayed less than one month. For clients that do not exit within one month, conduct a more in-depth assessment to ascertain why they are staying and identify barriers to moving on. For those who have not moved on within 60-90 days, conduct another in-depth assessment and consider moving them to transitional housing if they present with multiple barriers to stability.

As noted in the key findings, that rates of return to emergency shelter are high. Of the people who used the emergency system in 2005; 65% of single men, 57% of women and 46% of families had been there before. Transitional housing or supportive housing should be targeted to repeat users who have barriers to housing stability.

3. Provide regular updates to assessments to ensure that homeless persons are receiving the services they require and are moving through emergency housing system as quickly as possible.

While the majority of clients are moving out of emergency housing relatively quickly, 22% of single adults and 31% of families are remaining in emergency housing for over 90 days (City of Philadelphia, 2006). These consumers should be reassessed every 60 or 90 days to better understand their challenges and barriers to moving to stable housing. OSH could work with service providers to ensure that all consumers have applied for private or subsidized housing and are receiving the services and referrals needed to move them out of emergency housing as quickly as possible. If persons are not meeting their program goals and are not making progress in obtaining housing, the assessment might reveal that they need more intensive services in order to move them out of emergency housing. Long-term stayers are not well-served in emergency housing and they are costly to OSH. These persons can be identified through the assessment process so that they can receive proper services and housing.

4. Create specialized shelters for persons who would benefit from particular accommodations and services to meet their specific needs. Support OSH recommendations to add new program models. Additionally, through greater control over access and program models, use existing transitional housing to target specific homeless sub-populations in need. (See the Systems Recommendations in the Housing Recommendations (B.2.) for more discussion of this concept.)

The people who use shelter in the City of Philadelphia are a diverse group with a variety of different needs. OSH is proposing changes to the existing emergency housing system to better address this diversity and these changes should be supported and funded. Changes to the basic components of the programs address security, operations, programming, community relations, and the need to serve specific homeless populations in specialized facilities. The goals of these changes are to create more welcoming physical environments, ensure greater and more rapid access to appropriate services and housing, and improve community relations.

OSH is focusing on working with and serving the communities where the emergency housing facilities will be located; this is a critical component of the plan. OSH will work to engage the surrounding communities by creating jobs for neighborhood residents, seeking volunteers from local schools, churches, businesses, and hospitals, and forming an advisory group with the ward leader. The facilities will offer services to the community by providing daycare, libraries, and in some facilities, a café or thrift store. OSH will create a “Good Neighbors” policy and assign the task of community relations to a staff member to guarantee that community relations are a priority and that OSH is responsive to the communities’ needs and concerns.

In response to the need to provide specialized services to specific homeless populations, OSH is proposing the creation of three new emergency housing facilities for single men. One facility would serve persons living with mental health issues while another facility would serve persons with drug and alcohol issues. Given that 44% of the shelter population has behavioral health histories, it is important to develop programs that focus on these particular special needs and that provide a more intensive level of services. A third new facility would provide emergency housing for men who are working or involved in an education or vocational program. About a third of the single shelter users with the longest stays are not disabled and are likely underemployed. In addition to the creation of new emergency housing facilities for single men, consideration should also be given to creating specialized emergency shelter for single women.

For families, there is a proposal to create four new emergency housing facilities to meet demand and replace units that have or are coming off-line. The first would accommodate mothers with teen-age children and would focus on providing a positive educational environment for children. A second facility would serve working families and would work to move these families quickly out of emergency housing once they had sufficient income to live independently. Another would serve adult couples without children who are “episodic” users of the emergency housing system and are cycling in and out of facilities. And the last new facility would house families referred to OSH by DHS. It was widely reported from emergency housing staff that the episodic users and families with histories with DHS need special attention and would benefit from specialized resources. The fragile and more service needy clients would benefit from mental health services co-located with emergency housing. These services could be centralized and utilized most efficiently.

A. Emergency Housing for Single Men

OSH has made important recommendations around the basic components for emergency housing for singles. OSH recognizes that managing the physical spaces and operations of the emergency housing facilities are key components to the success of the programs and to neighborhood relations. The maximum population of each emergency housing facility would ideally be 50 and definitely no larger than 75 persons. Smaller facilities are easier to manage and are more attractive to neighbors with NIMBY concerns. All the emergency housing facilities will work to create more green space where possible and will attempt to provide a less institutional feel to the facilities. Each facility will offer lifeskills training and will have vocational services to ensure that consumers have positive activities to participate in each day.

Emergency Housing for Men with Mental Health Issues

Data from DSS CARES indicates that more than 40% of persons in the emergency housing system in 2005 had been served by the behavioral health system in the previous three years (City of Philadelphia, 2006). There is a real need to address

persons living with mental disorders in the emergency housing system. The creation of emergency housing for men with behavioral health issues will help address reported high rates of mental health issues among single men by providing services and medications to this population. These clients require intensive case management and would benefit from a service-rich program operated by behavioral health specialists. This specialized emergency housing would ensure that each client was connected with DBH and received the proper mental health services.

Emergency Housing for Men with Substance Use Issues

Emergency housing staff reported a high incidence of drug and alcohol abuse among single homeless persons they were serving. Research on NYC and Philadelphia emergency housing indicates that 36% of persons entering emergency housing have been treated for drug or alcohol abuse (Culhane, 1995). Additionally, DSS CARES data indicates that 26% of persons served in 2005 in the emergency housing system were served in the previous three years by the behavioral health system for drug or alcohol issues. Persons with substance use issues require specialized programs that can address addiction, recovery and relapse and can create program plans that are realistic for this population.

Specialized shelters for men with mental health and substance use issues may help address high rates of recidivism. For single men, research indicates that 40% of single homeless men had four or more emergency housing stays in a five year period and 22% had seven stays or more in the same period (University of Pennsylvania, 2006). Men who are cycling in and out of emergency housing are not receiving the services that they are in need of and are not finding stable housing. Emergency housing staff reported that many of the men living with mental health and substance use issues are unable to complete their program because of sobriety and mental health issues. Specialized programs for these populations can provide the environment and services needed to serve these populations and to move them towards stable housing. See Recommendation 5 below for more on low demand or wet options.

Emergency Housing for Men who are Working or in School

The third new emergency housing facility would be for men who are working or going to school. It was reported that working persons currently face challenges with the current emergency housing system. Often, working persons are unable to sleep during the day and this is problematic if they work at night. There are curfews that working persons may not be able to adhere to as well. In addition, transportation to and from work can be a barrier. The creation of emergency housing exclusively for working persons and persons attending school will help address these issues. It is crucial that working persons receive the support and encouragement that they require to continue being successfully employed. The positive work history and income from employment will move consumers out of the emergency housing system toward independent living.

B. Emergency Housing for Single Women

Currently, the majority of single women are housed with families. Emergency housing providers universally indicated that single women have distinct service needs and should be housed separately. Many of the single women in shelters have mental health disorders and would benefit from specialized emergency housing equipped to address and manage their mental health issues. HMIS data indicate that 38% of single women who had a shelter stay in 2005 had three or more stays in the past five years (University of Pennsylvania Center for Mental Health Policy and Services Research, 2006). This high rate of recidivism may be able to be addressed if women receive the specialized mental health services that they need to live independently and secure stable housing. As OSH adds new shelter facilities, separate and specialized programs for single females should be considered in the mix.

C. Emergency Housing for Families

OSH has identified changes to the family emergency housing system and has made recommendations for improving the existing model. OSH has stated that its overarching goal in the family emergency housing system is to end “generational homelessness”; OSH is working to stop the cycle of homelessness in the families it serves. We know that homeless children too often become homeless adults. Research reveals that 21% of homeless adults report their first homeless episode before the age of 18 (U.S. Department of Housing and Urban Development, 1999).

To combat generational homelessness, OSH has included programming to enhance parenting skills, provide educational opportunities for children, and give families the resources they need to move to long-term, stable housing as quickly as possible.

In addition to adding new emergency housing facilities, OSH is making critical changes to the basic components of the programs. One important change to the existing system involves providing private rooms to each family. It was reported that consumers struggled with sharing space with other families in the current shared configuration and did not have the space or privacy that they needed. In addition, family emergency housing facilities will preferably serve no more than 30-35 families at one time with some additional space to serve other families in overflow situations.

OSH will work to ensure that all family members receive the services that they require. National studies indicate that many homeless families are not receiving benefits for which they qualify. For example, only 71% of homeless families receive food stamps or WIC, although most families would qualify. And, 20% of homeless children do not have a regular source of medical care and 15% rely on hospital emergency rooms for care (National Center on Family Homelessness, 1999). Services such as: primary care, prenatal care, and behavioral health will be provided to consumers. Teaching parenting skills, ensuring access to job training and higher

education and helping clients access public benefits will be the main areas of focus for the programs.

Emergency Housing for Mothers with Teen-age Children

The specialized emergency housing for mothers with teen-age children will provide services to meet the specific challenges of this population. The focus of the programming would be to ensure that the teens have support for their current studies and access to on-going educational opportunities once they have finished high school. Additionally, given the shared living arrangements provided in most family shelters, teenage children (particularly males) cannot be accommodated.

This is especially important given many children have had to change schools and many have not had positive or stable educational experiences because of their homelessness. Nationally, research indicates that formerly homeless persons faced serious educational challenges: 37% dropped out of high school, 23% had to repeat one grade, and 18% were expelled from school (U.S. Department of Housing and Urban Development, 1999). And, according to the National Center on Family Homelessness, homeless children are four times as likely to have developmental delays and are twice as likely to have learning disabilities compared to other children (National Center on Family Homelessness, 1999).

Reinforcing positive study habits, providing consistent support and educational experiences would be benefits of the specialized emergency housing. OSH could provide tutors, mentors, and strong guidance to teens to assure their attendance and success in high school. Community colleges and traditional four-year universities could support the efforts of the program and could provide information on higher educational opportunities.

Emergency Housing for Adult Couples

Adult couples (without children) can be difficult to place and serve in the current emergency housing system. Staff reported that these adults are often repeat stayers in the emergency housing system are not receiving the housing placements and services that they require to keep them stably housed. In addition, they are costly to the system and will continue to burden the system financially until they are able to live independently. These couples are often living with complex life challenges that require intensive supportive services. In order to stop them from cycling in and out of the emergency shelter system, their issues must be addressed and they require a specialized program plan. In many cases, they are struggling with active addictions and mental health problems and their service needs are similar to those of single adults. Program approaches similar to safe havens may be effective with this population.

Emergency Housing for Working Families

Creating a facility to serve working families is an important addition to the emergency housing system. As with the singles, a specialized facility for working families can better accommodate the schedule and needs of working persons. And, working families may be able to be fast tracked and move quickly through the system once they receive a cash benefit or save enough money for first and last months rent. For many families, housing loss occurred because of the loss of employment or income. If families can regain employment and save money, most should be able to move to independent housing. It is critical that families who are able to work earn an income so that they may move as quickly as possible to stable housing since income provides the exit out of emergency housing for many families.

5. Create more low-demand or safe haven facilities. Continue to fund/support overnight drop-in centers.

Drug-testing and sobriety requirements present barriers to shelter and housing for persons unable or unwilling to live in a dry environment. The creation of additional low-demand shelters may aid in both the reduction of street homelessness and homeless recidivism.

As noted above, research indicates that 36% of singles who enter shelter had prior treatment for drug and alcohol use (Culhane, 1995). And, it was estimated that 35% of persons who utilized an all-night drop-in center had alcohol or substance use issues (Project HOME, 2006). These persons face numerous obstacles and requiring sobriety for this entire population is unrealistic as a prerequisite to coming off the streets. In addition, many of these individuals are not ready to participate in programs and are reluctant to enter the existing emergency housing system.

Low-demand emergency housing and safe havens could serve two critical populations: persons living on the street and persons who cycle in and out of the shelter system because they are unable to adhere to program rules regarding sobriety. Outreach workers have indicated that persons on the street do not want to reside in a traditional shelter; they find the environment to be threatening, have had negative experiences with institutions and many are not interested in receiving services. Staff in emergency housing indicated that many singles in the emergency shelter system struggled with drug and alcohol issues and many were not able to stop using while in shelter. These individuals have had trouble adhering to program rules and often left because of non-compliance or unwillingness to participate. These clients may return to unsafe living conditions and then cycle back through the emergency housing system again. Indeed, more than 94% of street homeless individuals have used shelters (Maguire, Culhane, Poulin, 2005).

In the winter of 2005, Project HOME operated Grace Café, an overnight drop-in center. The Café provided a warm, safe place where homeless individuals could

spend the night. Consumers were offered access to services and a chance to learn about potential housing opportunities; sobriety was not a requirement. Over 50% of the persons who stayed at Grace Café engaged in some kind of service ranging from housing placement to substance use treatment (Project HOME, 2006). Staff explained that many of the persons served here would not have been willing to use the traditional emergency housing system because of sobriety requirements and because of their inability to benefit from traditional services and shelter. Grace Café serves as an example of how a low-demand program can work successfully engaging hard-to-reach clients.

Services in low-demand settings help reach homeless persons who are ambivalent about receiving services and can offer services and emergency housing opportunities in a non-threatening environment. Providing settings where persons can safely reside regardless of their sobriety is a needed component in the emergency housing system. An effective program would not require sobriety or engagement in services, but would make services available; case managers trained in working with this population would be available to provide the wide array of services needed. This type of emergency housing would fill a gap in the existing system and may effectively address recidivism and lower the street population. However, important components of these programs must include a focus on helping people end their homelessness and move into housing and staff must have expectations that clients can and will succeed – in essence, an approach that is low demand with high expectations.

Housing Recommendations

Introduction

The following recommendations were developed by the CUCS study team in collaboration with the City of Philadelphia Office of Supportive Housing and the Housing Work Group constituted for the 10 Year Plan to End Homelessness under the auspices of the Mayor's Task Force. These recommendations were developed after extensive data collection and analysis including a calculation of unmet need by population for various housing solutions. With the shelter system at record high occupancy rates, these strategic recommendations are aimed to aide in reducing the emergency shelter and street populations by providing more exit options for persons in the system (opening the back door) and include transitional housing, permanent supportive housing and housing/rent subsidy approaches. The second section of these recommendations addresses systemic changes to ensure that resources are allocated most effectively and efficiently.

Recommendations for Transitional and Permanent Housing Strategies

A. Increase the Affordable Supportive Housing Stock and Availability of Housing Subsidies

- 1. According to the Gaps Analysis/Unmet Need projections calculated for the assessment (Appendix 4), the following housing resources have been identified to meet the housing needs of individuals on the street and families and singles residing in emergency, transitional, permanent housing:**
 - **Single Adults:**
 - **5,119 units of Permanent Supportive Housing**
 - **3,034 Housing Subsidies (short and long-term)**
 - **Families:**
 - **105 units of Transitional Housing**
 - **448 units of Permanent Supportive Housing**
 - **1,130 Housing Subsidies (short and long-term)**

The gaps/unmet need analysis establishes projections for housing need using quantitative data about the homeless populations gathered during the course of the study. Factors considered in the projections include income, employment, behavioral health and substance abuse issues and shelter recidivism rates. The projections are based on the annual number of persons who used the shelter system in calendar year 2005. See Appendix 4 for a detailed breakdown of the unmet need calculations and the methodology for developing these projections.

Addressing these levels of need will require a variety of strategies and resources and a multi-pronged approach. The balance of the recommendations in this section focus

on strategies to increase the supply and availability of permanent supportive housing and housing subsidies. See Appendix 6 for the estimated costs of developing and operating the housing approaches based on the unmet need analysis.

2. Prioritize the use of HUD McKinney funds for new permanent housing projects for single adults who are repeatedly homeless or homeless for long periods of time.

Lead City Agency: Office of Supportive Housing and Department of Behavioral Health

There is a chronic homelessness crisis among single adults in the City of Philadelphia. In 2005, there were 1918 individuals who had been homeless one year or longer or four times in the past three years. This is 20% of the 9,000 single adults who used the shelter system in calendar year 2005 (UPenn, 2006). Recent research also shows that between 1999 and 2002 (inclusive), 2731 persons were repeat or long-term shelter users. Of these individuals, 41% had received substance abuse treatment for the uninsured and 52% had received publicly funded mental health services (Maguire et al, 2005). These homeless individuals have intensive service needs and cycle in and out of the shelter system. From prior research, we know that these individuals consume 50% of the shelter resources (Culhane et al, 1997). Additionally, in terms of recidivism, there is a large cohort of single adults who are cycling in and out of the shelters year after year. Of the single men who had a shelter stay in 2005, between 2000-2005, 40% or 2768 men had 4 shelter stays and of those men, 1554 (22% of all men) had seven shelter stays or more (UPenn, 2006).

In addition to not receiving the services they require while in emergency housing, this homeless cohort utilizes resources (emergency shelter, jails, hospitals, treatment programs, etc) at a high rate thus generating great expenses for the City. Studies have revealed that providing supportive housing to this population both better serves the needs of consumers and is cost effective (Culhane et al, 2001). Until this homeless population is housed long-term with services, there will always be persons in and out of the system consuming costly and limited resources.

3. Create new permanent supportive housing projects for families.

Lead City Agency: Office of Supportive Housing and Department of Behavioral Health

Families are also in need of permanent supportive housing. Currently there are 929 units of permanent supportive housing for families. According to Annual Progress Reports prepared for HUD by McKinney transitional housing providers, 16% of the families served are disabled, with at least 28% experiencing some form of mental illness, 18% having substance abuse problems, some with co-occurring conditions (HUD Annual Progress Reports, 2006). Additionally, recent research indicates that

27% of all families have at least one major barrier to housing including: history of foster care, in-patient mental health or in-patient substance abuse treatment (Culhane, 2006). Many of these families require permanent supportive housing where there is no time limit to their stay and they can receive ongoing services to ensure housing stability.

Providers have reported that many families require long-term assistance and that the challenges they face cannot be properly addressed in 12-24 months of transitional housing. Providers also report high rates of sexual abuse and post-traumatic stress disorder (PEC, 2006). While some of these families can be served in a transitional housing setting, many need long-term assistance that permanent housing can provide. Analysis of OSH HMIS data indicates that of the families who had a shelter stay in 2005, 13% had four emergency housing episodes or more in a three year period or stayed in emergency housing for over one year. Additionally, in a five-year time period, 22% of families had 3 stays or more in the emergency shelter system (UPenn, 2006). Many of these long-term and repeat stayers are living with mental health and substance abuse disorders that require the long-term and intensive assistance of permanent supportive housing.

4. Develop mixed population serviced-enriched housing projects with units for low-income people and homeless persons with special needs.

Lead City Agency: Office of Housing and Community Development

Consider creating a new model of housing to be developed by the Office of Housing and Community Development (OHCD) which would mix units for low-income persons with homeless persons with special needs such as mental illness or substance abuse. Projects could target single adults, families or both. In this model, services are provided on-site and tenants are given program agreements or leases. The federal Low Income Housing Tax Credit Programs (LIHTC) can be used for development in conjunction with other development funding and also can provide operating reserves for the project. McKinney funding such as S+C or other rental assistance program can be used for rental subsidies.

Mixed population projects help remove the stigma of “homeless housing” for both tenants in the project and neighboring community members. These projects create much needed housing for both homeless special needs populations and persons in need of affordable housing. Because these projects serve low-income working persons from the community, they are often easier to develop in the face of neighborhood opposition. The City of New York has successfully developed thousand of units of housing over the past fifteen years using this approach. See Appendix 5 for a description of this approach.

5. Create a rental assistance demonstration project and seek state funding to support it.

Lead City Agency: Office of Supportive Housing and the Philadelphia Housing Authority

While there are some subsidized housing options in Philadelphia, the supply cannot keep pace with the need. In addition to the HUD S+C program, there are a limited number of rental assistance programs designed specifically to serve homeless individuals and families. Specifically, OSH transitional housing receives HOME funds combined with state housing assistance and other city resources for about 200 units. Additionally, the state's Pennfree Bridge program provides about \$4 million annually to support OSH transitional housing. Finally, the State is beginning to pilot a bridge rental assistance program which will provide an additional \$500K to the City. While these efforts are laudable, there are 14,880 persons on the waiting list for public housing and 6,510 persons on the Section 8 waiting list, which is closed to new applicants (Housing Alliance of Pennsylvania, 2005).

As of 2005, 25% of all residents (1,406 million people) in Philadelphia live below the poverty threshold which is \$9,973 for a single person, \$15,577 for a family of three and \$19,971 for a family of four (US Census Bureau, 2005). Minimum wage in the City was recently raised above the federal minimum of \$5.15 to 6.25 per hour. One working person earning minimum wage supporting a family of four earns 65% of the federal poverty line. In order for a family to afford a 2 bedroom apartment at Fair Market Rent (FMR) and only pay 30% of their income towards rent, they would have to earn approximately \$37,000 per year. One study found that there are at least 30,000 fewer affordable housing units in the City than are needed by households earning less than \$20,000 a year (Hillier and Culhane, 2003). It is clear that without rental assistance, many families will remain or become homeless and others will live in unsafe/unsuitable and overcrowded situations.

Given the affordability crisis, the inability of low-income persons to afford housing costs and the fact that 15,000 persons are using the emergency housing system each year, there is a critical need to address the housing crisis with additional rental subsidy programs. Many states have implemented innovative state-funded programs that provide housing subsidies for homeless and other very low income persons.

States such as New Jersey, Massachusetts, Connecticut and Illinois have made large financial commitments to long-term rental assistance programs that serve low-income, homeless and/or disabled persons. Often patterned after Section 8 rental assistance, these programs provide an invaluable resource to both maintaining and creating housing opportunities for persons in greatest need.

The state of New Jersey commits \$42 million annually to fund approximately 4700 tenant and project-based rental vouchers for low-income persons. Massachusetts has

made a \$27 million annual commitment and has had a rental assistance program in place for over 30 years. Illinois recently created a rental assistance program using revenue generated from real estate document recording fees to fund \$25 million annually for unit-based rental subsidies for low-income persons. And Connecticut has a long-term rental program for families funded by the state in the amount of \$16 annually. Some of these programs provide housing assistance in scattered site rental units. Others are used in single site permanent supportive housing models. In the mixed projects described in Recommendation 4 above, these subsidies can supplement the S+C and enable the buildings to serve non-disabled people.

In addition, many states have effective short-term, flexible rental assistance programs that serve as a bridge to housing stability for singles and families. These programs range in duration and funding amounts but generally serve persons who can maintain their own housing with the benefit and have income but need some extra assistance for a limited period of time. Many of these programs have had documented success in maintaining persons in stable housing after the subsidy has ended. See Appendix 5 for more discussion of state housing subsidy programs.

A demonstration project could initially focus on a short-term, flexible rental assistance program that allows for variation in duration (short, intermediate or long-term), depth of subsidy and type of benefit. This provides a model that is both cost effective and serves the specific needs of consumers. The subsidy could be structured to last from one to five years and target persons earning less than 60% of AMI. Benefits could be provided in a lump sum, tapered, or ongoing depending on the needs of the participants. Participants could use the benefits to maintain current housing or obtain new housing. Eligible use of funds may include: payment of arrears, first months rent and security deposit, moving expenses, and on-going rent payments.

In order to be eligible for the program, the project should target participants who are employed and earn at least \$18,000 per year. Currently, nearly 11% of families who exit transitional housing are earning this much or more. Case managers would conduct follow-up visits to ensure that participants had continued income and were able to handle their portion of housing costs. When needed, participants would be referred to financial management and budgeting classes to assist in their ability to live independently in stable housing.

6. Increase the homeless set-aside in the Housing Trust Fund to as least 10%.

Lead City Agencies: Office of Supportive Housing and Office of Housing and Community Development

The Housing Trust Fund (HTF), administered by OHCD was established to increase affordable housing production, assist with home repairs for homeowners and prevent families from becoming homeless. Revenue from the HTF is being used to fund a

basic home repair program for homeowners and is providing funding for gap financing for rental and homeownership development opportunities. Currently there is 5% set aside for homeless projects. With is a lack of resources to address unmet need among the homeless and the increasing numbers of homeless people in the shelter system, this is a critical source of funding and should be increased to at least 10%. Additionally, revenue generated that surpasses the anticipated \$10 million annual goal could also be allocated to homeless housing. Given that Philadelphia has been only able to acquire about \$1 million annually in tax credits for homeless projects, an increase in the allocation from the HTF would increase the City's ability to address the identified unmet need.

Other localities have been successful in targeting HTF revenue for homeless activities. The Ohio Housing Trust Fund sets aside approximately 13% of the \$50 million to emergency shelter and transitional and permanent housing for homeless persons. In addition, over half the allocation is used to serve households earning less than 30% of AMI (Ohio Trust Fund, 2006)

7. Support current proposed legislation on inclusionary zoning to foster the creation of affordable housing specifically aimed to serve very-low income and homeless persons. Continue making recommendations to modify the legislation to make it a viable resource to address homelessness.

Lead City Agency: Office of Supportive Housing and Office of Housing and Community Development

In Philadelphia, the proposed inclusionary zoning legislation mandates that developers make provisions for the development of affordable units when there are 20 or more units in one dwelling for sale or rent; when a tax abatement is requested; or when there are 20 or more dwelling units and developer is seeking relief from requirement of the Zoning Code. The legislation would require developers to set aside 10% of units as affordable. Currently the proposed legislation defines affordable as serving households with incomes between 80-150% of Area Median Income (AMI) as defined by HUD. Given that approximately 1/3 of the population of Philadelphia earns less than 30% of AMI and the vast majority of homeless persons are in this category, the legislation as proposed will not address the homelessness crisis.

There are successful examples of inclusionary zoning ordinances making commitments to providing affordable housing for very low-income persons all over the country. In Davis, Irvine and Sacramento, California where there is a set-aside requirement of 15-25% of affordable units in new housing developments. In Boston developers who choose the option of not providing affordable housing on site are required to pay an amount equal to 15% of the total number of market rate units times an affordable housing cost factor, or to develop 15% of the number of market rate units off-site.

It is imperative that the legislation creates effective mechanisms to create units for very low-income persons so that homeless individuals and families are served by the new ordinance. As with the Housing Trust Fund, because there is a dearth of resources to provide housing resources and funding for very-low income persons, the City must take advantage of new funding opportunities. Currently the Tax and Zoning Policy Committee is working to make important amendments to this legislation to ensure that it truly creates low-income housing. The current income range of affordability is being re-examined to be lowered from 80-150% of AMI to 30-80% of AMI in order for homeless persons to take advantage of the program. In addition, the Zoning and Policy Committee wants to add a specific provision that would allow developers to “buy out” and/or “opt out” of the program by paying a specific, direct, and agreed upon “in-lieu-of-fee” to the Philadelphia Housing Trust Fund. Both of these additions should be included in the new ordinance.

- 8. Create a “Transition in Place” program that allows persons in scatter site transitional housing to remain in their housing permanently while services and the rent subsidy sunsets after a period of time or is replaced with another housing subsidy if available.**

Lead City Agency: Office of Supportive Housing

In this program, clients begin in a transitional housing program with all the services associated with moving clients toward independent living while assisting them in managing multiple life issues. Case managers will remain closely connected to clients and will conduct assessments at fixed periods of time to determine when service levels can be stepped down. Once families are ready for independent living, leases will be transferred into their name, if they are not already and supportive services will be eliminated. However, clients will continue to have access to their original service provider and if needed, may begin to connect to services once again. As units move from transitional to permanent, housing providers will lease-up additional units and will move new families into these units.

The Transition in Place program should target persons with income of at least 30 to 50% of AMI with the ability to earn more income, in order to ensure that when the subsidy goes away, participants are able to maintain rent payments and remain stably housed. Because housing location is a key factor in housing satisfaction, when possible, providers should place clients in their neighborhoods of choice. This helps to ensure that when it is time to transition the housing, clients are willing to stay in the apartment long-term. It is also critical that consumers are able to handle the financial responsibility of rent payments and do not end up in arrears and eviction.

The transition to permanent housing should occur only when it is apparent that participants are able to manage rent payments and financial education classes should be provided. Additionally, when possible, providers may work with Community

Development Corporations (CDCs) to lease-up units for this model of housing. CDCs may have more affordable units and may be more willing to work with providers in accepting and changing housing subsidies. In addition, CDCs can work collaboratively in alerting providers of consumers' behavioral issues or when consumers are not paying rent.

- 9. Better understand the intersection between Coordinating Office of Drug and Alcohol Abuse Programs (CODAAP) and PSH (populations and systems) and ensure CODAAP/DBH assumes an appropriate level of responsibility and cost for housing individuals exiting treatment.**

Lead City Agency: Office of Supportive Housing and Department of Behavioral Health

Currently, 55% of singles entering HUD transitional housing come from places other than emergency shelter, including 25% from substance abuse treatment (HUD Annual Progress Reports, 2006). This puts a strain on transitional housing. Currently, there are extensive waiting lists for persons in emergency housing to enter transitional housing and OSH's priority is to house persons coming directly from emergency housing. The City should look to utilize mainstream resources to provide services to persons leaving treatment and to curb reliance on the OSH emergency system. Depending on the outcome of the analysis of the intersection of these two systems, the City may need to encourage CODAAP to create more housing options for persons exiting that system.

B. System Changes to Ensure Effective Allocation of Housing Resources

- 1. Access to transitional and permanent supportive housing should be centralized and an assessment tool should be developed to match clients to appropriate housing options. More intensive and costly services should be targeted to people with one or more barriers to stability and those who are chronically or repeatedly homeless.**

Lead City Agency: Office of Supportive Housing

Housing resources should be triaged accordingly with a rational allocation of limited and costly housing and services. Centralization of these functions allows for more effective oversight and tracking of vacancies and placements. Centralization ensures that the system is not vacancy-driven but rather matches need with available resources. A universal assessment tool can assist in placing consumers are ensuring that their housing and service needs are being met.

Currently, the City controls placement into OSH-contracted housing and some HUD Supportive Housing Programs (SHP). For most HUD funded transitional and

permanent housing programs funded under SHP, providers seek their own referrals. Access to the majority of HUD Shelter Plus Care units is controlled through the Department of Behavioral Health. The lack of a central point of oversight and accountability means that the City cannot ensure that resources are targeted to shelter users or those most in need.

For example, in HUD McKinney transitional housing for singles, HUD Annual Progress Reports revealed that 55% of placements were from locations other than emergency shelter. Additionally, only 42% of the families in permanent supportive housing are identified by providers as disabled, which is a condition of program eligibility, although 70% are reported to have drug abuse problems and 50% to have mental illness (HUD Annual Progress Reports, 2006). These statistics on the families may be provider error in reporting or may be ineligible persons being served. In either event, with greater oversight and centralization, the City could ensure that transitional and permanent supportive housing are serving as a resource for the backdoor of emergency housing and are targeting (and reporting on) the populations most in need.

Additionally, centralization would help guarantee that transitional and permanent housing resources are utilized most efficiently. Referring and placing clients swiftly to guarantee that housing units have a high occupancy rate is one of the guiding principles in centralizing these functions. The system would maintain waiting lists and have eligible clients ready to move through the referral and placement process quickly. Providers have reported that they do not know about all of the potential transitional and permanent supportive housing options for their clients. As part of the centralization process, detailed information on all programs would be made available to providers and to the City helping to ensure that informed referrals are being made.

Some transitional housing programs offer more intensive services and are more costly than others and these programs should be reserved for the clients in greatest need. Clients in need of fewer resources could be placed in programs with fewer supportive services. However, the placement process would need to have flexibility to continue to incorporate both provider and consumer preferences and providers should not be required to take clients who they deem unacceptable for their program. However, the reasons for provider rejections would be provided to the City for review. Centralization also makes certain that the City sets standards for how clients are denied access to programs and guarantees that providers are serving an agreed upon population of consumers.

Centralization of referrals and placements can be accomplished using several different models. City agencies could come together and create one clearinghouse for all transitional and permanent housing; or, OSH may decide to control their HUD units and the units that they fund. In terms of referrals, OSH may control all the referrals, or more likely, referrals could be sought by providers and sent to OSH for their approval. Since DMH has a successful central point of access for housing, it

would make sense for OSH to confer and coordinate with them on any new centralization procedures.

The single assessment tool is an essential component to centralization; the tool captures basic information that would have predictive value and would help to ensure that consumers receive the proper services. Once assessed, consumers could be placed in an appropriate model and program meeting their specific needs. The assessment tool would be able to capture challenges and barriers to housing and thus would be able to place clients in a setting with the appropriate intensity and level of services.

Recent research indicates that those families that stay longer in shelter and transitional housing are those with the least barriers to stability. Additionally, those families with the most barriers tend to be repeat shelter users. Barriers to stability include foster care placement of children, inpatient mental health treatment, use of detox, and limited work history (Culhane, 2006). In total, 45% of families who used the system in 2005 had been in shelter before (UPenn, 2006).

As research also indicates, there are many single adults living with serious life challenges and barriers that result in multiple shelter stays over years. As noted, in 2005, there were 1918 single adults who had repeated or extended stays in the shelter system and nearly 60% had been in shelter before. These individuals have intensive service needs and are cycling in and out of the emergency and transitional housing systems. With the use of an assessment tool and centralized placement, individuals and families can have their varying levels of service needs met and make the best use of limited resources.

It is critical that all homeless individuals and families receive an appropriate assessment and have an opportunity to be placed in the best housing program to suit their needs. When clients receive an appropriate placement and thus appropriate housing and services, they are less likely to return to the emergency housing system. The use of the assessment tool and centralized placement also helps to bridge the gap between emergency housing and transitional and permanent housing by ensuring that one universal assessment tool is shared with all providers. In addition, as part of the assessment and placement process, the City can work to make certain that case managers from emergency housing communicate with transitional and permanent housing providers regarding clients to foster continuity of care.

- 2. Consider targeting transitional housing units to families and individuals facing multiple life challenges and barriers as well as to repeat users of the emergency housing system.**

Lead City Agency: Office of Supportive Housing

Transitional housing serves an important role in the homeless housing continuum and provides much needed housing and services to singles and families in need of temporary housing and assistance. Currently there are 573 transitional housing units for families. Some of these units could be used to house families from the emergency housing system with special needs and families who are repeat stayers in the emergency system. As noted above, twenty two percent of families using the shelter in 2005 had three stays or more in the previous 5 years and a total of 45% had 2 stays or more (UPenn, 2006). There are variations in the levels of services provided in transitional housing programs and high cost/high service programs should be targeted to high need clients.

Families and individuals who are struggling in emergency housing and need an immediate intervention would be targeted for transitional housing. Transitional housing program placements would be targeted to people who have not been successful at moving out of emergency housing, repeat shelter users, and fragile people with more intensive support service needs. Repeat users and long-term users are costly to the system of emergency housing. Because these people have complex life challenges, unless they receive the specialized attention they require, they will continue to create a financial burden on the system.

- 3. Examine the Housing First program to ensure that all resources are being effectively utilized.**

Lead City Agency: Department of Behavioral Health

Currently there are a number of vacancies in Housing First units and rental subsidies are going unused. In spite of the vacancies, Assertive Community Treatment (ACT) teams still carry the clients who have left their housing on their caseload and thus cannot serve additional clients because they cannot exceed their established caseload limit. There is a need to explore how DBH can add additional clients using the rent subsidies or find an alternative service model to employ for those individuals in ACT who are not using the S+C subsidies. It has been reported that consumers are being evicted from the housing component because of behavioral issues; housing and service providers need to examine eligibility criteria to ensure that persons are able to live in the housing with the level of support provided. Persons with repeated criminal involvement; histories of drug dealing; or violent, disruptive or destructive behavior should be carefully screened to ensure that they can live unsupervised in the community with the supports provided and maintain compliance with their tenancy obligations.

- 4. Create an Interagency Council on Homelessness to address the recommendations in this report and to ensure that all appropriate City agencies are working to execute the tasks.**

Lead City Agency: Office of Supportive Housing

In order to take the next step and begin to execute the recommendations, consider creating an Interagency Council on Homelessness to provide oversight and guidance. It is critical that all relevant city and state agencies come to the table to participate in this process. Agencies should include: Office of Supportive Housing, Office of Housing and Community Development, Department of Behavioral Health, Philadelphia Housing Authority, Department of Social Services, Department of Human Services, Department of Corrections, Pennsylvania Housing Finance Authority, and the Department of Probation and Parole.

General Recommendations

Introduction

The following recommendations are aimed at issues not directly related to the specific areas targeted by this study, but which are important to consider in ensuring sound planning, effective service provision and successful exits from homelessness.

1. Develop routine data analyses to be run monthly and quarterly and reviewed by OSH executive staff.

The Homeless Management Information System (HMIS) in Philadelphia has the ability to provide a wealth of information to OSH that can help to inform the day-to-day operations of emergency, transitional and permanent supportive housing as well as larger housing policy issues. Since the capacity to run HMIS analyses is still under development in OSH, the City should consider using the University of Pennsylvania Center for Mental Health Policy and Services Research to run standard analyses and reports on a regular basis. For this housing assessment, U Penn Center was able to run extensive analyses quickly and efficiently.

As part of the work of the 10-year plan, consider continuing data collection and analyses on specific populations of interest, specifically on the chronically homeless and recidivists. These populations are utilizing the greatest amount of resources and there is still much information to explore to better understand how to serve these vulnerable persons. Additionally, as more programs begin to use the HMIS, it will be important to analyze rates of return to the emergency systems for those people who exit to transitional and permanent supportive housing. In spite of the wealth of data that this study was able to gather, key informants and work group members consistently noted that it would be useful to analyze movement between the various components of the system.

As the DSS Cares database develops, it will be an invaluable source of information on cross systems utilization (foster care, behavioral health, domestic violence, incarceration) as well as the special needs and disabilities of the homeless population. This data will be critical information for future housing and support services planning and analyses should be conducted that reflect specific characteristics of homeless sub-populations since the needs of single men, single women and families are quite divergent.

It would also be important to further understand more about persons with employment histories, persons with income and those who have had their own homes in the past; these populations could be diverted quickly from homelessness through the use of subsidies and other benefits. If the City develops a more extensive assessment tool for intake, more data on these variables should be collected and analyzed.

2. Consider developing a more extensive evaluation/monitoring process for the HUD funded transitional and permanent housing programs.

The HUD McKinney Homeless Assistance funding is a crucial funding stream to the homeless housing system. However, while the demand for funding grows, the monies are limited and cannot fund all programs in need. Therefore, it is critical that the monies be used effectively to combat homelessness and to provide high quality housing and services. In addition, HUD requires that localities monitor programs to ensure that they are in compliance with HUD guidelines and regulations. Programs that do not meet these requirements are in jeopardy of losing funding which affects the local allocation. Finally, as noted in the findings, there are some people who are not succeeding in these programs. Understanding more about the reasons for these failures can help to inform future program planning.

There are a myriad of ways to monitor programs. Some localities conduct site visits, review APRs, evaluate budgets, assess program goals and outcomes, and conduct interviews with providers and consumers. The Continuum of Care with direction from OSH should consider creating a way to monitor and evaluate existing programs as a way to both decide on future funding and to improve the quality of housing and support services being provided. The APR analysis prepared for this assessment provides a useful starting point to begin further evaluation as outcome data from these programs indicates areas for further review.

3. Provide training to all emergency, transitional and permanent supportive housing case managers on entitlements for homeless individuals and families to increase access to benefits such as SSI, Medicaid, Food Stamps and Veterans Benefits.

The HUD APR data reveal that there are some benefits that consumers should be accessing at a higher rate. For example, 10% of single persons are leaving HUD transitional housing without any income from benefits. Additionally, only 6% are leaving with SSI, 4% with Medicaid and 14% with food stamps. Twelve percent of single adults are exiting permanent supportive housing without any benefits and only 11% are leaving with food stamps. Thirty nine percent of the adults and families exiting permanent supportive housing are leaving with SSI but given that the entire population is disabled, this percentage should probably be higher. The transitional programs serving families are doing better on entitlements but there appears to be room for some improvement on Medicaid and food stamps.

The City should consider providing training to case managers who deal with entitlements and benefits. Mainstream benefits are an essential component in improving the income of low-income persons and in many cases may be able to prevent homelessness. For homeless persons, the provision of mainstream benefits may assist in consumers obtaining more stable housing.

4. Consider participating in campaigns to increase the TANF housing allowance.

According to the US Department of Health and Human Services, the TANF housing allowance in Pennsylvania has remained at the same low level (\$300) for at least ten years. Since a substantial amount of the families in the emergency housing system rely on TANF for their income, an increase in the housing allowance could potentially help address some the shortage of available housing subsidies and/or could reduce the amount of subsidy required. The FY 07 HUD monthly fair market rents for Philadelphia are \$773 for a one-bedroom and \$923 for a two-bedroom unit. The need for an increase in the TANF housing allowance is self-evident.

Appendix 1

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Appendix 1

Participants in Key Informant Interviews and Focus Groups

Arlene Bailey, Office of Supportive Housing	Rob Hess, NYC Department of Homeless Services
Tanya Bardliving, Episcopal Community Services	Michael Hinson, Office of the Mayor
Karen Beck-Pooley, The Reinvestment Fund	Megan Hollingworth , Office of Supportive Housing
Victoria Bennett, Episcopal Community Services	Paul Levy, Center City District
Lisa Bentley, Traveler's Aid	Lynne Honickman, Honickman Foundation
Matthew Berg, Office of Supportive Housing	Bill Hughes, Center City District
Martie Bernicker, People's Emergency Center	Katherine Hunt, Episcopal Community Services
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Kevin Breazeale, Office of Supportive Housing	Walt Kubiak, 1260 Housing
Wendy Brooks, Project Rainbow	Brunilda LaFontaine, Office of Supportive Housing
Erica Brown, Self, Inc.	Marvin Levine, CODAAP
Bill Burns, Resources for Human Development	Michele Levy, Homeless Advocacy Project
John Cain, Connections, Dept. of Behavioral Health	Nora Lichtash, Women's Revitalization Project
Emily Camp-Landis, Office of Supportive Housing	Marcella Maguire, Department of Behavioral Health
Roberta Cancellier, Office of Supportive Housing	Michele Mangan, Office of Supportive Housing
Marilyn Canty, Salvation Army	Sandy Martin, People's Emergency Center
Marsha Cohen, Homeless Advocacy Project	Alba Martinez, United Way of SEPA
Anne Marie Collins, Project Rainbow	Rhonda Mays, ADCM
Consumers from Project Rainbow, PEC, Bethesda	Joan McConnon, Project HOME
Dennis Culhane, University of Pennsylvania	Hesia McMickens, Self, Inc
Julia Danzy, Division of Social Services	Deborah McMillan, PHMC
Ginnie Davidov, Resources for Human Development	Marcella Mills, Office of Supportive Housing
Gary Deckert, Salvation Army	Nancy McGraw, Corporation for Supportive Housing
Nick Dema, RDA	Dainette Mintz, Office of Supportive Housing
Gerald Devine, Department of Behavioral Health	Allison Moore, Valley Youth House
Sue Dichter, Bethesda Project	Maxine Ohringer, Office of Supportive Housing
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David Dunbeck, Horizon House	Diane Patterson, Episcopal Community Services
Kristen Edwards, Project HOME	Jennifer Pokempner, Juvenile Law Center
Leti Egea-Hinton, Office of Supportive Housing	Katrina Pratt, Office of Supportive Housing
Arthur Evans, Department of Behavioral Health	Pedro Ramos, Managing Director, Office of the Mayor
David Fair, United Way of SEPA	Florence Ray, Horizon House
Rachel Falkove, NW PhilaInterfaith Network	Stephanie Rubin, Connections Dept of Behavioral Health
Harry Gaymon, Horizon House	Sister Mary Scullion, Project HOME
Judie Gilmore, PACDC	Abigail Shapiro, Horizon House
Mary Ellen Graham, St. Vincent's	Angelo Sgro, Bethesda Project
Angela Griffin, Horizon House	Ed Speedling, Project HOME
Gloria Guard, People's Emergency Center	John Wagner, Catholic Social Services
Nancy Guarino, Office of Supportive Housing	Ellen Walker, Department of Human Services
Kevin Hanna, OHCD	Laura Weinbaum, Project HOME
Nicole Harris, GPUAC	Nicole Willoughby, SELF, Inc
Dorothy Haug, Office of Supportive Housing	Laverne Wright, Division of Social Services
Keisha Hawkins, ADCM	Ted Weerts, Travelers Aid
Harriett Herman, 1260 Housing	Dave Zega, Office of Supportive Housing

Philadelphia's 10-Year Plan: Intake, Shelter and the System of Housing and Services

Background Data
October 27, 2006

Prepared for the Mayor's Task Force on Homeless Services

John F. Street, Mayor
Pedro A. Ramos, Esq., Managing Director
Dainette Mintz, Deputy Managing Director

Prepared by the Center for Urban Community Services

Point in Time Homeless Count Information

On the night of January 25, 2006:

- A total of 3,079 people were living in city-funded shelters
 - 1,469 were single adults – 1,122 males, 347 females, ~500 chronically homeless
 - 510 were households with children for a total of 1,610 people
 - 1,068 of them were children, ~900 of them were youth 16-21
 - The average family size was 3.15 people with 2.1 children
- In addition, there were ~250 persons residing in Sunday Breakfast Rescue Mission and other faith-based shelters
- 313 people were living on the streets (237 in center city)

Sources: City of Philadelphia Office of Supportive Housing (OSH) and Outreach Coordination Center

Annual Count of Homeless Persons

- In 2005, there were 14,999 persons (unduplicated) who used the OSH shelter system
 - 9,471 -- single individuals
 - 2,004 -- heads of households
 - 3,506 – children
 - 18 – no data

- 20% of the single individuals (1,918 of 9,471) who had a shelter stay in 2005 had been homeless one year or longer or had four homeless episodes in three years

- 13% of families who had a shelter stay in 2005 (255 of 2004) had been homeless one year or longer or had four homeless episodes in three years

Sources: City of Philadelphia Office of Supportive Housing Homeless Management Information Strategies (OSH HMIS) - analysis prepared by University of Pennsylvania Center for Mental Health Policy & Services Research (UPenn CMHPSR)

Singles and Families Intake – Consumer Profile

Characteristics of persons (singles and heads of household) that presented at the intake centers from 1/1/06-3/31/06

Source: OSH HMIS

Gender	#	%
Female	1,208	52%
Male	1,104	48%
Transgender	2	0%
Total	2,314	100%

Race	#	%
Black\African American	1,884	81%
White	341	15%
Black\non-African American	41	2%
Not Applicable	32	1%
Asian	27	1%
Don't Know	17	1%
American Indian	11	0%
No Data	5	0%
Refused	2	0%
Native Hawaiian	1	0%
Pacific Islander (non-Hawaiian)	1	0%
Alaskan Native	1	0%
Total	2,363	100%

Singles and Families

Intake – Consumer Profile

Characteristics of persons (singles and heads of household) that presented at the intake centers from 1/1/06-3/31/06

Source: OSH HMIS

Presenting Problem	#	%
Evicted from Friend/Relative	661	29%
Building Emergency	196	8%
Legal/Illegal Eviction	177	8%
Homeless Prevention	144	6%
Evicted from Private Market	143	6%
Rent problems	124	5%
Fire Victim	96	4%
Released from Prison	78	3%
Voluntary Left Friend/Relative	73	3%
Domestic Violence	66	3%
Private Market Scheduled Evicti	50	2%
Stranded, non-resident	40	2%
L&I Unfit property	40	2%
Other	450	19%

Total 2,338 100%

Secondary Problem	#	%
Evicted by Friend/Relative	533	23%
Insufficient Income/Resources	500	22%
No Data	735	20%
Drug/Alcohol Issues	421	18%
Conflict with Family/Friends	240	10%
Mental Health Problem	183	8%
Medical Problem	153	7%
Loss of Income	137	6%
Loss of Employment	134	6%
Depression	76	3%
None	64	3%
Poor Financial Management	53	2%
Lost Job	43	2%
Others	439	19%

* Respondents may have answered more than one secondary problem

Singles and Families Shelter – Consumer Profile

Characteristics of persons in emergency shelters – families (including children) and singles from 1/1/06-3/15/06

Source: OSH HMIS

Gender	#	%
Female	2,505	38%
Male	4,084	62%
Transgender	3	0%

Total 6,592 100%

Age Range	#	%
0 - 5	631	9%
6 - 11	443	7%
12 - 17	395	6%
18 - 20	175	2%
21 - 30	832	13%
31 - 40	1,268	19%
41 - 50	1,827	28%
51 - 65	946	14%
66 +	106	2%

Total 6,623 100%

Race	#	%
Black\African American	5,291	85%
White	716	11%
Black\non-African American	121	2%
Asian	111	2%

Total 6,239 100%

Case Type	#	%
Single - No Kids	4,150	63%
Single Adult Family w/ Kids	1,827	28%
Multi-Adult Family w/ Kids	325	5%
Married Couple - w/ Kids	167	2%
Other Multi-Adult w/o Minors	99	1%
Married Couple - No Kids	44	1%

Total 6,612 100%

Note: Differences in totals result from missing data

Singles and Families Shelter – Consumer Profile

Characteristics of persons in emergency shelters – families and singles
monthly income for 7/1/03-6/30/06

Source: OSH HMIS

Monthly Income for Families and Singles									
		0	\$1 - 150	\$151 - 250	\$251 - 500	\$501 - 1000	\$1001 - 1500	\$1501 - 2000	\$2001 +
Total	6425	1761	117	1143	1384	1638	265	82	35
		27%	2%	18%	22%	25%	4%	1%	1%
Female	4252	1027	79	641	1207	1093	138	48	19
		24%	2%	15%	28%	26%	3%	1%	0%
Male	2154	731	38	494	175	540	127	33	16
		34%	2%	23%	8%	25%	6%	2%	1%

Singles in Shelter – Consumer Profile

Characteristics of single consumers in emergency shelters in 2005

Source: OSH HMIS – analysis prepared by UPenn CMHPSR

Gender	#	%
Male	6,902	74%
Female	2,440	26%
Transgender	4	0%
Total	9,346	100%

Age Range	#	%
18 to 25 years	822	9%
25 to 35 years	1,421	15%
35 to 45 years	3,222	34%
45 to 55 years	2,830	30%
55 to 65 years	923	10%
> 65 years	250	3%
Total	9,468	100%

Length of Stay	#	%
<1 Week	1,516	17%
1 Week to 1 Month	2,548	29%
1 Month to 3 Months	2,758	32%
3 Months to 6 Months	1,097	13%
6 Months to 1 Year	523	6%
> 1 Year	281	3%
Total	8,723	100%

The average length of stay was 72 days and median was 33 days

Note: Differences in totals result from missing data

Age and Chronic Homelessness for Single Men in Emergency Shelter

Characteristics of single men who had a shelter stay in 2005 and had been homeless one year or longer or had four homeless episodes in three years

Source: OSH HMIS – analysis prepared by U Penn CMHPSR

Age Category	%
18 to 25 years	3%
Over 25 to 35 years	12%
Over 35 to 45 years	37%
Over 45 to 55 years	36%
Over 55 to 65 years	10%
Over 65 years	2%

Total 100%

Shelter Stay	Count	%
N=1578		
Last 4 episodes occurred w/in 3 years	1,356	86%
Had stay > 365 days	146	9%
Last 4 episodes occurred w/in 3 years & had stay > 365 days	76	5%

Total 1,578 100%

Note: Total does not reconcile with slide 4 due to missing data.

Recidivism for Single Men in Emergency Shelter

Recidivism in single men who had a shelter stay in 2005

Source: OSH HMIS – analysis prepared by U Penn CMHPSR

# of Stays Beginning After 1/01/2000	#	%
No Data Available	44	1%
1 Stay	2,366	34%
2 Stays	1,030	15%
3 Stays	695	10%
4 Stays	530	8%
5 Stays	381	6%
6 Stays	308	4%
7 Stays or More	1,549	22%
Total	6,903	100%

Age and Chronic Homelessness for Single Women in Emergency Shelter

Characteristics of single women who had a shelter stay in 2005 and had been homeless one year or longer or had four homeless episodes in three years

Source: OSH HMIS – analysis prepared by UPenn CMHPSR

Age Category	%
18 to 25 years	8%
Over 25 to 35 years	18%
Over 35 to 45 years	38%
Over 45 to 55 years	24%
Over 55 to 65 years	10%
Over 65 years	2%

Total **100%**

Shelter Stay	Count	%
n=300		
Last 4 episodes occurred w/in 3 years	241	80%
Had stay > 365 days	44	15%
Last 4 episodes occurred w/in 3 years & had stay > 365 days	15	5%

Total **300** **100%**

Note: Total does not reconcile with slide 4 due to missing data.

Recidivism for Single Women in Emergency Shelter

Recidivism in single women who had a shelter stay in 2005

Source: OSH HMIS – analysis prepared by U Penn CMHPSR

# of Stays Beginning After 1/01/2000	#	%
No Data	25	1%
1 Stay	1,022	42%
2 Stays	463	19%
3 Stays	277	11%
4 Stays	174	7%
5 Stays	112	5%
6 Stays	82	3%
7 Stays or More	285	12%
Total	2,440	100%

Chronically Homeless Persons

For the period of 1999-2002 (inclusive), 2731 individuals had either been continuously homeless for a year or more or has had at least 4 episodes of homelessness in the past 3 years.

- 41% had received substance abuse treatment for the uninsured
- 10% had received services through the criminal justice treatment initiatives
- 52% had received publicly funded mental health services
- 79% had active Medicaid at some time in last four years

Source: Maguire, M, Culhane, D, Poulin, S. (2005). "Using HMIS to Identify Chronic Homelessness. Service Use Patterns, and Costs." US Department of Housing and Urban Development HMIS Conference. St. Louis, MO.

Characteristics of and Outcomes for Homeless Youth

There were 556 unaccompanied youth* or heads of household between 18 and 21 years old in the shelter system in 2005 - 67% Male; 33% Female**

According to a foster care study conducted by Culhane and Park (UPenn)***:

- Nearly 1 of 10 foster youth use the shelter system within 5 years of exit from the child welfare system
- Foster youth aging out of the system were twice as likely to enter public shelters (17%), compared to the overall leavers group (8%)
- Persons coded as exiting child welfare through “aging out” had the highest rate of shelter use
- Approximately one out of five homeless children has ever received DHS child welfare services.

* Youth are defined as 18-21 years old for this statistic

**OSH HMIS – analysis prepared by UPenn CMHPSR

*** Park, J. M., Culhane, D. P., Metraux, S., & Brodbar, G. (2004). “A Long-Term Outcome of Foster Care Children: Public Shelter Use.” Eighth Annual Conference of the *Society for Social Work and Research*, New Orleans, LA.

Characteristics of and Outcomes for Singles in OSH Transitional Housing

Single individuals who entered OSH transitional housing from June 2002- June 2006

Source: OSH – Transitional Housing Database

Gender	#	% Total
Female	401	44.3%
Male	504	55.7%
Total	905	100.0%

Age Range at Placement	#	% Total
18-24	64	7.1%
25-34	108	12.0%
35-44	306	33.9%
45-54	327	36.2%
55-64	96	10.6%
65 and up	2	0.2%
Total	903	100.0%

Average length of stay for 12 month TH program was 207 days

All clients discharged from transitional housing (n=720)		
	#	% Total
Unsubsidized Housing	138	39.9%
Subsidized Housing	97	28.0%
Unknown	65	18.8%
Private	22	6.4%
Permanent Housing	7	2.0%
Drug & Alc Program	3	0.9%
Jail/Prison	3	0.9%
Shelter	3	0.9%
Hospice	2	0.6%
State Psych Center	2	0.6%
Temporary	2	0.6%
Hospital	1	0.3%
Women Against Abuse Shelter	1	0.3%
Total	346	100.0%

no data=374

Characteristics and Recidivism for Singles in OSH Transitional Housing

644 single Individuals were discharged from OSH Transitional Housing between June 2002 and December 2005 -- 165 (26%) returned to shelter.
Source: OSH Transitional Housing Database

Client Type *	Number of Clients who were discharged from shelter in each category	% of Client Type Who Returned to Shelter
Age: 65 and over	2	100%
Discharge Status: Terminated	80	39%
Male	386	33%
Discharge Status: Withdrew Voluntarily	117	30%
Age: 45-54	207	28%
Age: 35-44	219	27%
African American	554	26%
Placed into Unsubsidized Housing	111	24%
Hispanic	13	23%
Age: 25-34	102	23%
Age: 18-24	50	22%
Discharge Status: Met Goal **	207	20%
Caucasian	69	20%
Age: 55-64	60	18%
Female	254	15%
Placed into Subsidized Housing	79	11%

*Client Type categories are not mutually exclusive, ** Met goal as defined on service plan

Characteristics of Singles Who Returned to Shelter after Discharge from OSH Transitional Housing

26% (164 of 639) of the singles living in OSH-funded transitional housing who were discharged between June 2002-December 2005 returned to shelter.

Source: OSH – Transitional Housing Database

Gender (Heads of Household)	#	% Total
Male	127	77.4%
Female	37	22.6%
Total	164	100.0%

Age Range at Placement	#	% Total
18-24	11	6.7%
25-34	23	14.0%
35-44	60	36.6%
45-54	57	34.8%
55-64	11	6.7%
65 and up	2	1.2%
Total	164	100.0%

Length of Stay and Shelter Return Rate for Single Men in OSH Transitional Housing

Single men residing in an OSH 1-year transitional housing program during the period from June 2002-June 2006 (n=409)

Source: OSH Transitional Housing database

- 35% stayed 1-6 months
- 39% stayed 6-12 months
- 19% stayed 12-15 months
- 33% returned to shelter*

* Data obtained from June 2002 - December 2005

Length of Stay and Shelter Return Rate for Single Women in OSH Transitional Housing

Single women residing in an OSH 1-year transitional housing program during the period from June 2002 - June 2006 (n=306)

Source: OSH Transitional Housing Database

- 14% stayed less than 1 month
- 49% stayed 3-9 months
- 12% stayed 12-21 months
- 15% returned to shelter*

* Data obtained for the period from June 2002 - December 2005

Capacity and Turnover at HUD McKinney Transitional Housing for Singles

Source: HUD APRs for the most recently completed operating year (4 programs 2005, 2 programs 2006)

Capacity and Turnover Rate	Transitional Housing Singles
Number of Programs	6
Persons to be served at a given point in time	174
Persons Served during the operating year	
Number on the first day of the operating year	136
Number entering program during the operating year	261
Number who left the program during the operating year.	233
Number in the program on the last day of the operating year.	164
Capacity Rate on the last day of the year	94%
Turnover rate*	171%
Median turnover rate	161%

*The turnover rate is calculated by dividing the number of participants who exited the program by the number of participants on the first day

Age and Gender of Singles in HUD McKinney Transitional Housing

Age and gender of Singles who entered HUD transitional housing during the operating year

Source: HUD APRs for most recently completed operating year (4 programs 2005, 2 programs 2006)

Age & Gender	Transitional Housing Singles	
	# of individuals	%
Number of Programs	6	
Single Persons (Male)		
62 and over	6	2.3%
51 - 61	86	33.0%
31 - 50	123	47.1%
18 - 30	8	3.1%
17 and under	0	0.0%
Single Persons (Female)		
62 and over	2	0.8%
51 - 61	4	1.5%
31 - 50	29	11.1%
18 - 30	3	1.1%
17 and under	0	0.0%
Total Participants	261	100.0%

Prior Living Situation for Singles in HUD McKinney Transitional Housing

Prior living situation for individuals who entered HUD transitional housing during the operating year

Source: HUD APRs for most recent operating year (4 programs 2005, 2 programs 2006)

PRIOR LIVING SITUATION	Transitional Housing Singles	
		%
Number of Programs	6	
Non-housing (Street, park, car, bus station, etc)	3	1.1%
Emergency shelter	117	44.8%
Transitional housing for homeless person	33	12.6%
Psychiatric facility	0	0.0%
Substance abuse treatment facility	64	24.5%
Hospital	4	1.5%
Jail/prison	25	9.6%
Domestic violence situation	1	0.4%
Living with relatives/friends	14	5.4%
Rental Housing	0	0.0%
Other	0	0.0%
Total Participants	261	100.0%

Special Needs of Singles in HUD McKinney Transitional Housing

Special needs of singles who entered the project during the operating year – special needs categories are not mutually exclusive

Source: HUD APRs for last available operating year (4 programs 2005, 2 programs 2006)

Special Needs	Transitional Housing Singles	
	# individuals	%
Number of Programs	6	
Number entering program during the operating year	261	
Special Needs		
Mental Illness	98	37.5%
Alcohol abuse	130	49.8%
Drug Abuse	164	62.8%
HIV/AIDS and related diseases	8	3.1%
Development disability	2	0.8%
Physical disability	11	4.2%
Domestic Violence	8	3.1%
Other (please specify)	0	0.0%
Disability *		
How many of the participants are disabled?	109	41.8%

*HUD defines disability as, "A disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living." 24

Destinations for Singles who Exited HUD McKinney Transitional Housing

Source: HUD APRs for last available operating year (4 programs 2005, 2 programs 2006)

Destination	Transitional Housing - Singles	
	# individuals	%
PERMANENT		
Rental house or apartment (no subsidy)	42	18.0%
Public Housing	4	1.7%
Section 8	2	0.9%
Shelter Plus Care	2	0.9%
HOME subsidized house or apartment	12	5.2%
Other subsidized house or apartment	24	10.3%
Homeownership	2	0.9%
Moved in with family or friends.	33	14.2%
TRANSITIONAL		
Transitional Housing for homeless persons	51	21.9%
Moved in with family or friends.	7	3.0%
INSTITUTION		
Psychiatric hospital	2	0.9%
Inpatient alcohol or other drug treatment facility	5	2.1%
Jail/prison	2	0.9%
EMERGENCY SHELTER		
Emergency shelter	7	3.0%
OTHER		
Other Supportive Housing	0	0.0%
Places not meant for human habitation (e.g. street)	0	0.0%
Other	1	0.4%
UNKNOWN		
Unknown	37	15.9%
Total Participants	233	100.0%

Reasons for Leaving Among Singles in HUD McKinney Transitional Housing

Primary reason singles left a HUD transitional housing program during the operating year

Source: HUD APRs for last available operating year (4 programs 2005, 2 programs 2006)

Reasons for Leaving	Transitional Housing - Singles	
	# individuals	%
Number of Programs	6	
Left for a housing opportunity before completing program	28	12.0%
Completed program	125	53.6%
Non-payment of rent/occupance charge	2	0.9%
Non-compliance with project.	52	22.3%
Criminal activity/destructions of property/violence	0	0.0%
Reached maximum time allowed in project.	3	1.3%
Needs could not be met by project.	7	3.0%
Disagreement with rules/persons	3	1.3%
Death	0	0.0%
Other	4	1.7%
Unknown/disappeared	9	3.9%
Total Participants	233	100.0%

Length of Stay for Singles in HUD McKinney Transitional Housing

Length of stay for individuals who left HUD transitional housing during the operating year

Source: HUD APRs for the last operating year (4 programs 2005, 2 programs 2006)

Length of Stay	Transitional Housing Singles	
	# individuals	%
Number of Programs	6	
Length of Stay in the Program		
Less than 1 month	20	8.6%
1 to 2 months	55	23.6%
3 - 6 months	71	30.5%
7 - 12 months	54	23.2%
13 - 24 months	30	12.9%
25 months - 3 years	3	1.3%
4 - 5 years	0	0.0%
6 - 7 years	0	0.0%
8 - 10 years	0	0.0%
Over 10 years	0	0.0%
Total Participants	233	100.0%

Income at Exit for Singles in HUD McKinney Transitional Housing

Monthly income at exit for individuals who left HUD transitional housing during the operating year

Source: HUD APRs for the last operating year (4 programs 2005, 2 programs 2006)

Monthly Income at Exit	# individuals	%
No Income	23	9.9%
\$1-\$150	3	1.3%
\$151 - \$250	98	42.1%
\$251 - \$500	9	3.9%
\$501 - \$1,000	39	16.7%
\$1,001 - \$1,500	46	19.7%
\$1,501 - \$2,000	11	4.7%
\$2,001 +	4	1.7%
Total Participants	233	100.0%

Sources of Income at Exit for Singles in HUD Transitional Housing

Sources of income for individuals who left HUD transitional housing during the operating year (can have multiple sources).

Source: HUD APRs for the last operating year (4 programs 2005, 2 programs 2006)

Income Sources at Exit	Transitional Housing - Singles	
	# of Individuals	Percentage
Supplemental Security Income (SSI)	13	5.6%
Social Security Disability Income (SSDI)	14	6.0%
Social Security	2	0.9%
General Public Assistance	103	44.2%
Temporary Aid to Needy Families (TANF)	0	0.0%
State Children's Health Insurance Program (SCHIP)	0	0.0%
Veterans Benefits	30	12.9%
Employment Income	58	24.9%
Unemployment Benefits	0	0.0%
Veteran Health Care	1	0.4%
Medicaid	10	4.3%
Food Stamps	32	13.7%
Other	1	0.4%
No Financial Resources	23	9.9%

Capacity and Turnover Rate for HUD Permanent Supportive Housing for Singles

Source: HUD APRs for the last operating year (19 programs 2005, 8 programs 2006)

Capacity and Turnover Rate	Permanent Housing & Shelter Plus Care - Singles
Number of Programs	27
Persons to be served at a given point in time	604
Persons Served during the operating year	
Number on the first day of the operating year	515
Number entering program during the operating year	277
Number who left the program during the operating year.	254
Number in the program on the last day of the operating year.	538
Capacity Rate on the last day of the operating year	89%
Turnover rate*	49%
Median turnover rate	35%

*The turnover rate is calculated by dividing the number of participants who exited the program by the number of participants on the first day

Age & Gender for Single Men and Women in HUD Permanent Supportive Housing

Age and gender of individuals who entered HUD permanent supportive housing during the operating year

Source: HUD APRs for the last operating year (19 programs 2005, 8 programs 2006)

Age & Gender	Permanent Housing & Shelter Plus Care Singles	
		%
Number of Programs	27	
Single Persons (Male)		
62 and over	14	5.1%
51 - 61	47	17.0%
31 - 50	111	40.1%
18 - 30	10	3.6%
17 and under	0	0.0%
Single Persons (Female)		
62 and over	5	1.8%
51 - 61	17	6.1%
31 - 50	66	23.8%
18 - 30	7	2.5%
17 and under	0	0.0%
Total Participants	277	100.0%

Prior Living Situation for Singles in HUD Permanent Supportive Housing

Prior living situation for individuals who entered HUD permanent supportive housing during the operating year

Source: HUD APRs for the last operating year (19 programs 2005, 8 programs 2006)

PRIOR LIVING SITUATION	Total - Permanent Housing & Shelter Plus Care - Singles	
	# individuals	%
Number of Programs	27	
Non-housing (Street, park, car, bus station, etc)	76	27.4%
Emergency shelter	98	35.4%
Transitional housing for homeless person	30	10.8%
Psychiatric facility	3	1.1%
Substance abuse treatment facility	30	10.8%
Hospital	8	2.9%
Jail/prison	2	0.7%
Domestic violence situation	0	0.0%
Living with relatives/friends	16	5.8%
Rental Housing	3	1.1%
Other	11	4.0%
Total Participants	277	100.0%

Special Needs for Singles in HUD Permanent Supportive Housing

Special needs for individuals who entered HUD permanent supportive housing during the operating year – special needs categories are not mutually exclusive
 Source: HUD APRs for the last operating year (19 programs 2005, 8 programs 2006)

Special Needs	Singles in Permanent Housing	
		%
Number of Programs	27	
Number entering program during the operating year	277	
Special Needs		
Mental Illness	218	78.7%
Alcohol abuse	105	37.9%
Drug Abuse	159	57.4%
HIV/AIDS and related diseases	56	20.2%
Development disability	3	1.1%
Physical disability	52	18.8%
Domestic Violence	11	4.0%
Other (please specify)	1	0.4%
Disability		
How many of the participants are disabled?	243	87.7%

*HUD defines disability as, "A disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living."

Exit Destinations for Singles who Exited HUD Permanent Supportive Housing

Exit Destinations for individuals who left PSH during the operating year
 Source: HUD APRs for the last operating year (19 programs 2005, 8 programs 2006)

Destination	Permanent Housing	
PERMANENT		
Rental house or apartment (no subsidy)	28	10.9%
Public Housing	0	0.0%
Section 8	2	0.8%
Shelter Plus Care	4	1.6%
HOME subsidized house or apartment	0	0.0%
Other subsidized house or apartment	26	10.1%
Homeownership	3	1.2%
Moved in with family or friends.	20	7.8%
TRANSITIONAL		
Transitional Housing for homeless persons	8	3.1%
Moved in with family or friends.	14	5.4%
INSTITUTION		
Psychiatric hospital	10	3.9%
Inpatient alcohol or other drug treatment facility	13	5.1%
Jail/prison	11	4.3%
EMERGENCY SHELTER		
Emergency shelter	21	8.2%
OTHER		
Other Supportive Housing	12	4.7%
Places not meant for human habitation (e.g. street)	23	8.9%
Other	39	15.2%
UNKNOWN		
Unknown	23	8.9%
Total Participants	257	100.0%

Reasons for Leaving for Singles in HUD Permanent Supportive Housing

Reasons individuals left HUD permanent supportive housing during the operating year

Source: HUD APRs for the last operating year (19 programs 2005, 8 programs 2006)

Reasons for Leaving	Permanent Housing & Shelter Plus Care Singles	
	# individuals	%
Number of Programs	27	
Left for a housing opportunity before completing program	25	9.8%
Completed program	62	24.4%
Non-payment of rent/occupance charge	7	2.8%
Non-compliance with project.	41	16.1%
Criminal activity/destructions of property/violence	13	5.1%
Reached maximum time allowed in project.	0	0.0%
Needs could not be met by project.	28	11.0%
Disagreement with rules/persons	14	5.5%
Death	14	5.5%
Other	24	9.4%
Unknown/disappeared	26	10.2%
Total Participants	254	100.0%

Length of Stay for Singles in HUD Permanent Supportive Housing

Length of stay for individuals who left HUD permanent supportive housing during the operating year

Source: HUD APRs for the last operating year (19 programs 2005, 8 programs 2006)

Length of Stay	Permanent Housing & Shelter Plus Care - Singles	
		%
Number of Programs	27	
Length of Stay in the Program who exited.		
Less than 1 month	24	9.4%
1 to 2 months	16	6.3%
3 - 6 months	56	22.0%
7 - 12 months	47	18.5%
13 - 24 months	55	21.7%
25 months - 3 years	27	10.6%
4 - 5 years	13	5.1%
6 - 7 years	5	2.0%
8 - 10 years	7	2.8%
Over 10 years	4	1.6%
Total Participants	254	100.0%

Exit Income for Singles in HUD Permanent Supportive Housing

Monthly income at exit for individuals who left HUD permanent supportive housing during the operating year

Source: HUD APRs for the last operating year (19 programs 2005, 8 programs 2006)

Monthly Income at Exit	#	%
No Income	34	13.4%
\$1-\$150	3	1.2%
\$151 - \$250	43	16.9%
\$251 - \$500	5	2.0%
\$501 - \$1,000	145	57.1%
\$1,001 - \$1,500	18	7.1%
\$1,501 - \$2,000	4	1.6%
\$2,001 +	2	0.8%
Total Participants	254	100.0%

Sources of Income for Singles in HUD Permanent Supportive Housing

Sources of income at exit for individuals who left HUD PSH during the operating year – may be multiple sources

Source: HUD APRs for the last operating year (19 programs 2005, programs 2006)

Income Sources at Exit	Permanent Housing & Shelter Plus Care - Singles	
	#	Percentage
Supplemental Security Income (SSI)	99	39.0%
Social Security Disability Income (SSDI)	35	13.8%
Social Security	23	9.1%
General Public Assistance	45	17.7%
Temporary Aid to Needy Families (TANF)	0	0.0%
State Children's Health Insurance Program (SCHIP)	0	0.0%
Veterans Benefits	13	5.1%
Employment Income	23	9.1%
Unemployment Benefits	1	0.4%
Veteran Health Care	2	0.8%
Medicaid	96	37.8%
Food Stamps	27	10.6%
Other	29	11.4%
No Financial Resources	30	11.8%

Age, Length of Stay, and Recidivism for Homeless Families in Emergency Shelter

For families who had a shelter stay in 2005
 Source: OSH HMIS – analysis prepared by UPenn CMHPSR

Age of Head of Household	#	%
18 to 25 years	641	32%
Over 25 to 35 years	690	34%
Over 35 to 45 years	510	25%
Over 45 to 55 years	142	7%
Over 55 to 65 years	23	1%
Over 65 years	5	0%
Total HoH	2,011	100%

Length of Stay Categories	#	%
One Month or Less	703	35%
More than 1 Month to 3 Months	550	27%
More than 3 Months to 6 Months	342	17%
More than 6 Months	288	14%
Total	1,883	94%
Missing	128	6%
Total Households	2,011	100%

# of Stays Beginning After 1/01/2000	#	%
1 Stay	1,093	54%
2 Stays	472	23%
3 Stays	178	9%
4 Stays	110	5%
5 Stays	65	3%
6 Stays	33	2%
7 Stays or More	60	3%
Total	2,011	100%

The average length of stay was 95 days
 and median was 55 days

Chronic Homelessness for Families in Emergency Shelter

Characteristics of families who had a shelter stay in 2005 and had been homeless one year or longer or had four homeless episodes in three years. Total number of families who had a shelter stay in 2005 was 2,011.

Source: OHS HMIS – analysis prepared by UPenn CMHPSR

Shelter Stay N=255	Count	%
Last 4 episodes occurred w/in 3 years	95	37%
Had stay > 365 days	157	62%
Last 4 episodes occurred w/in 3 years & had stay > 365 days	3	1%
Total Households	255	100%

Characteristics of and Outcomes for Homeless Families in OSH Transitional Housing

Families who entered OHS-funded transitional housing from June 2002- June 2006

Source: OSH Transitional Housing Database

Gender (Heads of Household)		
	#	% Total
Male	35	3.8%
Female	881	96.2%
Total	916	100.0%

Age Range at Placement		
	#	% Total
18-24	244	26.6%
25-34	334	36.4%
35-44	257	28.0%
45-54	68	7.4%
55-64	12	1.3%
65 and up	3	0.3%
Total	918	100.0%

Average length of stay for 12 month TH program was 260 days – for 24 month, 459 days

All clients discharged from transitional housing (n=514)		
	#	% Total
Unsubsidized Housing	174	52.3%
Subsidized Housing	109	32.7%
Unknown	33	9.9%
Private	9	2.7%
Shelter	3	0.9%
Drug & Alcohol Program	2	0.6%
Temporary	2	0.6%
State Psych Center	1	0.3%
Permanent Housing	-	0.0%
Jail/Prison	-	0.0%
Hospice	-	0.0%
Hospital	-	0.0%
Women Against Abuse Shelter	-	0.0%
Total	333	100.0%

no data= 181

Gender and Age for Recidivist Homeless Families in OSH Transitional Housing

Characteristics of the 12% (51 of 417) of OSH-funded transitional housing households that were discharged between June 2002-December 2005 and returned to shelter.

Source: OSH Transitional Housing Database

Gender (Heads of Household)	#	% Total
Male	1	2.0%
Female	50	98.0%
Total	51	100.0%

Age Range at Placement (HoH)	#	% Total
18-24	8	15.7%
25-34	24	47.1%
35-44	17	33.3%
45-54	1	2.0%
55-64	1	2.0%
65 and up	-	0.0%
Total	51	100.0%

Characteristics of & Recidivism Rates for Homeless Families in OSH Transitional Housing

417 families were discharged from OSH Transitional Housing between June 2002 and December 2005 – 51 (12%) returned to shelter
 Source: OSH Transitional Housing database

Client Type (Head of Household)	Number of Clients (Head of Household) who were discharged from shelter in each category	% of Client Type Who Returned to Shelter
Male	15	33%
Discharge Status: Terminated	78	21%
Family Unit Placed in 1 year Program	103	17%
Age: 25-34	149	16%
Female	401	15%
Age: 35-44	118	14%
Hispanic	21	14%
African American	368	12%
Caucasian	26	12%
Family Unit Placed in 2 year Program	314	11%
Discharge Status: Withdrew Voluntarily	79	7%
Age: 18-24	110	7%
Placed into Unsubsidized Housing	128	4%
Discharge Status: Met Goal	162	4%
Age: 45-54	36	3%
Placed into Subsidized Housing	83	2%
Age: 65 and over	1	0%
Age: 55-64	2	0%

*Client types are not mutually exclusive, **as determined by service plan

Capacity and Turnover Rate at HUD Transitional Housing for Homeless Families

Capacity and turnover rate at HUD transitional housing for families during the operating year

Source: HUD APRs for the last available operating year (14 programs 2005)

Capacity and Turnover Rate	Transitional Housing - Families
Number of Programs	14
Persons to be served at a given point in time	240
Persons Served during the operating year	
Number on the first day of the operating year	212
Number entering program during the operating year	188
Number who left the program during the operating year.	186
Number in the program on the last day of the operating year.	214
Capacity Rate on last day of operating year	89%
Turnover rate*	88%
Median turnover rate	82%

*The turnover rate is calculated by dividing the number of participants who exited the program by the number of participants on the first day

Age and Gender for Homeless Families in HUD McKinney Transitional Housing

Age & gender for adults and children who entered HUD TH

Source: HUD APRs for the last available operating year (14 programs 2005)

Age & Gender	Transitional Housing Families	
		%
Number of Programs	14	
Persons in Families (Male)		
62 and over	0	0.0%
51 - 61	0	0.0%
31 - 50	2	0.4%
18 - 30	1	0.2%
13 - 17	12	2.2%
6 - 12	43	7.7%
1 - 5	92	16.5%
Under 1	25	4.5%
Persons in Families (Female)		
62 and over	0	0.0%
51 - 61	1	0.2%
31 - 50	50	9.0%
18 - 30	138	24.7%
13 - 17	22	3.9%
6 - 12	63	11.3%
1 - 5	82	14.7%
Under 1	27	4.8%
Total Participants	558	100.0%

Prior Living Situations for Homeless Families in HUD McKinney Transitional Housing

Prior living situation for families who entered TH during the operating year
 Source: HUD APRs for the last available operating year (14 programs 2005)

PRIOR LIVING SITUATION	Transitional Housing Families	
	# families	%
Number of Programs	14	
Non-housing (Street, park, car, bus station, etc)	0	0.0%
Emergency shelter	152	80.4%
Transitional housing for homeless person	12	6.3%
Psychiatric facility	0	0.0%
Substance abuse treatment facility	14	7.4%
Hospital	0	0.0%
Jail/prison	0	0.0%
Domestic violence situation	2	1.1%
Living with relatives/friends	5	2.6%
Rental Housing	1	0.5%
Other	3	1.6%
Total Participants	189	100.0%

Special Needs for Homeless Families in HUD McKinney Transitional Housing

Special needs among adults in families who entered HUD transitional housing during the operating year – categories are not mutually exclusive

Source: HUD APRs for the last available operating year (14 programs 2005)

Special Needs	Transitional Housing Families	
	Number of Programs	Number of Families
Number of Programs	14	
Number entering program during the operating year	188	
Special Needs		
Mental Illness	54	28.7%
Alcohol abuse	22	11.7%
Drug Abuse	35	18.6%
HIV/AIDS and related diseases	4	2.1%
Development disability	10	5.3%
Physical disability	6	3.2%
Domestic Violence	65	34.6%
Other (please specify)	5	2.7%
How many of the participants are disabled?	30	16.0%

According to a 2006 study conducted by People's Emergency Center on families in transitional housing, the responses to the number of mothers with less severe mental health issues (e.g. depression, anxiety, post-traumatic stress disorder, etc.) that are not severe enough to qualify the family for permanent supportive housing but that still require some degree of counseling or other assistance, revealed that 51% of mothers had post-traumatic stress or another clinical disorder, 10% had physical disabilities and 40% experienced domestic violence.

Exit Destinations for Homeless Families in HUD Transitional Housing

Destination	Transitional Housing - Families	
PERMANENT		
Rental house or apartment (no subsidy)	38	19.6%
Public Housing	18	9.3%
Section 8	22	11.3%
Shelter Plus Care	1	0.5%
HOME subsidized house or apartment	9	4.6%
Other subsidized house or apartment	36	18.6%
Homeownership	0	0.0%
Moved in with family or friends.	23	11.9%
TRANSITIONAL		
Transitional Housing for homeless persons	6	3.1%
Moved in with family or friends.	9	4.6%
INSTITUTION		
Psychiatric hospital	0	0.0%
Inpatient alcohol or other drug treatment facility	0	0.0%
Jail/prison	0	0.0%
EMERGENCY SHELTER		
Emergency shelter	8	4.1%
OTHER		
Other Supportive Housing	1	0.5%
Places not meant for human habitation (e.g. street)	0	0.0%
Other	2	1.0%
UNKNOWN		
Unknown	21	10.8%
Total Participants	194	100.0%

Source: HUD APRs for the last available operating year (14 programs 2005)

Reasons for Leaving for Homeless Families in HUD Transitional Housing

Primary reasons families left HUD TH during the operating year
 Source: HUD APRs for the last available operating year (14 programs 2005)

Reasons for Leaving	Transitional Housing Families	
	# Families	%
Number of Programs	14	
Left for a housing opportunity before completing program	39	20.1%
Completed program	90	46.4%
Non-payment of rent/occupance charge	9	4.6%
Non-compliance with project.	30	15.5%
Criminal activity/destructions of property/violence	1	0.5%
Reached maximum time allowed in project.	0	0.0%
Needs could not be met by project.	3	1.5%
Disagreement with rules/persons	10	5.2%
Death	1	0.5%
Other	10	5.2%
Unknown/disappeared	1	0.5%
Total Participants	194	100.0%

Length of Stay for Homeless Families in HUD Transitional Housing

Length of stay for families who exited HUD transitional housing during the operating year

Source: HUD APRs for the last available operating year (14 programs 2005)

Length of Stay	Transitional Housing Families	
	# families	%
Number of Programs	14	
Length of Stay in the Program who exited.		
Less than 1 month	7	3.6%
1 to 2 months	7	3.6%
3 - 6 months	40	20.6%
7 - 12 months	59	30.4%
13 - 24 months	65	33.5%
25 months - 3 years	16	8.2%
4 - 5 years	0	0.0%
6 - 7 years	0	0.0%
8 - 10 years	0	0.0%
Over 10 years	0	0.0%
Total Participants	194	100.0%

Monthly Income for Homeless Families in HUD Transitional Housing

Monthly income at exit for families who left HUD transitional housing during the operating year

Source: HUD APRs for the last available operating year (14 programs 2005)

Monthly Income at Exit	# families	%
No Income	1	0.5%
\$1-\$150	0	0.0%
\$151 - \$250	3	1.5%
\$251 - \$500	91	46.9%
\$501 - \$1,000	54	27.8%
\$1,001 - \$1,500	24	12.4%
\$1,501 - \$2,000	12	6.2%
\$2,001 +	9	4.6%
Total Participants	194	100.0%

Monthly Income for Homeless Families in HUD Transitional Housing

Income sources at exit for families who left HUD transitional housing during the operating year – families may have multiple sources
 Source: HUD APRs for the last available operating year (14 programs 2005)

Income Sources at Exit	Transitional Housing - Families	
	# of Families	Percentage
Supplemental Security Income (SSI)	18	9.3%
Social Security Disability Income (SSDI)	9	4.6%
Social Security	3	1.5%
General Public Assistance	15	7.7%
Temporary Aid to Needy Families (TANF)	109	56.2%
State Children's Health Insurance Program (SCHIP)	6	3.1%
Veterans Benefits	0	0.0%
Employment Income	48	24.7%
Unemployment Benefits	10	5.2%
Veteran Health Care	0	0.0%
Medicaid	106	54.6%
Food Stamps	111	57.2%
Other	12	6.2%
No Financial Resources	1	0.5%

Capacity and Turnover Rates for HUD Permanent Supportive Housing for Families

Capacity and turnover rate at HUD permanent supportive housing during the operating year

Source: HUD APRs for the last available operating year (9 programs 2005, 3 programs 2006)

Capacity and Turnover Rate	Permanent Housing & Shelter Plus Care - Families
Number of Programs	12
Persons to be served at a given point in time	217
Persons Served during the operating year	
Number on the first day of the operating year	111
Number entering program during the operating year	130
Number who left the program during the operating year.	46
Number in the program on the last day of the operating year.	195
Capacity Rate on last day of operating year	90%
Turnover rate*	41%
Median turnover rate	22%

*The turnover rate is calculated by dividing the number of participants who exited the program by the number of participants on the first day

Age & Gender for Homeless Families in HUD Permanent Supportive Housing

Age & gender for children and adults who entered HUD PSH during the operating year

Source: HUD APRs for the last available operating year (9 programs 2005, 3 programs 2006)

Age & Gender	Permanent Housing & Shelter Plus Care Families	
		%
Number of Programs	12	
Persons in Families (Male)		
62 and over	1	0.2%
51 - 61	0	0.0%
31 - 50	4	0.8%
18 - 30	11	2.2%
13 - 17	54	10.9%
6 - 12	65	13.1%
1 - 5	39	7.8%
Under 1	13	2.6%
Persons in Families (Female)		
62 and over	0	0.0%
51 - 61	0	0.0%
31 - 50	91	18.3%
18 - 30	37	7.4%
13 - 17	53	10.7%
6 - 12	71	14.3%
1 - 5	55	11.1%
Under 1	3	0.6%
Total Participants	497	100.0%

Prior Living Situation for Homeless Families in HUD Permanent Supportive Housing

Prior living situation for families who entered HUD PSH during the operating year
 Source: HUD APRs for the last available operating year (9 programs 2005, 3 programs 2006)

PRIOR LIVING SITUATION	Total - Permanent Housing & Shelter Plus Care - Families	
	# Families	%
Number of Programs	12	
Non-housing (Street, park, car, bus station, etc)	0	0.0%
Emergency shelter	73	55.7%
Transitional housing for homeless person	19	14.5%
Psychiatric facility	0	0.0%
Substance abuse treatment facility	21	16.0%
Hospital	0	0.0%
Jail/prison	0	0.0%
Domestic violence situation	0	0.0%
Living with relatives/friends	14	10.7%
Rental Housing	3	2.3%
Other	1	0.8%
Total Participants	131	100.0%

Special Needs for Homeless Families in HUD McKinney Permanent Supportive Housing

Special needs of adults in families who entered PSH during operating year – categories are not mutually exclusive

Source: HUD APRs for the last available operating year (9 programs 2005, 3 programs 2006)

Special Needs	Permanent Housing Families	
	# adults	%
Number of Programs	12	
Number entering program during the operating year	130	
Special Needs		
Mental Illness	64	49.2%
Alcohol abuse	41	31.5%
Drug Abuse	92	70.8%
HIV/AIDS and related diseases	7	5.4%
Development disability	4	3.1%
Physical disability	3	2.3%
Domestic Violence	0	0.0%
Other (please specify)	0	0.0%
Disability *		
How many of the participants are disabled?	54	41.5%

*HUD defines disability as, "A disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living."

Exit Destinations for Homeless Families in HUD Permanent Supportive Housing

Destination	Permanent Housing & Shelter Plus Care - Families	
	# families	%
PERMANENT		
Rental house or apartment (no subsidy)	10	20.0%
Public Housing	3	6.0%
Section 8	14	28.0%
Shelter Plus Care	0	0.0%
HOME subsidized house or apartment	0	0.0%
Other subsidized house or apartment	2	4.0%
Homeownership	4	8.0%
Moved in with family or friends.	7	14.0%
TRANSITIONAL		
Transitional Housing for homeless persons	0	0.0%
Moved in with family or friends.	0	0.0%
INSTITUTION		
Psychiatric hospital	0	0.0%
Inpatient alcohol or other drug treatment facility	1	2.0%
Jail/prison	1	2.0%
EMERGENCY SHELTER		
Emergency shelter	1	2.0%
OTHER		
Other Supportive Housing	0	0.0%
Places not meant for human habitation (e.g. street)	0	0.0%
Other	2	4.0%
UNKNOWN		
Unknown	5	10.0%
Total Participants	50	100.0%

Source: HUD APRs for the last available operating year (9 programs 2005, 3 programs 2006)

Reasons for Leaving for Homeless Families in HUD Permanent Supportive Housing

Reasons families left HUD permanent supportive housing during the operating year

Source: HUD APRs for the last available operating year (9 programs 2005, 3 programs 2006)

Reasons for Leaving	Permanent Housing & Shelter Plus Care Families	
	# families	%
Number of Programs	12	
Left for a housing opportunity before completing program	5	10.0%
Completed program	21	42.0%
Non-payment of rent/occupance charge	0	0.0%
Non-compliance with project.	15	30.0%
Criminal activity/destructions of property/violence	0	0.0%
Reached maximum time allowed in project.	0	0.0%
Needs could not be met by project.	1	2.0%
Disagreement with rules/persons	1	2.0%
Death	1	2.0%
Other	5	10.0%
Unknown/disappeared	1	2.0%
Total Participants	50	100.0%

Length of Stay for Homeless Families in HUD Permanent Supportive Housing

Length of stay for families who exited PSH during the operating year

Source: HUD APRs for the last available operating year (9 programs 2005, 3 programs 2006)

Length of Stay	Permanent Housing & Shelter Plus Care - Families	
	# families	%
Number of Programs	12	
Length of Stay in the Program who exited.		
Less than 1 month	0	0.0%
1 to 2 months	0	0.0%
3 - 6 months	3	6.0%
7 - 12 months	7	14.0%
13 - 24 months	6	12.0%
25 months - 3 years	8	16.0%
4 - 5 years	20	40.0%
6 - 7 years	6	12.0%
8 - 10 years	0	0.0%
Over 10 years	0	0.0%
Total Participants	50	100.0%

Monthly Income for Homeless Families in HUD Permanent Supportive Housing

Monthly income at exit for families who left HUD permanent supportive housing during the operating year

Source: HUD APRs for the last available operating year (9 programs 2005, 3 programs 2006)

Monthly Income at Exit	# families	%
No Income	1	2.0%
\$1-\$150	0	0.0%
\$151 - \$250	10	20.0%
\$251 - \$500	10	20.0%
\$501 - \$1,000	20	40.0%
\$1,001 - \$1,500	5	10.0%
\$1,501 - \$2,000	1	2.0%
\$2,001 +	3	6.0%
Total Participants	50	100.0%

Monthly Income for Homeless Families in HUD Permanent Supportive Housing

Sources of income at exit for families who left HUD permanent supportive housing during the operating year – families may have multiple sources

Source: HUD APRs for the last available operating year (9 programs 2005, 3 programs 2006)

Income Source at Exit	Permanent Housing & Shelter Plus Care Families	
Income Sources at Exit		
Supplemental Security Income (SSI)	20	40.0%
Social Security Disability Income (SSDI)	3	6.0%
Social Security	1	2.0%
General Public Assistance	7	14.0%
Temporary Aid to Needy Families (TANF)	17	34.0%
State Children's Health Insurance Program (SCHIP)	0	0.0%
Veterans Benefits	0	0.0%
Employment Income	9	18.0%
Unemployment Benefits	0	0.0%
Veteran Health Care	0	0.0%
Medicaid	4	8.0%
Food Stamps	18	36.0%
Other	2	4.0%
No Financial Resources	1	2.0%

Shelter Inventory – January 2006

- There are 3,037 emergency shelter beds
 - 1,341 beds for single adults
 - 1,696 beds for persons in families/516 units

- There are 36 emergency shelters (not including faith-based):
 - 10 for single men
 - 8 for single women
 - 14 for single women and families
 - 1 for couples (couples are also placed in three other shelters)
 - 3 for youth

- In addition, there are:
 - ~400 beds from voucher, overflow and seasonal
 - ~250 beds from faith-based shelters

Sources: City of Philadelphia, US HUD McKinney Inventory, Sunday Breakfast Rescue Mission

Transitional Housing Inventory – Jan. 2006

There are 3,878 transitional housing beds

- 1,887 beds for single adults
- 1,991 beds for persons in families (573 units)

Under development:

- 76 beds for single adults
- 181 beds for persons in families (65 units)

There are 37 providers of transitional housing providing 69 transitional housing programs

- 16 are currently contracted through OSH
- 28 are HUD-funded
- 34 are supported by DBH

Permanent Supportive Housing Inventory

4,240 Permanent Supportive Housing Beds

- 1,710 beds for single adults (512 for chronically homeless)
- 3,530 beds for persons in families/ 929 units
- Permanent supportive housing is provided in both single-site and scatter site models
- All PSH programs have services attached to the units

566 beds under development

- 89 beds for single adults (74 for chronically homeless)
- 477 beds for families/139 units

84 programs funded by HUD

- 49 SHP
- 35 S+C – 707 units
- 11 currently contracted through OSH

Housing Need and Inventory

Number of homeless persons – Point-in-Time

January 25, 2006

Homeless Type	Homeless singles	Homeless families/ persons
Street/Grace Café	389	
Shelter	1,719	510 / 1,610
Transitional	1,688 *	488 / 1,881
Total	3,796	998 / 3,491

Current Inventory*

Shelter/Housing Type	Single Beds	Families	
		Units	Beds
Shelter	1,591	516	1,696
Transitional	1,887	573	1,991
Permanent	1,710	929	3,530
Total	5,188	2,018	7,217

* in addition~400 overflow and seasonal beds

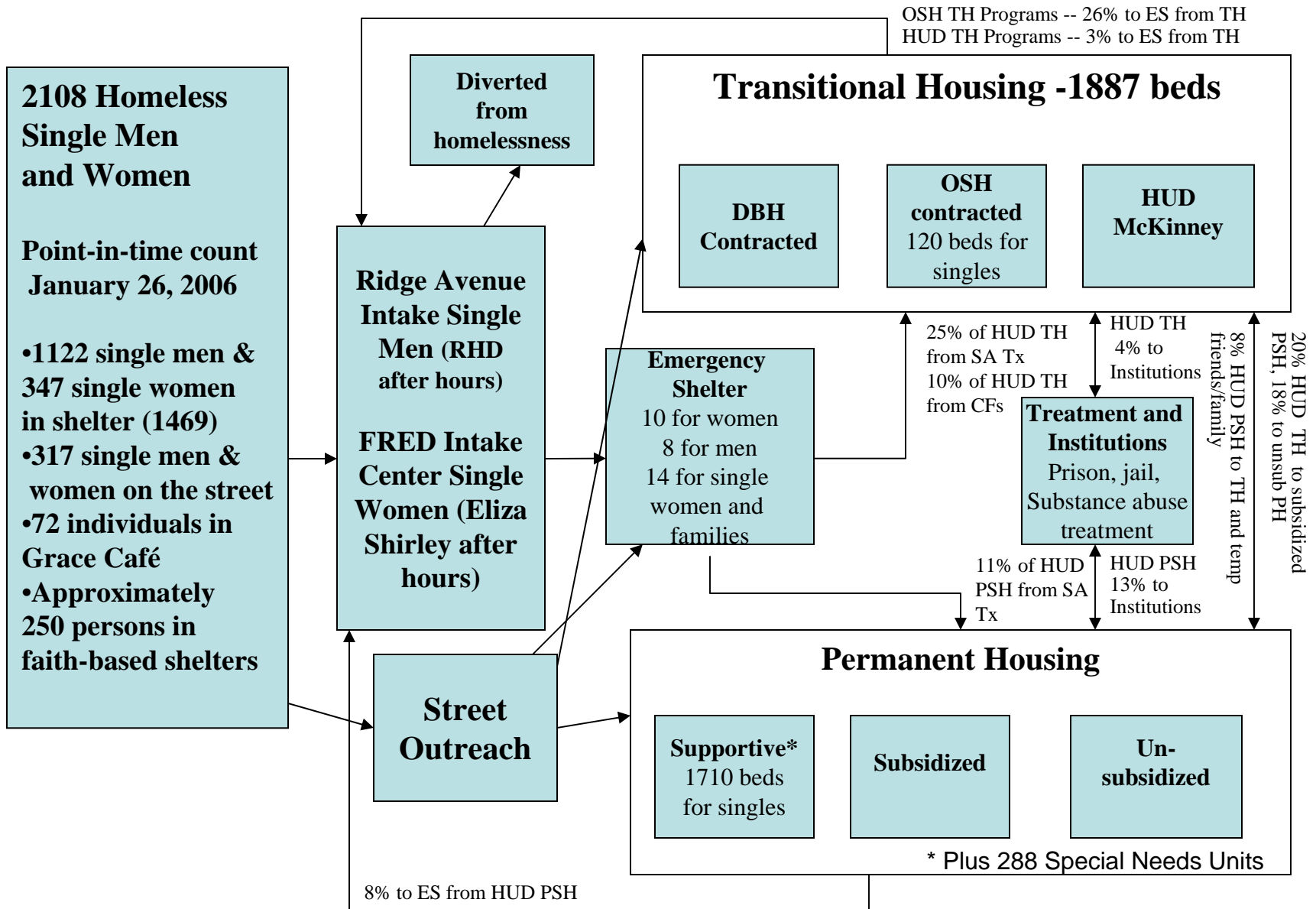
*Sources: 2006 HUD Exhibit 1, TH count is from 2005 HUD Exhibit 1, count was not updated in 2006, Outreach Coordination Center

Questions or Comments?

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Appendix 3: System Flowchart for Homeless Individuals



Appendix 3: Notes for System Flow Chart for Homeless Individuals

OSH Transitional Housing

- Exits – Of 344 people who exited, 28% exited to subsidized housing; 48% exited to unsubsidized or private housing; 1% each to D&A, Jail, Hospice, SPC, Temporary; and 19% of exits are to unknown locations
- Recidivism – Of 644 individuals discharged from OSH TH between 6/02 and 12/06, 26% ultimately returned to shelter

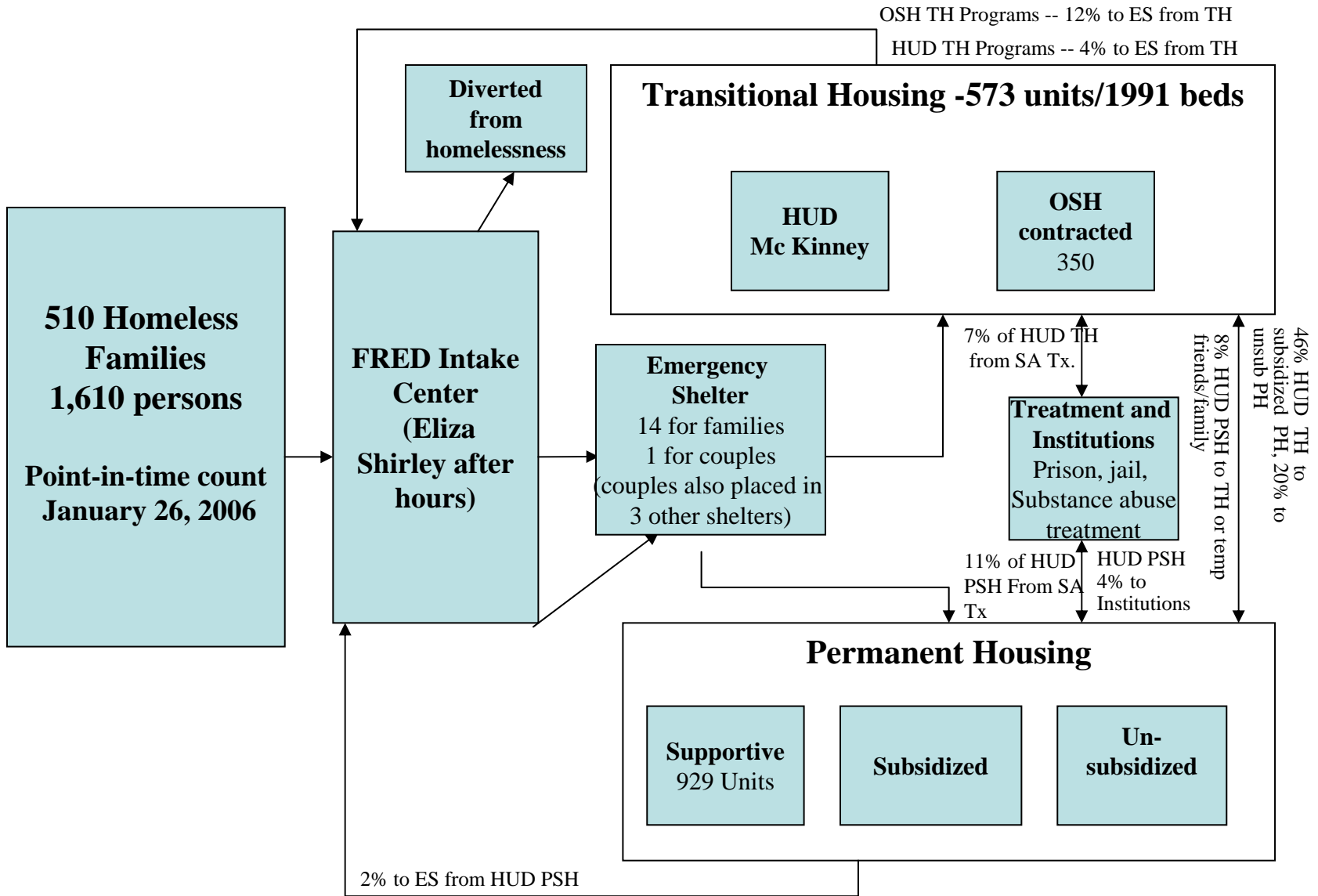
HUD Transitional Housing

- Prior Living Situation – Of 261 entries, 45% came from shelter, 25% from substance abuse treatment, 13% from transitional housing, 10% came from jail/prison, 5% from family/friends, 1% from the street and 1% from hospitals
- Exits – Of 233 people who exited, 19% went to subsidized housing, 19% to unsubsidized, 22% to transitional housing, 17% to family/friends, 4% to institutions, 3% to shelter and 16% to unknown locations

HUD Permanent Supportive Housing

- Entries – Of 277 entries, 35% were from shelters, 27% came from streets/public spaces, 11% from substance abuse treatment, 11% from transitional, 6% from friends/family, 3% from hospitals, 4% other and 1% each from jail, psychiatric hospital and rental housing
- Exits – Of 257 exits, 18% went to subsidized housing, 11% to unsubsidized, 13% moved in with family/friends, 16% to other, 9% went to unknown destinations, 9% to the street, 8% to shelter, 5% to inpatient drug and alcohol treatment, 4% to psychiatric hospitals, 4% to jail/prison, and 3% to transitional housing

Appendix 3: System Flowchart for Homeless Families



Appendix 3: Notes for System Flow Chart for Homeless Families

OSH Transitional Housing

- Exits - Of 299 families that exited, 61% went to unsubsidized housing or private apartments, 36% went to subsidized housing, 11% went to unknown locations, and 1% went to each shelter, D+A program or temporary housing
- Recidivism – Of 417 families who left OSH TH between 6/02 and 6/06, 12% ultimately returned to shelter

HUD Transitional Housing

- Prior Living Situation – Of 189 families who entered, 81% came from shelter, 7% from substance abuse treatment, 6% from other transitional housing, 3% from family/friends, 2% from other locations, 1% from domestic violence situations
- Exits – Of 194 exits, 46% went to subsidized housing, 20% went to unsubsidized housing, 17% moved in with family/friends, 4% exited to shelter, and 12% had unknown destinations

HUD Permanent Supportive Housing

- Prior Living Situation – Of 131 families who entered, 56% came from shelter, 16% came from substance abuse treatment, 15% came from transitional housing for homeless people, 11% came from family/friends, and 2% came from rental housing
- Exits – Of 50 families who exited, 38% moved to subsidized housing, 20% to unsubsidized housing, 14% to family/friend, 10% to unknown destinations, 8% to home ownership, 4% to other and 2% each to shelter, inpatient drug treatment and jail/prison.

Appendix 4

Gaps Analysis / Unmet Need for Transitional Housing, Permanent Supportive Housing and Housing Subsidies

Individuals living in	Number of single persons at point-in-time	Number of singles in need of transitional housing	Number of singles in need of permanent supportive housing	Number of singles in need of short-term housing subsidies	Number of singles in need of long-term housing subsidies
Emergency Housing ¹	1,469	273	814	239	143
Street Homeless	317	111	206		
Transitional Housing ²	1,887		793	472	623
Point-in-time Totals	3,673	384	1,812	710	766
Annual Totals	9,471	1,496	5,748	2,191	1,602
Inventory		1,887	1,710		
Under Development		66	89		
Unmet Need		(457)	5,119	1,753	1,281

Notes:

¹ Of the persons in emergency housing, 175 (35%) of the chronically homeless persons are not disabled and require TH (Maguire et al) and 14% of the single men need TH (had employment - HMIS); 40% of the non-chronic men are disabled and require PSH (HMIS 4 stays or more), 65% of (500) chronically homeless are disabled and require PH (Maguire et al) all non-chronic women except those who need housing subsidies need PSH; 34% of non-long-term homeless men need short-term rental subsidies (HMIS have income over \$500); 12% of non-long-term homeless men 22% of non-long term homeless women need long-term rental assistance (balance)
Of the street homeless, 35% are not disabled and need TH, 65% are disabled and need PSH (Maguire et al)

² Of the persons in TH, 42% are in need of PSH because of a disability (HUD APR); 25% are in need of a short-term housing subsidy (APR reported income over \$500 per month), 33% are in need of a long-term housing subsidy (balance)

Families living in	Number of families at point-in-time	Number of families in need of transitional housing	Number of families in need of permanent supportive housing	Number of families in need of short-term housing subsidies	Number of families in need of long-term housing subsidies
Emergency Housing ¹	510	173	138	133	66
Transitional Housing ²	573		155	143	275

Point-in-time Totals	1083	173	292	276	341
Annual Totals	2613	694	682	645	485
Inventory		573	926		
Under Development		16	139		
Unmet Need		105	448	645	485

Notes:

¹ Of the families in emergency housing: 34% (shelter stay > 3 months) require TH, 27% have at least one significant barrier and need PSH (Culhane), 26% need short-term housing subsidy (HMIS income between \$500-1000 per month), and 13% need long-term housing subsidy (balance/recidivism)

² Of the families in TH: 27% need PSH (Culhane); 25% need short-term housing subsidy (APR employment data), 48% get long-term subsidy (APR income data)

Gaps Analysis / Unmet Need
for Transitional Housing, Permanent Supportive Housing and Housing Subsidies

Data Sheet

SINGLE ADULTS		Point in Time Count
<u>Emergency Housing</u>		
Total Single Men		1122
Total Single Women		347
<i>Total Singles</i>		1469
Long Term Homeless (CH) Men		420
Long Term Homeless (CH) Women		80
<i>Total Long Term (CH) Singles</i>		500
<u>Street Homeless</u>		
Singles		317
<u>Transitional Housing</u>		
Bed Inventory		1887
Beds Under Development		66
<u>Permanent Supportive Housing</u>		
Bed Inventory		1710
Beds Under Development		89

FAMILIES		Point in Time Count
<u>Housing Type</u>		
Total in Emergency Housing		510
Total in Transitional Housing		573
<i>Total Families</i>		1083
<u>Transitional Housing</u>		
Unit Inventory		573
Units Under Development		16
<u>Permanent Supportive Housing</u>		
Unit Inventory		926
Units Under Development		139

Appendix 4

Gaps Analysis / Unmet Need for Transitional Housing, Permanent Supportive Housing and Housing Subsidies

Individuals living in	Number of single persons at point-in-time	Number of singles in need of transitional housing	Number of singles in need of permanent supportive housing	Number of singles in need of short-term housing subsidies	Number of singles in need of long-term housing subsidies
Emergency Housing ¹	1,469	273	814	239	143
Street Homeless	317	111	206	-	-
Transitional Housing ²	1,887	-	793	472	623
Point-in-time Totals	3,673	384	1,812	710	766
Annual Totals	9,435	1,496	5,748	2,191	1,602
Inventory		1,887	1,710		
Under Development		66	89		
Unmet Need		(457)	5,119	1,753	1,281

Notes:

<p>¹ Sheltered Homeless Need: TH: Of the persons in emergency housing, 175 (35%) of the long-term homeless persons are not disabled and require TH (Maguire et al) and 14% of the single men need TH (had employment - HMIS). PSH: 40% of the non-long-term men are disabled and require PSH (HMIS 4 stays or more); 65% of (500) long-term homeless are disabled and require PH (Maguire et al); all non-long-term women except those who need housing subsidies need PSH. Rental Subsidies: 34% of non-long-term homeless men need short-term rental subsidies (HMIS have income over \$500); 12% of non-long-term homeless men and 22% of non-long-term homeless women need long-term rental assistance (balance). Street homeless need: 35% are not disabled and need TH; 65% are disabled and need PSH (Maguire et al)</p> <p>² Of the persons in TH: 42% are in need of PSH because of a disability (HUD APR); 25% are in need of a short-term housing subsidy (APR reported income over \$500 per month); 33% are in need of a long-term housing subsidy (balance)</p>

Families living in	Number of families at point-in-time	Number of families in need of transitional housing	Number of families in need of permanent supportive housing	Number of families in need of short-term housing subsidies	Number of families in need of long-term housing subsidies
Emergency Housing ¹	510	173	138	133	66
Transitional Housing ²	573	-	155	143	275

Point-in-time Totals	1,083	173	292	276	341
Annual Totals	2,613	694	682	645	485
Inventory		573	926		
Under Development		16	139		
Unmet Need		105	448	645	485

Notes:

<p>¹ Of the families in emergency housing: 34% (shelter stay >3 months) require TH; 27% have at least one significant barrier and need PSH (Culhane); 26% need short-term housing subsidy (HMIS income between \$500-1000 per month); and 13% need long-term housing subsidy (balance/recidivism).</p> <p>² Of the families in TH: 27% need PSH (Culhane); 25% need short-term housing subsidy (APR employment data), 48% get long-term subsidy (APR income data)</p>
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Appendix 4

Gaps Analysis / Unmet Need
for Transitional Housing, Permanent Supportive Housing and Housing Subsidies

Calculation Page

SINGLE ADULTS	Point in Time	In need of TH	% in need of TH	In need of PSH	% in need of PSH	In need of HS-ST	% in need of HS-ST	In need of HS-LT	% in need of HS-LT
Emergency Shelter									
Single Men	1122								
Single Women	347								
Total Singles	1469								
Long Term Homeless (CH) Men	420	147	35%	273	65%	-	0%	-	0%
Long Term Homeless (CH) Women	80	28	35%	52	65%	-	0%	-	0%
Total LT/CH Singles	500	175		325		-	-	-	
Non Long Term/CH men	702	98	14%	281	40%	239	34%	84	12%
Non Long Term/CH women	267	-	0%	208	78%	-	0%	59	22%
Total Non LT/CH Singles	969	98		489		239		143	
Street Homeless									
Singles	317	111	35%	206	65%	-	0%	-	0%
Transitional Housing									
	Units		Units						
Inventory	1887		1710	793	42%	472	25%	623	33%
Under Development	66		89						
Annual Total									
			Multiplier		Multiplier		Multiplier		Multiplier
Long-term homeless	1,850	648	3.70	1,203	3.70	-	-	-	-
Street homeless	317	111	1.00	206	1.00	-	-	-	-
Non-long-term homeless	7,268	737	7.50	3,666	7.50	1,790	7.50	1,072	7.50
Transitional Housing			-	674	0.85	401	0.85	529	0.85
Total Homeless Singles	9,435	1,496		5,748		2,191		1,602	
Unmet Need									
Calculation		(457)	100%	5,119	35%	1,753	80%	1,281	80%
FAMILIES									
	Point in Time	In need of TH	% in need of TH	In need of PSH	% in need of PSH	In need of HS-ST	% in need of HS-ST	In need of HS-LT	% in need of HS-LT
Housing Type									
Emergency Shelter	510	173	34%	138	27%	133	26%	66	13%
Transitional Housing	573	-	0%	155	27%	143	25%	275	48%
Total Families	1083	173		292		276		341	
Transitional Housing									
	Units		Units						
Inventory	573		926						
Under Development	16		139						
Annual Total									
			Multiplier		Multiplier		Multiplier		Multiplier
Emergency Shelter	2,040	694	4.00	551	4.00	530	4.00	265	4.00
Transitional Housing	573	-	1.00	132	0.85	115	0.80	220	0.80
Total	2,613	694		682		645		485	
Unmet Need									
Calculation		105	100%	448	22%	645	100%	485	100%

Appendix 4

Gaps Analysis/Unmet Need Summary of Assumptions and Calculations

In order to quantify the unmet need of housing units and housing subsidies required to serve homeless persons in Philadelphia, CUCS analyzed the housing and service needs of homeless persons on the street, and persons in the emergency and transitional housing systems. The analyses are based on data collected by the Office of Supportive Housing HMIS, DSS Cares, U.S. Department of Housing and Urban Development Annual Performance Reviews (APRs) and national and local studies. This gaps analysis provides point-in-time totals for need as well as annual totals and unmet need.

Following are definitions of housing models and types of subsidies. Additionally, there is an explanation of the gaps analysis methodology including assumptions and calculations.

1. Definitions of housing types:

Emergency Housing – short term accommodation for homeless individuals and families. They are generally dormitory style for single adults or shared apartments for families. The goals of emergency shelter are to resolve immediate crises, assess participants' needs and assist them to access appropriate housing, social services, health and employment resources. In emergency housing, homeless people are provided with meals, accommodations and help accessing Medicaid, SSI, transportation, child care, DV services and mental health/substance abuse treatment.

Transitional Housing – housing for homeless individuals and families intended to help residents build the skills and access the resources to move to permanent housing or permanent supportive housing within a period of between twelve and twenty-four months. Single adults may have private or double rooms. Families generally have private apartments or at least have private sleeping quarters. Residents of transitional housing are provided with meals, accommodation and assistance accessing housing, employment, health and human services as well as public benefits and entitlements. Life skills training and assistance with transportation, child care, employment and other services are provided.

Permanent Supportive Housing – a long-term, intensive model of housing and services designed to serve disabled homeless individuals and families who cannot retain stable housing without linked supportive services. A wide array of services such as mental health and substance use counseling, life skills and job training may be offered. These services may be provided on-site in a congregate setting, or in a clustered or scatter site model. Housing is affordable and provided for as long as an individual or family require

Short-term Housing Subsidy – subsidy available for up to five years and may be constant or tapered depending on the needs of the consumers. The subsidy could be deep or shallow and could change over the life of the subsidy. The duration and amount of the subsidy would vary depending on the income of the participants. The subsidy serves persons who have some income and have the ability to maintain stable and permanent housing with some financial assistance.

Long-term Housing Subsidy – this subsidy parallels the Section 8 voucher program in terms of tenant rent contributions; participants pay 30% of their income. Subsidy is available until tenant no longer meets income eligibility. This subsidy serves persons who are unable to live in stable, independent housing without the financial assistance of a long-term subsidy.

2. Singles in need of transitional and permanent housing and housing subsidies

a. Single adults in need of Transitional Housing:

Persons in emergency housing:

1469 total

500 long-term homeless - 80 women, 420 men

969 non-long-term homeless – 267 women, 702 men

- Long-term homeless (of 500) 35% (175) of the long-term homeless persons are not disabled and therefore require TH, they are in need of services and housing while they address challenging life issues that have made them homeless. According to a study conducted by Maguire, it was revealed that 65% of the long-term homeless had a disabling condition and therefore would require PSH (Maguire et al).
- Non-long term homeless men (of 702) 14% (98) need TH; according to data from HMIS, 14% of single men had employment and therefore with the services and housing of TH could maintain or enhance their employment and then move to stable, independent housing.

Street Homeless:

- Street homeless (of 317) 35% (111) are not disabled and need TH (Maguire et al)

Calculations:

Point-in-time need for TH: 175 long-term homeless + 111 street homeless + 98 non-long-term homeless = 384

Annual Total for TH: In order to capture the annual number of homeless for each population, we multiplied the point-in time need with a multiplier: 3.7 (273 x 3.7) for long-term and 7.5 (175 x 7.5) for non-long term homeless + 35% of Street homeless (111) – no multiplier = 1,496

Inventory and Under development 1953 = Inventory 1887 + Under Development 66

Unmet need (457) = Annual total (1496) – inventory and under development (1953)

b. Single adults in need of Permanent Supportive Housing:

Persons in emergency housing:

- Non-long-term homeless men (of 702): 40% (281) are disabled and require PSH. These men have had 4 stays or more in emergency housing and require PSH.
- Non-long-term homeless women (of 267); 208 need PSH (59 getting rent subsidies). This is according to emergency housing staff and other OSH staff who reported that the majority of women in emergency housing had mental health disorders or were dually diagnosed with mental health and substance use issues.
- Long-term homeless (of 500): 65% (325) are disabled and require PSH – Maguire study (see above).
- Street homeless (of 317): 65% (206) are disabled and need PSH (Maguire et al – see above)

Persons in Transitional Housing:

- Of the persons in TH (of 1887), 42% (793) are in need of PSH because of a disability (HUD APR). In the most recent APR reports, providers indicated that 42% of the persons in the program were disabled and therefore are in need of PSH.

Calculations:

Point-in-time need for PSH: 489 non-long term homeless (281 men) and (208 women) + 325 Long-term homeless (65% of long-term homeless) + 206 street homeless (65% of street homeless) + 793 (42% of TH)living in TH = 1812

Annual total: In order to capture the annual number of homeless for each population, we multiplied the point-in time need with a multiplier: 3.7 for long-term homeless (3.7 x 325) + 7.5 (7.5 x 489) for non-long term homeless + 65% of street homeless (206) – no multiplier. In addition, we multiplied the persons coming from TH by 85% (.85 x 793) to account for the occupancy rate of 85% - 85% of the people leave within one year and added this figure with the others = 5748

Inventory and Under development 1799 = Inventory 1710+ Under development 89

Unmet need 5119 = Annual total – (inventory and under development x .35) 35% represents the median turn-over rate for PSH. The turnover rate is calculated by dividing the number of participants who exited the program by the number of participants on the first day.

c. Single adults in need of Housing Subsidies

Persons in emergency housing:

- 34% of men (239) require a short-term housing subsidy (HMIS income data). These men have income over \$500 per month and with short-term assistance could enhance their income and remain stably housed.
- 12% (84) of non-long-term homeless men require a long-term housing subsidy (balance)
- 22% of non-long term homeless women (59) require a long-term housing subsidy. These women have some income according to HMIS income data but for most it is

in the form of entitlements and is not enough to support stable, independent housing without a long-term subsidy.

Persons in transitional housing:

- Short-term housing subsidy: (of 1887) 25% (472) require a short-term subsidy (HUD APR). These 25% reported income over \$500 per month and therefore with the assistance of short-term housing assistance should be able to enhance their income and attain stable housing.
- Long-term housing subsidy: (of 1887) 33% (623) need a long-term subsidy. These persons do not have a disability so they do not need PSH but they also do not have an income to support themselves so a long-term subsidy is the best solution.

Calculations:

Point-in-time need short-term housing subsidies: 34% of non-long-term homeless men (239) + 25% of persons in TH (472) = 710

Annual Total: Point in time (710) x occupancy rate for transitional housing (.85) + 34% of non-long-term homeless men (239) x multiplier (7.5) = 2191

Unmet need: 2191 x .8 (20% of persons in need of a housing subsidy are already receiving one) = 1753

Point-in-time need long-term housing subsidies: 33% of persons in TH (623) + 12% of non-long-term homeless men and 22% of non-long-term homeless women (persons in emergency housing) = 766

Annual Total: (623 x .85 (occupancy rate for TH) + (7.5 (multiplier to come up with annual number) x 143) = 1602

Unmet need: 1602 x .8 (20% of the persons in need of a housing subsidy are already receiving one) = 1281

Summary of Needs of single persons in emergency and transitional housing

Emergency Housing Single Populations:

Long-term homeless women: 65% to PSH, 35% to TH

Long-term homeless men: 65% to PSH, 35% to TH

Street homeless: 65% to PSH, 35% to TH

Non-long-term homeless men: 40% to PSH, 14% to TH, 34% short-term housing subsidy, 12% long-term housing subsidy

Non-long term homeless women: 78% PSH, 22% long-term housing subsidy

Transitional Housing Single Populations: 42% to PSH, 25% short-term housing subsidy, 33% long-term housing subsidy

3. Families in need of transitional and permanent housing and housing subsidies

a. Families in need of TH:

Families in emergency housing:

- Of the 510 families in emergency housing: 34% or 173 families (shelter stay > 3 months) require TH. These are families that have stayed in emergency housing over 3 months and require supportive services of TH and assistance in finding stable housing.

Calculations:

Point-in-time need for TH: 173 families from emergency housing

Annual Total for TH: 173×4 (the multiplier to come up with the annual number of homeless families) = 694

Inventory and Units Under development 589 = Inventory 573 + Under development 16

Unmet need 105 = Annual total – inventory and under development

b. Families in need of PSH:

Families in emergency housing:

- 27% (of 510) 138 have at least one significant barrier and need PSH (Culhane). According to Culhane, these families have at least one serious barrier to attaining stable housing such as a physical or mental health disorder; these families could best be served in PSH.

Families in transitional housing:

- 27% (of 573) 155 need PSH (Culhane) see above

Calculations:

Point-in-time need for PSH: 138 (27% of families in emergency shelter) + 155 (27% of families in TH) = 292

Annual Total for PSH: $(4 \text{ (multiplier)} \times 138) + (.85 \text{ (occupancy rate for TH)} \times 155) = 682$

Inventory and under development 1065 = Inventory 926 + Under development 139

Unmet need 448 = Annual total – (inventory and under development \times .22 (median turn-over rate for PSH))

c. Families in need of housing subsidies:

Families in emergency housing:

- Short-term housing subsidy (of 510): 26% (133) (HMIS income between \$500-1000) These persons have income between \$500-\$1000 but need additional assistance until they can increase their income and maintain housing on their own. The assumption is that because they have income, they could regain housing with a subsidy and one day maintain the housing themselves.

- Long-term housing subsidy (of 510): 13% (66) (recidivism). We know that approximately 13% of families have had four or more stays in the emergency housing system in a five year period; these families are not being served by emergency housing and need a long-term support to help them maintain housing.

Families in transitional housing:

- Short-term housing subsidy (of 510): 25% (143) require short-term housing subsidy (APR employment data). According to data from APRs, 25% of families are employed. Therefore, with short-term assistance, these families should be able to attain and maintain stable housing given that they have employment and income.
- Long-term subsidy (of 510): 48% (275) require a long-term housing subsidy (APR income data). These families have less than \$500 in income each month and do not have enough income to support themselves without the assistance of long-term financial supports.

Calculations short-term subsidy:

Point-in-time need: Families from emergency housing (133) + families from TH (143) = 276

Annual Total = (133 x 4 - multiplier) + (155 x .8 (20% already getting housing subsidy)) = 645

Unmet need = Annual total - inventory = 645

Calculations long-term subsidy:

Point-in-time need: Families from emergency housing (66) + families from TH (275) = 341

Annual Total = (66 x 4 (multiplier)) + (275 x .8 (20% already getting subsidy)) = 485

Unmet need = Annual total minus inventory = 485

Summary of Needs of families in emergency and transitional housing

Families in Emergency Housing

34% to TH, 27% to PSH, 26% short-term housing subsidy, 13% long-term housing subsidy

Families in Transitional Housing

27% to PSH, 25% short-term housing subsidy, 48% long-term housing subsidy

Appendix 4

Gaps Analysis / Unmet Need for Transitional Housing, Permanent Supportive Housing and Housing Subsidies

Individuals living in	Number of single persons at point-in-time	Number of singles in need of transitional housing	Number of singles in need of permanent supportive housing	Number of singles in need of short-term housing subsidies	Number of singles in need of long-term housing subsidies
Emergency Housing ¹	1,469	273	814	239	143
Street Homeless	317	111	206	-	-
Transitional Housing ²	1,887	-	793	472	623
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Inventory		1,887	1,710		
Under Development		66	89		
Unmet Need		(457)	5,119	1,753	1,281

Notes:

¹ Of the persons in emergency housing, 175 (35%) of the chronically homeless persons are not disabled and require TH (Maguire et al) and 14% of the single men need TH (had employment - HMIS); 40% of the non-chronic men are disabled and require PSH (HMIS 4 stays or more), 65% of (500) chronically homeless are disabled and require PH (Maguire et al) all non-chronic women except those who need housing subsidies need PSH; 34% of non-long-term homeless men need short-term rental subsidies (HMIS have income over \$500); 12% of non-long-term homeless men 22% of non-long term homeless women need long-term rental assistance (balance)
Of the street homeless, 35% are not disabled and need TH, 65% are disabled and need PSH (Maguire et al)

² Of the persons in TH, 42% are in need of PSH because of a disability (HUD APR); 25% are in need of a short-term housing subsidy (APR reported income over \$500 per month), 33% are in need of a long-term housing subsidy (balance)

Families living in	Number of families at point-in-time	Number of families in need of transitional housing	Number of families in need of permanent supportive housing	Number of families in need of short-term housing subsidies	Number of families in need of long-term housing subsidies
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Annual Totals	2,613	694	682	645	485
Inventory		573	926		
Under Development		16	139		
Unmet Need		105	448	645	485

Notes:

¹ Of the families in emergency housing: 34% (shelter stay > 3 months) require TH, 27% have at least one significant barrier and need PSH (Culhane), 26% need short-term housing subsidy (HMIS income between \$500-1000 per month), and 13% need long-term housing subsidy (balance/recidivism)

² Of the families in TH: 27% need PSH (Culhane); 25% need short-term housing subsidy (APR employment data), 48% get long-term subsidy (APR income data)

Appendix 4

Gaps Analysis / Unmet Need for Transitional Housing, Permanent Supportive Housing and Housing Subsidies

Data Sheet

	Point in Time	In need of TH	%	In need of PSH	%	In need of HS-ST	%	In need of HS-LT	%
Emergency Shelter									
Single Men	1122								
Single Women	347								
Total Singles	1469								
Long Term Chronically Homeless Men	420	147	35%	273	65%	-	0%	-	0%
Long Term Chronically Homeless Women	80	28	35%	52	65%	-	0%	-	0%
Total LT/CH Singles	500	175		325		-		-	
Non LT/CH men	702	98	14%	281	40%	239	34%	84	12%
Non LT/CH women	267	-	0%	208	78%	-	0%	59	22%
Total Non LT/CH Singles	969	98		489		239		143	
Street Homeless									
Singles	317	111	35%	206	65%	-	0%	-	0%
Transitional Housing									
Inventory	1887		1710	793	42%	472	25%	623	33%
Under Development	66		89						
Annual Total									
Long-term homeless		648	3.70	1,203	3.70	-	-	-	-
Street homeless		111	1.00	206	1.00	-	-	-	-
Non-long-term homeless		737	7.50	3,666	7.50	1,790	7.50	1,072	7.50
Transitional Housing			-	674	0.85	401	0.85	529	0.85
Total Homeless Singles		1,496		5,748		2,191		1,602	
Unmet Need									
Calculation		(457)	100%	5,119	35%	1,753	80%	1,281	80%

	Point in Time	In need of TH	%	In need of PSH	%	In need of HS-ST	%	In need of HS-LT	%
Families									
Emergency Shelter	510	173	34%	138	27%	133	26%	66	13%
Transitional Housing	573	-	0%	155	27%	143	25%	275	48%
Total Families	1083	173		292		276		341	
Transitional Housing									
Inventory	573		926						
Under Development	16		139						
Annual Total									
Emergency Shelter		694	4.00	551	4.00	530	4.00	265	4.00
Transitional Housing		-	-	132	0.85	115	0.80	220	0.80
Total		694		682		645		485	
Unmet Need									
Calculation		105	100%	448	22%	645	100%	485	100%

Philadelphia's 10-Year Plan:
Intake, Shelter and the System of
Housing and Services

State Housing Programs
October 24, 2006

Rental Assistance Programs - Connecticut

Rental Assistance Program (RAP)

Rental assistance program to serve very low-income families

- The Department of Social Services funds the program and contracts with a private agency to administer the program; the private agency then sub-contracts to 13 local Public Housing Authorities
- There is a maximum allowable rent set by the PHA
- Family pays 40% (30% for elderly and disabled) of its monthly income in rent
- To be eligible families must: be U.S. citizens and have income not exceeding 50% of Area Median Income
- Benefits are paid directly to the landlord
- Lottery system used to choose applicants
- Annual budget of \$16 million serving approximately 1800 families

Rental Assistance Programs - Connecticut

Transition Rental Assistance Program (T-RAP)

Short-term rental assistance program to serve families leaving Temporary Family Assistance

- The Department of Social Services funds the program and contracts with a private agency to administer the program
- Program helps families leaving Temporary Family Assistance (TFA) afford privately owned rental housing and receive rental assistance for up to one year
- To be eligible families must: have received TFA but are not currently receiving benefits, have income from employment, and live in privately owned rental housing
- Amount of benefit family receives depends on family size and income
- Benefits are paid directly to the landlord
- Lottery system used to choose applicants

Rental Assistance Programs - Illinois

State Rental Assistance Program

New long-term unit-based rental assistance program to serve low-income households

- Illinois Housing Development Authority to administer program
- Not-for-profits, housing authorities and local governing bodies apply for funding and identify landlords willing to participate in program, subsidy stays with unit, does not move with tenant
- Households must earn less than 30% of area median income to be eligible with 50% of households earning less than 15% AMI
- Funding from \$10 surcharge on real estate document recording with the hope of generating \$25 million in the first year to serve 4,000 households (funding begins in 2007)
- 10% of funding set aside to finance new permanent supportive housing developments

Rental Assistance Programs - New Jersey State Rental Assistance Program (SRAP)

Long-term tenant and project-based rental assistance for low-income persons

- Administered by Department of Community Affairs
- Tenant-based vouchers – eligibility requirements and program mirror Section 8, program prioritizes persons on Section 8 waiting lists
- Project-based vouchers – used mainly for Housing Trust Fund projects with consumer incomes of 10-30% of AMI, tenants pay no more than 30% of income
- Set-asides for seniors and homeless families in shelters
- \$42 million per year funded annually from state budget serving approximately 4700 households

Rental Assistance Programs - Massachusetts

Rental Voucher Program

Tenant and Project-based long-term rental assistance for low-income persons

- Oversight by The Department of Housing and Community Development, and administered by local housing authorities
- Eligible persons earn less than 200% of prevailing Federal Poverty level (\$32k for family of 3)
- Average voucher amount is \$410 per month (average family income is \$10k)
- Mobile vouchers - participants pay the difference between the value of the voucher and the rent (may pay 50-70% of income)
- Project-based vouchers – participants pay 35-40% of gross income
- 3500 Mobile and 4400 Project Based vouchers in use

Rental Assistance Programs - Massachusetts Residential Assistance for Families in Transition (RAFT)

Short-term rental assistance for families who are homeless and at-risk of homelessness

- Oversight by The Department of Housing and Community Development, and administered by 9 regional not-for-profit housing agencies
- Eligible persons earn less than 50% of Area Median Income
- Funds can be used for: monthly rental stipend to ensure that no family pays more than 50% of household income, rent arrears, furnishings, transportation, security and deposits
- Total financial assistance to a household cannot exceed the life time cap of \$3000

Rental Assistance Programs - Portland, Oregon

Transitions to Housing

Short-term rental assistance pilot program for individuals and families who are homeless or at-risk of becoming homeless

- Funding used to cover moving expenses, security deposits and short-term monthly rent in permanent housing
- Eligible clients must be homeless, at-risk of becoming homeless, or living in unsafe conditions
- Clients must have income less than 20% AMI
- 13 participating not-for profit agencies each decided on the clients they served
- Agencies worked through performance-based contracts with City
- Average length of stay in program was 135 days, average assistance was \$1,300 per household
- 12 months after completing the program, 62% of tenants remained in permanent housing
- Funded with \$5 million from City general funds for the City's Housing Investment Fund

Capital Funding Programs - New Jersey Special Needs Housing Trust Fund

Provides capital financing to create permanent supportive housing and community residences for persons with special needs

- Covers capital costs and working capital
- Government entities, not-for profits and for-profit developers are all eligible
- Priority given to projects serving persons with mental illness
- Provides up to 80% of total development costs
- Financing available in the form of loans and grants
- Funded through unused capital bond capacity
- Goal of \$200 million and 10,000 new units

Capital Funding Programs - New York State Homeless Housing Assistance Program (HHAP)

Provides capital funding for homeless housing throughout the state

- Administered through the Office of Temporary and Disability Assistance (OTDA)
- Qualified participants include: not-for profits, municipalities and public corporations
- Approximately \$40 million available each year to fund acquisition, construction and rehabilitation projects to serve homeless persons in transitional and permanent settings
- Program funds awarded through an annual RFP process
- Over \$400 million awarded since inception of program to 500 projects throughout the state, creating over 10,000 units of housing

Supportive Services Funding – Washington State Washington Family Fund (WFF)

Funding for supportive services linked to housing for homeless families

- Public/private partnership
- Funded by state (\$6 million to date) and private donations (over \$3 million)
- Funding used to provide housing-based supportive services
- Funding capitalizes reserve accounts for supportive services
- \$1,500-\$3,500 per unit/per year for 10 years
- PHA pledged Section 8 vouchers to make units available
- AIDS Housing of Washington, a not-for profit, administers WFF

Connecticut Supportive Housing Demonstration Program

Pilot program conducted by State and Corporation for Supportive Housing to create supportive housing for homeless and at-risk populations

- Collaborative effort between six state agencies and CSH
- Produced 281 units of supportive housing
- Capital funded by: State department of Economic and Community development, CT Housing Finance Authority - total 75k per unit
- Services funded by: State department of Mental Health, State department of Social Services – total 7.5k per unit
- Rental Subsidies funded by: HUD \$8 million
- Technical assistance and capacity-building grants funded by CSH
- National Equity Fund provided the investment for reserves and capital costs
- Project sponsors were all community-based not-for-profits

Appendix 6: Housing Recommendations Costs

Housing Rec - Rapid Rehousing					
Singles					
Unmet Need	2007 FMR Studio	Annl Tenant Rent	Annl Case Mgmt Cost	Annl T cost	
50	\$676	\$4,500	\$2,500		\$339,400
Families					
Unmet Need	2007 FMR 2BR	Annl Tenant Rent	Annl Case Mgmt Cost	Annl T cost	
150	\$923	\$5,616	\$3,000		\$1,407,450
				\$1,746,850 Total 1 yrCost	
				\$2,620,275 Total 18 mnth Cost	
Assumptions					
50 singles and 150 families will enroll					
All singles earn \$15K/year (approx \$7.20/hr full- time)					
All families earn \$18,7K/year (\$9/hr full-time)					
Based on point in time need					
Assumes households will need rental assistance and services for 18 months					
All families rent a 2BR					
All singles rent a studio					
One-month security deposit					
No household drops-out of program					

Appendix 6: Housing Recommendations Costs

Housing Rec - Short-Term Rental Assistance					
Singles					
Unmet Need	2007 FMR Studio	Annl Tenant Rent	Annl Case Mgmt Cost	Annl T cost	
1753	\$676	\$4,500	\$2,500	\$11,899,364	
Families					
Unmet Need	2007 FMR 2BR	Annl Tenant Rent	Annl Case Mgmt Cost	Annl T cost	
645	\$923	\$5,616	\$3,000	\$6,052,035	
				\$17,951,399 Total 1 yrCost	
				\$53,854,197 Total 3 year Cost	
Assumptions					
All singles earn \$15K/year (approx \$7.20/hr full- time)					
All families earn \$18,7K/year (\$9/hr full-time)					
Based on point in time need					
Assumes households will rental assistance and services for 3 years					
All families rent a 2BR					
All singles rent a studio					
One-month security deposit					
No household drops-out of program					

Appendix 6: Housing Recommendations Costs

Housing Rec - Long-Term Rental Assistance					
Singles					
Unmet Need	2007 FMR Studio	Annl Tenant Rent	Annl Case Mgmt Cost	Annl T cost	
1281	\$676	\$4,500	\$2,500	\$8,695,428	
Families					
Unmet Need	2007 FMR 2BR	Annl Tenant Rent	Annl Case Mgmt Cost	Annl T cost	
485	\$923	\$5,616	\$3,000	\$4,550,755	
				13,246,183 Total 1 yr Cost	
				92,723,281 Total 7 year Cost	
Assumptions					
All singles earn \$15K/year (approx \$7.20/hr full- time)					
All families earn \$18,7K/year (\$9/hr full-time)					
Based on point in time need.					
Assumes households will need rental assistance and services for 7 years					
All families rent a 2BR					
All singles rent a studio					
One month security deposit					
No household drops out of program					

Appendix 6: Housing Recommendations Costs

Housing Recommendation - Permanent Supportive Housing								
Singles								
Unmet Need	2007 FMR Studio	Annl Tenant Rent	Annl Cs Mgmt Cost - cong	Annl Cs Mgmt Cost - ss	T Capital Cost	Annl T cost		
5119	\$676	\$2,243	\$7,500	\$5,000	\$511,900,000	\$62,038,185		
Families								
Unmet Need	2007 FMR 2BR	Annl Tenant Rent	Annl Case Mgmt Cost -cong	Annl Cs Mgmt Cost - ss	T Capital Cost	Annl T cost		
448	\$923	\$2,243	\$11,000	\$7,500	\$56,000,000	\$8,101,274		
						Total 1 yr op Cost	70,139,458	
						Total 10 year op Co	701,394,584	
						Total Capital Cost	\$567,900,000	
<p>All households earn at fed '07 SSI rate (\$623/month) - no additional welfare supplement for children Based on point in time need costed out over 10 years. All families rent a 2BR All singles rent a studio 50% of development is scatter site and w/o capital costs Capital costs for singles unit=\$200K Capital costs for family unit=\$250K</p>								

Appendix 6: Housing Recommendations Costs

Housing Recommendations - Transitional Housing						
Singles						
Unmet Need	2007 FMR Studio	Annual Tenant Rer Annl Cs	Mgmt Cost	Annual T cost		
0	\$676	\$2,243	\$10,000	\$0		
Families						
Unmet Need	2007 FMR 2BR	Annual Tenant Rer Annl Case	Mgmt Cost	T Capital Cost	Annual T cost	
105	\$923	\$2,243	\$14,000	\$27,300,000	\$2,397,486	
				Total Annual Cost	2,397,486	
				Total Capital Cost	\$27,300,000	
Assumptions						
All households earn at fed '07 SSI rate (\$623/month) - no additional welfare supplement for children						
All families earn \$18,7K/year (\$9/hr full-time)						
Based on point in time need costed out for 1 year.						
All families have a 2BR						
All singles have a studio						
Captures savings for unneeded transitional units						
Capital costs for family unit=\$260K						
Assumes 12 month length of stay						

Philadelphia's 10-Year Plan: Rethinking Intake, Shelter and the System of Housing and Services

Consultation Project Overview
Suzanne Wagner, Director
CUCS Housing Resource Center
May 12, 2006

Discussion Points

- Who are we?
- What is our charge?
- How are we approaching it?
- What are some of the basic numbers?

CUCS Overview - Who We Are

- CUCS is nonprofit organization based in NYC that provides a range of services to homeless and low income people, including those disabled by mental illness, HIV/AIDS and substance use. We offer outreach, transitional and permanent supportive housing and operate a job program and an Assertive Community Treatment (ACT) Team.
- Founded at Columbia University in 1979 and now an independent nonprofit, CUCS has always had training, program development and systems change as part of our mission. CUCS has a unit, the Housing Resource Center, which is dedicated to delivering these services.
- For the past ten years, CUCS has worked with organizations throughout the US, including Philadelphia, to help train their staff, design model programs and shape systems that work.
- CUCS' Team includes Suzanne Wagner, Liz Isaacs and Myles Wensek
- To learn more about us, please visit us at www.cucs.org

Relevant CUCS Projects

- CUCS was part of a team that completed the most recent comprehensive housing needs assessments for persons with HIV/AIDS in NYC and NYS.
- CUCS was an active participant and played a leadership role in the development of NYC's 5-Year Plan to End Chronic Homelessness, *Uniting for Solutions beyond Shelter*.
- CUCS maintains the inventory of homeless shelters, transitional and permanent supportive housing for the City of New York. This includes over 65,000 beds.
- Since 2000, CUCS has worked with the NYC Department of Homeless Services to develop the annual estimates of unmet need for emergency shelter and transitional and permanent housing.
- CUCS has worked with the State of Connecticut since 1997 to develop and implement supportive housing plans in urban, suburban and rural areas of the State.

Goals of the Consultation – Our Charge

- CUCS has been asked by the City of Philadelphia to assist in the development of implementation plans for two key areas of the 10-Year Plan: Shelter and Housing
- Specifically, the City has asked CUCS to work with the 10-Year Plan “Housing” and “Shelter and Services” Work Groups to develop recommendations regarding:
 - The current intake process for entering the shelter system
 - The configuration of the shelter system including the size, number, types and services needed
 - The “mix” of transitional and permanent housing options needed to serve homeless individuals and families
 - The costs and resources required to implement the recommendations

The Consultation – Our Approach

- Phase I – Data Collection
 - Target Date – June 15, 2006
- Phase II – Data and Gaps Analysis
 - Target Date – August 1, 2006
- Phase III – Develop Recommendations
 - Target Date – October 1, 2006
- Final Recommendations will be approved by the 10-Year Plan Steering Committee

Data Collection Tasks

- Review quantitative data about homelessness in Philadelphia available from administrative databases at OESS, Project HOME, UPenn, DSS and others
- Review program data from Philadelphia provider organizations
- Visit the shelter intake centers and a selection of shelters and transitional and permanent supportive housing programs
- Interview key informants including providers, consumers, administrators and policy makers
- Review pertinent planning documents, laws, policies, regulations and ordinances
- Review best practices nationally in the areas of study

Baseline Data – The People

On the night of January 25, 2006:

- A total of 3,079 people were living in shelters
 - 1469 were single adults - 1122 males, 347 females
 - 510 were households with children for a total of 1610 people
 - 1,068 of them were children
 - The average family size was 3.15 people with 2.1 children
- 316 people were living on the streets
- About 500 individuals (16%) were chronically homeless (single adults who have been homeless one year or longer or have had multiple episodes of homelessness)

Baseline Data – The People (2)

- Using data from the same date in 2005, these numbers represent:
 - An 8% (240 people) increase in the number of people in shelters, 5% more single adults and 12% increase in people in families
 - a 80% increase the street homeless population
- The number of persons in shelters has increased by 22% since 2003

- Sources: OESS and Outreach Coordination Center

Baseline Data – The System

- The APPROXIMATE Inventory of Shelter and Transitional and Permanent Supportive Housing in Philadelphia included (as of January 25, 2006):
 - 3000 Emergency Shelter Beds/ approx. 2000 Units
 - 1500 beds for Single Adults
 - 1500 beds for People in Families/ approx. 500 units
 - 4000 Transitional Housing Beds/ approx. 2500 Units
 - 1800 beds for Singles Adults
 - 2100 beds for People in Families/ approx. 700 units
 - 6200 Permanent Supportive Housing Beds/ 3220 Units
 - 1720 beds for Single Adults
 - 4500 beds for People in Families/ approx. 1500 units
- Source: City of Philadelphia HUD McKinney Inventory (in development)

Questions or Comments?

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Philadelphia's 10-Year Plan: Intake, Shelter and the System of Housing and Services

**Key Findings and Selected Data
December 1, 2006**

Prepared for the Mayor's Task Force to End Homelessness

John F. Street, Mayor
Pedro A. Ramos, Esq., Managing Director
Dainette Mintz, Deputy Managing Director

Prepared by the Center for Urban Community Services

Agenda

- Introduction
- Review Key Findings
- Review Selected Data and Preliminary Strategies
- Q&A

The Extent of Homelessness

On the night of January 25, 2006:

- A total of 3,079 people were living in city-funded shelters
 - 1,469 were single adults – 1,122 males, 347 females, ~500 long-term stayers
 - 510 were households with children for a total of 1,610 people
 - 1,068 were children, ~900 of them were youth 16-21
 - The average family size was 3.15 people with 2.1 children
- In addition, there were ~250 persons residing in Sunday Breakfast Rescue Mission and other faith-based shelters
- 313 people were living on the streets (237 in center city)

In calendar year 2005, there were 14,999 persons (unduplicated) who used the OSH shelter system

- 9,471 -- single individuals (74% male, 26% female)
- 2,004 -- heads of households
- 3,506 – children
- 18 – no data

Key Findings

1. Homeless people are poor and do not have adequate income to pay rent without subsidies or help obtaining better employment.
2. Obtaining a housing subsidy reduces the likelihood of returning to shelter but subsidies are extremely difficult to access and very limited in availability.
3. A family could obtain a housing subsidy for one year at less than the cost of sheltering them for 95 days
4. People who present at shelter intake come, for the most part, from family and friends, but a percentage have had their own housing.

Key Findings

5. There is a relatively high rate of disability and other obstacles to housing stability among the homeless population.
6. Philadelphia has relatively short stays in shelter, but rates of recidivism/return to shelter are high.
7. Transitional Housing is separate and distinct from the emergency housing system and there is no process to ensure that TH resources are targeted to high-need shelter users. Other systems feed the homeless system – Behavioral Health, Corrections, Health Care, Foster Care.

Key Findings

8. TH helps people (especially families) to increase their incomes, obtain employment and access subsidized housing. However, there is a cohort of people who are failing in TH.
9. Permanent supportive housing exists but is limited and is not centrally administered to ensure priority access for high-need shelter users. Other systems refer to the PSH system – Behavioral Health, Corrections, Health Care.
10. PSH is effective for many residents, but there is a cohort that is not succeeding.

1. Income of Homeless Persons

Homeless people are poor, often earning very low incomes or no income, and cannot afford rent.

- Of the 6,425 households that used the shelters from 7/1/03-6/30/06:
 - 66% of males reported income below \$500 per month (35% had no income)
 - 70% of females reported income below \$500 per month (24% had no income)
- Of the 233 single persons who exited HUD TH programs last year:
 - 20% had income between \$1,001 and \$1,500 per month
 - 17% earned between \$501 and \$1,000/month
 - 56% earned less than \$500 per month

1. Income and Housing Costs

Homeless persons do not have enough income to afford rent.

HUD FMR		
Apt Type	2006	Income
Studio	649	25,960
1 Bed	742	29,680
2 Bed	886	35,440
3 Bed	1,061	42,440
4 Bed	1,262	50,480

Income required to afford Fair Market Rents (FMR) by apartment type.

Source: Out of Reach - National Low-income Housing Coalition

- Only 1% of clients (3 of 227) leaving permanent supportive housing and 3% of clients (2 of 73) leaving transitional housing could afford these rents
- Strategy: Increase the availability of housing subsidies.

2. Housing Subsidies

Obtaining a housing subsidy reduces the likelihood of returning to shelter but subsidies are extremely difficult to access and very limited in availability.

- Data from OSH Transitional Housing programs indicates that persons who leave without a housing subsidy are twice as likely to return to shelter as those who leave for subsidized housing.
- Approximately 20,000 people are on waiting lists for housing subsidies in Philadelphia.
- Strategy: Increase the availability of housing subsidies.

3. Costs and Benefits

A family could obtain a housing subsidy for one year at less than the cost of sheltering them for 95 days, which is the average length of stay.

- The average cost for OSH shelter is \$30 per day per person. For the average 3-person family, the cost of sheltering them for 95 days (the average length of stay) is \$8,550.
- A subsidy of first month's rent, security deposit and paying the difference between 30% of income and the fair market rent for a family needing a two-bedroom apartment and earning \$7.80/hour, the cost would be \$8,060.
- Strategy: Increase the availability of housing subsidies.

4. Shelter Intake

More than half of the people who present at shelter intake are coming from family and friends, but a percentage have had their own apartment

- Of the 2,314 households that presented at intake between 1/1/06 and 3/31/06:
 - 52% of all persons who presented at intake reported that they were evicted by a friend or relative
 - 35% of all persons who presented at intake reported a building emergency, fire, unfit property, eviction or pending eviction as their presenting problem.
- Strategy: Provide cash benefits to rapidly relocate families who have had their own housing and are employed.

5. Disabilities/Barriers

There is a relatively high rate of disability and other obstacles to housing stability among the homeless population.

- DSS CARES reported that 44% of all persons who were in shelter had used the mental health or substance abuse treatment system.
- Recent studies by UPenn have found that 27% of all families in shelter have either used psychiatric inpatient services, substance abuse detox or had foster care placement of a child. Of repeat shelter users, 42% have at least one barrier to housing stability.
- Nearly 1 of 10 foster youth use the shelter system within 5 years of exit from the child welfare system.
- Approximately one out of five homeless children has ever received DHS child welfare services.
- Strategies: Increase the stock of permanent supportive housing. Engage mainstream systems in ending homelessness through the creation of an Interagency Task Force.

6. Shelter Stays and Recidivism

Philadelphia has relatively short stays in shelter, but rates of recidivism/return to shelter are high.

- Of 9,343 single adults who used shelters in 2005:
 - 46% stayed less than 1 month
 - 32% stayed between 1 and 3 months
 - 22% stayed longer than 3 months
 - Average length of stay was 72 days; median stay was 33 days

6. Shelter Stays and Recidivism

Philadelphia has relatively short stays in shelter, but rates of recidivism/return to shelter are high.

- Of 9,343 singles who used the shelters in 2005:
 - For 34% of men (2,366), this was their first shelter stay since 2000, 65% were returns to shelter
 - 22% of men (1,549) had had seven or more stays since 2000
 - For 42% of women (1,022), this was the first shelter stay since 2000; 58% (1,218) were repeats
 - 27% (658) had four or more stays since 2000; 12% (285) had seven stays or more since 2000

6. Shelter Stays and Recidivism

Philadelphia has relatively short stays in shelter, but rates of recidivism/return to shelter are high.

- Of 2,011 families who had a shelter stay in 2005:
 - 35% of families stayed less than 1 month; 27% stayed between 1 and 3 months; 17% stayed 3 to 6 months; 14% stayed more than 6 months
 - Average length of stay was 95 days; median was 55 days
 - 46% of these families had been in shelter at least once before during the past five years.
- Strategy: Focus extra efforts on recidivists and long-term shelter stayers. Develop specialized resources and approaches for these groups.

7. Transitional Housing Access

TH is a separate system from shelter and there is no process to ensure that TH resources are targeted to high-need shelter users. Other systems feed the homeless system – Behavioral Health, Corrections, Health Care, Foster Care.

- Of 261 single persons (223 men, 38 women) who entered HUD TH last year:
 - 45% came from a shelter or the streets
 - 12% came from other transitional housing
 - 40% came from substance abuse treatment, jail or prison or family/friends

7. Transitional Housing Access

TH is a separate system from shelter and there is no process to ensure that TH resources are targeted to high-need shelter users. Other systems feed the homeless system – Behavioral Health, Corrections, Health Care, Foster Care.

- Of 189 families who entered HUD TH last year:
 - 80% came from a shelter
 - 6% came from other transitional housing
 - 14% came from substance abuse treatment, family/friends or rental housing
- Strategies: Increase coordination of TH with the emergency housing system and target resources to high-need individuals and families. Engage mainstream systems in ending homelessness through the creation of an Interagency Task Force.

8. Transitional Housing Outcomes

TH helps people to increase their incomes, obtain employment and access subsidized housing. However, there is a cohort of people who are failing in TH.

- Of the 233 singles adults who exited the TH programs:
 - 25% were employed
 - 19% moved into subsidized housing
 - 18% went to unsubsidized housing
 - 17% moved in with family/friends
 - 22% moved to other transitional housing
 - Destinations for 15% of participants were unknown

8. Transitional Housing Outcomes

TH helps people to increase their incomes, obtain employment and access subsidized housing. However, there is a cohort of people who are failing in TH.

- Of the 233 single adults who exited HUD TH programs, 54% completed the program, 30% had negative reasons for leaving – non-compliance, disagreement with rules, needs could not be met by project.
- Males are 55% of the users of OSH TH. They are 77% of those who return.
- 40% of the single adults who were terminated from OSH TH returned to shelter, 30% of those who left the program voluntarily returned to shelter.

8. Transitional Housing Outcomes

TH helps people to increase their incomes, obtain employment and access subsidized housing. However, there is a cohort of people who are failing in TH.

- Of the 194 families who exited HUD TH programs last year:
 - 44% went to some form of subsidized housing
 - 20% went to unsubsidized housing
 - 12% went to family/friends
 - 8% went to transitional housing
 - 16% – destination unknown
 - 25% were employed
 - 23% had income over \$1,000 per month
 - 28% had income between \$500 and 1,000/month

8. Transitional Housing Outcomes

TH helps people to increase their incomes, obtain employment and access subsidized housing. However, there is a cohort of people who are failing in TH.

- Of the 194 families who exited HUD TH programs last year:
 - 46% completed program
 - 27% had negative reasons for leaving, 20% left for housing before completing program
- Of 417 families exiting OSH TH between 6/02 and 12/05:
 - 12% returned to shelter
 - 21% of families that were terminated from the program returned to shelter
 - 1/3 of male-headed households returned to shelter
- Strategy: Continue to evaluate TH outcomes and modify/develop programs to improve success rates. Increase coordination of TH with the emergency housing system.

9. Permanent Supportive Housing Access

Permanent supportive housing exists but is limited and is not centrally administered to ensure priority access for high-need shelter users. Other systems refer to the PSH system – Behavioral Health, Corrections, Health Care.

- There 4,240 Permanent Supportive Housing Beds
 - 1,710 beds for single adults (512 for chronically homeless)
 - 3,530 beds for persons in families/ 929 units
- Of 277 single persons (182 men, 95 women) who entered PSH last year:
 - 63% came from a shelter or the streets
 - 11% came from other transitional housing
 - 31% came from hospital, treatment, jail or prison, or family/friends

9. Permanent Supportive Housing Access

Permanent supportive housing exists but is limited and is not centrally administered to ensure priority access for high-need shelter users. Other systems refer to the PSH system – Behavioral Health, Corrections, Health Care.

- Of 131 families who entered HUD PSH during the last year:
 - 56% came from a shelter
 - 15% came from other transitional housing
 - 29% came from substance abuse treatment, family/friends or rental housing
- Strategies: Increase coordination of PSH with the emergency housing system and target resources to high-need individuals and families. Engage mainstream systems in ending homelessness through the creation of an Interagency Task Force.

10. Permanent Supportive Housing Outcomes

PSH is effective for many people but there is a cohort that is not succeeding.

- Of 257 single persons who exited PSH,
 - 12.5% went to subsidized housing
 - 13% went to institutions/treatment
 - 8.5% went to transitional settings
 - 27% went to the shelter, the streets or to unknown destinations
- Of those who exited, 25% completed program, nearly 50% had negative reasons for leaving

10. Permanent Supportive Housing Outcomes

PSH is effective for many people but there is a cohort that is not succeeding.

- Of 257 single persons who exited HUD PSH:
 - 9% were employed at exit
 - 56% left before 12 months (38% before 6 months)
 - 10% exited with more than \$1,000 per month in income
 - 57% exited with between \$501 and \$1,000 per month in income, 33% were below \$500/month.

10. Permanent Supportive Housing Outcomes

PSH is effective for many people but there is a cohort that is not succeeding.

- Of the 50 families who exited HUD PSH programs during the last year:
 - 38% went to some form of subsidized housing
 - 8% went to home ownership
 - 20% went to unsubsidized housing
 - 14% went to family/friends
 - 16% went to jail, drug treatment, shelter transitional housing or unknown locations

10. Permanent Supportive Housing Outcomes

PSH is effective for many people but there is a cohort that is not succeeding.

- Of the 50 families who exited the HUD PSH programs during the last year:
 - 18% were employed
 - 18% left with income above \$1,000 per month
 - 40% left with income between \$500 and \$1000
 - 42% completed the program
 - 36% had negative reasons for leaving and 10% left for housing before completing program
 - 20% stayed less than one year
- Strategy: Continue to evaluate PSH outcomes and modify/develop programs to improve success rates. Increase the availability of housing subsidies.

Preliminary Strategies

1. Increase the availability of housing subsidies.
2. Provide cash benefits to rapidly relocate families who have had their own housing and are employed.
3. Increase the stock of permanent supportive housing.
4. Focus extra efforts on recidivists and long-term shelter stayers. Develop specialized resources and approaches for these groups.
5. Increase coordination of TH and PSH with the emergency housing system and target resources to high-need individuals and families.
6. Engage mainstream systems in ending homelessness through the creation of an Interagency Task Force to include: Behavioral Health, Corrections, Parole, Public Housing, Child Welfare, etc.
7. Continue to evaluate TH and PSH outcomes and modify/develop new programs to improve success rates.

Data Sources

- City of Philadelphia, Department of Behavioral Health
- City of Philadelphia, Department of Human Services
- City of Philadelphia, Department of Social Services, CARES Database
- City of Philadelphia, Office of Supportive Housing, Homeless Management Information System
- City of Philadelphia, Office of Supportive Housing, Transitional Housing Database
- US Department of Housing and Urban Development, Annual Progress Reports, HUD McKinney Programs

Questions or Comments?

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