APPENDIX E

Philadelphia

Philadelphia—Brief Description

Philadelphia is the nation's 5th largest city, with a population in 2000 of 1.5 million. The city has been losing population[1] and experiencing economic disinvestment for several decades. Between 1973 and 1993 the city lost 200,000 jobs, and housing vacancies soared. Although a major reinvestment effort during the 1990s slowed that decline and revitalized downtown and many residential neighborhoods (Kromer, 2001), the city still faces circumstances that generate homelessness. Its 2000 poverty rate was twice that of the nation as a whole (22.9 versus 11.3 percent) and its average 2002 unemployment rate was also higher (7.5 versus 5.8 percent).[2]

Along with a few other cities (e.g., Baltimore, New York City, St. Louis, San Francisco), Philadelphia is its own county, with city agencies serving both city and county functions. Political will, supported by advocacy and coupled with control of city and county public resources, prompted Mayor Wilson Goode in 1988 to create the Office of Services for the Homeless and Adults. The office director eventually became a "homeless czar," a position that next two mayors have maintained and expanded. The current "czar's" official designation is the Deputy Managing Director for Special Needs Housing. Having someone in this position means there is a single person whose obvious job it is to resolve issues about homeless services. This is the Mayor's point person on homeless issues, held responsible for emergency shelter directly but also expected to interact with mainstream systems and coordinate activities more broadly to address homelessness. Through this office and in partnership with a strong array of providers, advocates, and businesses, the city has planned for and subsequently undertaken extensive investment in programs and services to end homelessness.

A major focus of Philadelphia's efforts has been people experiencing chronic street homelessness. The network of programs and services developed to encourage people to move from the streets into housing includes extensive outreach, entry-level safe havens and other no demand residences, emergency shelters, transitional housing programs, permanent supportive housing programs of various configurations, and supportive services purchased from or supplied directly by city agencies. These latter services include outreach, mental health and substance abuse treatment and intensive case management, and primary health care. Pennsylvania, and therefore Philadelphia, still makes some public cash benefits available to disabled single individuals, and local public funds are used to meet some material needs (e.g., furniture, move-in money) and provide some rental assistance for families. Community development

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[1] 1970-2000, -22.2 percent; 1990-2000, -4.3 percent; 1980-1990, -6.0 percent; 1970-1980, --13.4 percent. Calculated from data obtained at www.census.gov/population/cencounts/pa190090.txt; accessed March 23, 2003.

[2] 2000 poverty statistics for Philadelphia, quickfacts.census.gov/qfd/states/42/42101/html; for United States, quickfacts.census.gov/states/00000.html; 2002 unemployment statistics for Philadelphia, www.bls.gov/ro3/fax_9527.pdf; for United States, www.bls.gov/cps/home.htm#overview. All accessed March 22, 2003.

corporations (CDCs), including several created and run by homeless assistance providers, have been active in creating affordable housing that may be occupied by formerly homeless and other households.

On our visit to Philadelphia on March 17-20, 2003, we interviewed almost 90 people. They represented city agencies; nonprofit outreach, drop-in, shelter, and housing providers; agencies serving homeless people through casework, mental health and substance abuse treatment, health care, and job readiness/training/employment; community development/neighborhood revitalization organizations; legal aid, housing, and other advocacy organizations; and data managers and analysts. People who had experienced chronic street homelessness were included in a separate focus group and as representatives of organizations for which they now work. A full listing of persons interviewed, other than focus group participants, may be found at the end of this appendix.

The next section describes Philadelphia's approach to ending chronic street homelessness, including documentation of success to date. Thereafter we give more detail on selected system components, examine funding mechanisms, describe how the current system evolved and where it is going, and describe issues that have arisen with respect to community relations.

History and Context—How the Current System Evolved

Two elements strike one as essential in explaining Philadelphia's activities related to homelessness—how long the key players have been involved, and how well they have learned to get along. These two elements have allowed Philadelphia to take advantage of situations and turn potentially hostile confrontations into opportunities for progress.

Many Philadelphia providers, advocates, and even government officials date their involvement in efforts to help homeless people from the late or even early 1970s. Further, most have occupied more than one role over the years or at the same time, moving from advocate to provider to government position and back again, or moving among providers and among types of programs as they develop. Mayors and key government officials have been activists themselves, or providers, or both. Drawing on a wealth of experiences and the contacts that the years provide, they have accommodated rather than feared tension among different interests, seeing it as a basic engine of progress. They have focused and planned for the long term and created structures and investments to make it happen, learned from experience, and refocused as new evidence has pointed toward the need to redirect resources and service structures.

Mayoral Support and Public Leadership

Philadelphia's programs to help street homeless people evolved from the beginning as a partnership between city government and providers. As the effects of mental hospital closures began to make themselves apparent with the appearance on the streets of people with Serious and Persistent Mental Illness (SPMI), providers were the first to respond, first with street outreach and then with Permanent Supportive Housing (PSH). Some of Philadelphia's PSH goes back to this era (Women of Hope opened in 1985 for mentally ill women "bag ladies," and Bethesda Project opened three permanent supportive housing programs in 1983, 1986, and 1988). Even that early, Philadelphia's mental health agency was supporting specialized housing for formerly homeless people with SPMI.

When the city decided that it had to respond to increasing homelessness, officials came to the providers to ask what they should do. In January 1987, Mayor Wilson W. Goode, feeling pressure from homeless advocacy groups, media attention to shelter conditions, and lawsuits against the city, created the Mayor's Public/Private Task Force on Homelessness, which included advocates, providers, business people, and city officials in its membership. This Task Force had the initial assignment of identifying roles for the city. It had the further assignment of monitoring city actions to see whether city agencies were living up to their commitments. The Task Force met regularly and agency heads reported their progress to all members, who could (and did) question, suggest, challenge, and otherwise fulfill their monitoring role.

One result of the Task Force was bureaucratic reorganization and a new mission. In 1988 Goode passed Executive Order 6-88 transforming what had been Adult Services and Aging into the Office of Service to the Homeless and Adults (OSHA). OSHA was mandated to "eliminate homelessness and other conditions that threaten survival through the assurance of access to housing, jobs, and other resources to enable families and individuals to attain the highest level of independence and self-sufficiency." (Office of Emergency Shelter and Services (OESS) Fact Sheet, 1997) OSHA put city resources into emergency shelter and established central intake and payment mechanisms.

In 1992, Mayor Ed Rendell initiated strategies that included coordinating approaches, shifting the focus from emergency shelter to prevention, transitional housing and self sufficiency and getting additional Federal, state, and private support for homeless initiatives. (Five Year Plan, 1997-2001) In 1996, OSHA became the OESS under Rendell, a change in name that represented the City's attempt to coordinate all city homeless services. The OESS mission statement was changed to "provide comprehensive case management, support services, referrals to housing, emergency assistance to persons in need of shelter and other types of assistance in order to maintain or regain housing." (1996 Year End Report)

In 2000, the city created Adult Services, so named to indicate responsibility for adult well-being and not just for homelessness. OESS and much of Office of Housing and Community Development (OHCD's) homeless-related work was brought under the Adult Services aegis. Adult Services now also includes the newly minted Housing Support Center described earlier.

Several mayors have supported strong city investment in social services and behavioral health services, and have appointed dynamic staff to make these services work. Respondents frequently mentioned the influence of Estelle Richman, who for at least ten years increased her breadth of control until she became the Deputy Managing Director for Social Services. She started the weekly meetings of department heads described above, and tracked plans and progress on many fronts. With particular relevance for homelessness, she pushed for the current configuration of Behavioral Health System (BHS), including the creation of the city's own managed behavioral health care system Community Behavioral Health (CBH). She also saw from the beginning that housing was part of the answer. Directors of Office of Mental Health (OMH) and Coordinating Office of Drug and Alcohol Abuse Programs (CODAAP), who ultimately answered to her, supported development of housing and service options that continue to play preventive roles in keeping more disabled people off the streets. Many city officials we interviewed considered themselves to be following Richman's example, "doing the right thing" first and handling bureaucratic consequences as they arise.

On the housing side, John Kromer served as director of OHCD from 1992 to 2001, thus also having ten years to pursue a long-term strategy of neighborhood reinvestment and serving as the first housing director to use OHCD resources to develop housing for homeless people (Kromer, 2001). OHCD controlled Federal Emergency Shelter Grant (ESG) funds, which by design were used for homeless services. It also controlled other important Federal funding sources (Community Development Block Grant (CDBG), Housing Opportunities for Persons with AIDS (HOPWA), and Federal block grant to create affordable housing (HOME) (a HUD block grant program)) that it used to increase housing options for homeless people. Where the social services side of city government could and would supply the supportive services, Kromer committed OHCD to supply the housing. Philadelphia had underspent its CDBG allotment for a number of years, so when Kromer took office he had money available to support transitional, and permanent housing development. Due to the intricacies of how CDBG money is allocated and accounted for, he was able to support most proposals that came to OHCD during the critical period in the early 1990s when demand for options other than emergency shelter were increasing. Philadelphia was thus able to develop an array of PSH before major homeless-specific Federal funding was available through the McKinney-Vento Act.

Demonstration Program Participation

The system of care currently available for ending street homelessness in Philadelphia has benefited from the city's participation in a number of national demonstration programs. It is also true that Philadelphia's early independent efforts to develop appropriate types of support for street homeless people put it in an excellent position to write winning proposals for these national demonstration programs. The city's continuous involvement in one or more demonstrations throughout the 1990s meant that one way or another, it was routinely and systematically attending to services and system integration and long-term planning for homeless people, and most particularly for those with SPMI.

RWJ's Program on Chronic Mental Illness. In the late 1980s, the Robert Wood Johnson Foundation (RWJ) wanted to invest in a major national demonstration program to stimulate the development of community-based residential systems of care for people with SPMI. Foundation representatives came to Philadelphia to observe the residential settings that already existed for chronically homeless street people (Women of Hope, Bethesda Project sites), before designing its request for proposals from communities around the nation for its Program on Chronic Mental Illness. The RWJ demonstration, which functioned in the first half of the 1990s, combined foundation funding and HUD commitments of Section 8 vouchers to cover much of the rent for housing options, and required that the local public mental health agency commit its own resources to supportive services and case management. While not specifically designed to end or prevent homelessness, in effect the systems of services resulting from the RWJ effort did both for people with SPMI.

As important as ending or preventing homelessness for specific individuals was the effect of the RWJ initiative on building organizational capacity for developing PSH. Philadelphia became one of nine communities to participate in the RWJ demonstration. A new CDC—the 1260 Corporation—was developed in Philadelphia to create much of the housing (something that happened in several RWJ communities). OMH and several service providers gained considerable

experience in developing PSH through this initiative, and the city gained a variety of new housing options with supportive services.

The Cisneros "Initiative" Projects. Henry Cisneros, President Clinton's first HUD Secretary, took to heart the idea of a continuum of care for homeless people and committed Federal funds to stimulate cities to develop such a continuum. Washington, DC got the first of these "Initiative" grants in 1993; Philadelphia was one of four cities to receive the other grants. Philadelphia received $8 million over five years to mobilize the public and private agencies addressing homelessness, undertake systematic needs assessment and long-range planning, and use Initiative funds to fill out its continuum by increasing its range of options for transitional housing and PSH. When HUD made the concept of a continuum of care the centerpiece for its funding through the Supported Housing Program from 1996 onward, Philadelphia had already been working to expand its continuum for several years. It was thus in an excellent position to do very well in the new "Super Notice of Funds Availability (NOFA)" application process. Between 1992 (before the Initiative) and 1997, Federal funding coming into Philadelphia for homeless-related services increased from $49 million to $70-71 million.

ACCESS. In the late 1990s, the Center for Mental Health Services (DHHS) launched a demonstration program to see whether systematic outreach with integrated mental health and other services could help bring homeless street people with SPMI off the streets and help them maintain housing. Philadelphia was one of nine demonstration sites which, along with nine comparison sites in the same states, making up the Access to Community Care and Effective Services and Support (ACCESS) program.

Turning Points and the Role of Advocacy—No Movement Without Tension

Along with a number of other cities, advocacy stimulated Philadelphia to pass a right-to-shelter ordinance in the early 1980s. "Right" implied public provision; which at its peak in the early 1990s meant that the city paid for around 5,000 people a night to occupy emergency shelter beds. This ordinance is still technically on the books, although it has undergone considerable reinterpretation with the acquiescence of advocates. The crack epidemic of the mid-1980s changed the balance of the street homeless population from one with predominantly mental health or alcohol problems to one with a large proportion of crack abusers. CODAAP data indicate that the city had 79 clinical treatment admissions for crack cocaine in 1980which rose to more than 10,000 in 1989. Debates about whether providing unlimited shelter was just facilitating addiction led in the late 1980s to the imposition of behavioral requirements and length of stay limits and had the effect of cutting the number of emergency shelter beds approximately in half, to about 2,300, only slightly more than the number that exists today.

The Struggle for 1515 Fairmount

In 1991, Project Housing, Opportunity, Medical Care and Education (H.O.M.E.) started to acquire the building at 1515 Fairmount Avenue and turn it into a PSH residence for 48 formerly homeless people, a cafe, catering business, thrift shop, and headquarters offices for the organization. Stiff local opposition from politically well-connected people, including the mayor, led to a four-year legal battle that eventually involved the U.S. Department of Justice and Federal courts. Local advocacy, call-in campaigns to the mayor, protest marches and arrests, offers along the way by Project H.O.M.E. to compromise over supervision of the building and its

activities, all failed to resolve the issue out of court, although they kept issues related to disabled homeless people, PSH, and neighborhood relations in the forefront of the news. When the city lost and had to pay about $1 million in Project H.O.M.E.'s legal costs, legal efforts to block development of future projects were severely curtailed.

Continuing NIMBY Issues

As supportive as the general public's attitudes are toward assisting homeless people are, in the abstract (and in terms of supporting the city's continuing financial investment in programming), resistance still arises to specific programs that are proposed for specific blocks. The outcome of the 1515 Fairmount court case dampened enthusiasm for attempts to block development outright, but prospective neighbors still need to be approached with openness and delicacy. When Women of Change was proposed for the Logan Square neighborhood and neighbors voiced anxiety, program sponsors and city officials met with the neighbors to address their concerns and find ways to demonstrate that the program would fit smoothly into the neighborhood. They jointly formed an advisory board, which included city officials, neighbors, and the program sponsor, developed a legally binding grievance procedure. Happily, the grievance procedure has never been used since Women of Change (WOC) opened.

The Sidewalk Behavior Ordinance

In 1998 a City Council member introduced a bill to criminalize many of the behaviors and actions of homeless street people. The proposed legislation galvanized the homeless advocacy community and brought a great deal of pressure to bear on the Council. The city ordinance eventually passed, but by that time it had been changed in major ways and carried with it significant new funding to provide alternatives to street homelessness.

The response to the sidewalk behavior legislation was a remarkable example of what Philadelphia respondents mean by their assertion that problems can be resolved because "we all continue to talk with each other." Downtown businesses wanted to do something to decrease the odds that people coming downtown to shop, do business, attend conventions, or visit tourist attractions would encounter panhandlers or people living on the streets. Advocates countered with two tacks—1) arresting people would just add a criminal record to their other difficulties in leaving homelessness, and 2) if you want to get people off the streets, you have to offer some alternatives that they are willing to take. After a good deal of controversy, the results were:

- An ordinance passed, and is still city law.
- Proscribed sidewalk behavior is not criminalized, however. Instead, police may issue a ticket similar to a parking ticket, and then only after making several attempts to offer shelter or other assistance themselves, calling an outreach worker, and having the individual refuse any type of assistance from the outreach worker.
- New services were authorized to provide alternatives to living on the street, and about $5 million annually in new money was authorized to pay for them. The services include:
  - The Outreach Coordinating Center (OCC), its management and oversight activities, and its outreach teams;
  - Four new safe haven residences, comprising 85 new low/no demand beds for substance abusers, mentally ill individuals, and those with co-occurring disorders; and

- New commitments to PSH.

The police department's Homeless Outreach Team, which had been around for several years, was instructed to work with OCC outreach and respond to street emergencies.

Even with this agreement, and new funds flowing into programs to help people move from the streets to housing, advocacy proved necessary to stop police harassment of homeless street people. Police had been giving homeless people citations for "obstructing the highway." Advocates set up observers and photographed incidents to show that the people arrested had not been obstructing the highway. Homeless people found "not guilty" filed a class action suit in Federal court claiming that they were being illegally arrested as a form of harassment. The case was settled out of court with no admission of guilt on the city/police's part and people were given cash settlements and the attorneys were given the oversight of all similar citations issued in Center City to make sure that this practice did not continue. At present, the "ticket" authorized by the ordinance is rarely issued and the police outreach team works well with teams from the OCC.

Approach to Chronic Street Homelessness

This section briefly describes the network of programs and services focused on reducing or ending chronic street homelessness among single adults. It also examines characteristics of people the system serves, how services are coordinated, and approaches or models in current and anticipated use. Continuum of care components addressing chronic street homelessness are described in more detail in the section entitled "Selected System Components," along with activities and investments related to preventing homelessness and increasing the stock of affordable housing.

Program and Service Network

Philadelphia has a large and complex network of programs and services designed to reduce homelessness among chronically homeless people who spend significant time on the streets. Table E.1 shows this network at a glance. [3] Rows represent different providers, arraying first nonprofit providers of residential programs, then supportive services, then advocacy. The remaining rows represent government agencies that fund homeless-related services, offer services with their own staff, or both. Columns represent the types of programs and services offered. An "X" in a cell indicates that the provider offers that program or service. An "F" indicates that a public agency funds a program or service, and an "E" indicates that the provider offers expert advice, technical assistance, or training.

Table E.1 makes clear that a handful of providers have developed mini-continuums of their own, offering everything from outreach to PSH. A few (e.g., Project H.O.M.E., Resources for Human Development (RHD)) have even become CDCs so they can pursue goals of revitalizing neighborhoods and increasing the availability of affordable housing. These programs handle

[3] Table E.1 does not represent the entire network of homeless assistance programs and services in Philadelphia. These and other providers may also offer programs and services for homeless families with children and homeless youth.

both the housing management and service provision in PSH sites. Other homeless assistance providers supply the supportive services in housing developed and managed by the 1260 Housing Development Corporation (hereafter, "1260"). 1260 came into existence in the early 1990s to develop special needs housing as part of the Robert Wood Johnson Foundation's nationwide project to expand community-based residential settings linked to services for severely mentally ill people, when it became clear that the more traditional CDCs were not likely to fill these needs.

Table E.1: City of Philadelphia: Agencies Involved in Reducing/Ending Chronic Street Homelessness

	Homeless-Related Programs and Services																			
	Prevention	Outreach/Drop-	Shelter	Safe Havens	Transitional Housing	Permanent Supportive Hsg	Other Housing (disabled)	Substance Abu	Mental Health	Health	Employment	Public Assistan	Child Welfare	Advocacy	Cross-agency Coord. of Servi Access & Deliv	Planning	Staff Training	Data/Documen	PR, Public Acceptance	Case Manage
Private (nonprofit or for-profit) Programs/Services/ Agencies Serving Currently or Formerly Chronic Street Homeless People (alphabetically by umbrella agency)																				
1260 Housing Devel. Corp (housing devel/mgmt)					X	X	X													
Asociasion de Puertorriquenos en Marcha (APM)			X		X	X	X								X					X
Bethesda Project		X	X	X	X	X		X	X	X	X				X					X
night shelter (280 beds, primary route to TH and PSH)		X	X					X	X						X					
Transitional Housing (36 units in two sites)					X			X	X						X					X
PSH/Ind Lvg (106 units in several sites)						X		X	X						X					X
Catholic Social Services	X		X	X	X															X
St. John's Hospice (men)		X	X						X	X					X					X
McAuley House (women)					X					X					X					X
Women of Hope						X			X						X					X
Dignity					X	X	X	X	X	X					X					
Horizon House		X	X	X	X	X		X	X		X				X		E	X		X
Engagement Center at Arch St. United Meth Church		X						X							X					
Street outreach, night outreach		X						X							X			X		
Transitional Treatment Program			X					X	X						X					
Shelter + Care (several sites)						X		X		X	X				X					X
Mental Health Association		X							X		X			X	X		E			X
West Philadelphia Access		X							X						X					X
One Day at a Time (several sites)			X	X				X							X					X
Philadelphia Committee to End Homelessness		X	X											X		X	E			
Phila Health Management Corporation		X			X	X				X	X				X			X		X
Project H.O.M.E.	X	X		X		X	X	X	X	X	X			X	X	X	E	X	X	X
Outreach Coordinating Center (OCC)		X													X	X	E	X		
Safe Havens (50 units in two sites)				X				X	X	X								X		X
Transitional Housing (62 units in two sites)					X			X			X				X			X		X
PSH (121 units in several sites)						X		X	X	X	X				X			X		X
Home Ownership/Economic Development							X													
Resources for Human Development (RHD)					X			X	X	X	X				X		E	X		X
Ridge Ave Shelter/First Step/Connections/TH		X	X		X			X	X	X	X				X					X
Kailo Haven				X				X	X	X										X
Always Have a Dream					X				X	X	X									X
PSH/various disabilities and combinations						X		X	X	X					X					X
Home Ownership/Economic Development							X													
Salvation Army/Eliza Shirley House/Ivy Bridge		X	X		X			X	X	X	X				X					X
SELF, Inc.		X	X		X			X							X					X
Women's Community Revitalization Project	X					X	X				X			X		X	E		X	
Other Providers																				
Hall Mercer CMHC		X						X	X											X
Philadelphia Veterans Multi-Service & Ed Ctr		X																		
VA Medical Center Outreach Team		X																		

	Prevention	Outreach/Drop	Shelter	Safe Havens	Transitional Housing	Permanent Supportive Hsg	Other Housing (non-disabled)	Substance Abu	Mental Health	Health	Employment	Public Assista	Child Welfare	Advocacy	Cross-agency Coord. of Serv. Access & Deliv	Planning	Staff Training	Data/Documen	PR, Public Acceptance	Case Management
Ready, Willing, and Able					X			X			X									X
Phila. Workforce Development Corp (PWDC)											X, F				X	X				
Prof. Healthcare Institute (E&T)											X									
Awbury Arboretum (E&T)											X									
Related Activities and Advocacy																				
Center City Business District		X									X				X	X			X	
Corp for Supportive Housing (CSH)						E										E				
Blueprint to End Homelessness														X	X	X	E	X	X	
Pennsylvania Low Income Housing Coalition														X	X	X			x	
Homeless Advocacy Project	x													X						
Kensington Welfare Rights Unioin														X					X	
Regional Legal Housing Services														X						
Tenants Action Group	X																			
Energy Coordinating Agency	X																			
University of Pennsylvania																E		X		
Government Programs/Services/ Agencies Serving Currently or Formerly Chronic Street Homeless People																				
Office of the Mayor																X			X	
Mayor's Task Force on Homelessness																X			X	
Office of Adult Services (OAS)															X	X	E	X	X	
Housing Support Center															X	X		X		
Office of Emergency Shelter and Services (OESS)	F	X, F	X, F	F	F	F		F			F				X	X		X		F
Pennsylvania Dept. of Public Welfare, Homeless Assistance Program (HAP), through OAS	F		F		F															F
Office of Hsg and Cmty Dev (OHCD)/Hsg Neigh Pres					F	F	F								X	X				F
Philadelphia Housing Authority (PHA)						F	F								X	X				
Redevelopment Authority							X, F								X	X				
Dept of Community and Economic Dev (DCED)	F		F													X				
Department of Public Health (DPH)	X, F	X, F						X, F	X, F	X, F					X	X	E			
Behavioral Health System (BHS)	X, F	X, F						X, F	X, F						X	X	E			X
Community Behavioral Health (CBH)	X, F	X, F						X, F	X, F						X	X				
Coord Off of DAA Progs (CODAAP/BHS)	X, F	X, F						X, F							X	X	E			X, F
Office of Mental Health (OMH)	X, F	X, F				F			X, F						X	X	E			X, F
Access to Alternative Services					X	X			X, F						X	X				X, F
Dept of Human Services (DHS)	X,F					F							X		X	X				
Philadelphia County Assistance Office												X			X	X				
Philadelphia Police Department		X													X	X				

X = Provider E = Expert TA Provider F = Funder

All of the large and complex homeless assistance providers in Table E.1 offer programs designed to meet the long-term residential needs of formerly homeless people with chronic mental illness, substance abuse, and multiple diagnoses. Several of these providers (e.g., RHD, Horizon House) also offer extensive residential and nonresidential services for never homeless people with mental disabilities, including major mental illnesses and developmental disabilities. Homeless people with appropriate diagnoses or conditions have reasonable access to these programs, especially to a type of low-demand entry-level housing supported by the OMH called Progressive Demand Residences (PDRs), which function much like safe havens. Some providers (e.g., One Day at a Time) specialize in working with substance abusers.

Involvement of Mainstream Agencies

As a conscious part of Philadelphia's approach to ending chronic street homelessness, many city agencies are involved in the homeless assistance system serving this population. Most use their resources to fund homeless assistance programs or supportive services and case management; many also offer some programs and services with their own staff (see Table E.1). All participate in one or more of the coordination mechanisms described below.

Shelter and Housing. Homeless assistance programs fall primarily under the responsibility of the city's (OHCD and Adult Services). OHCD receives ESG, CDBG, HOPWA, and other Federal resources, and conducts the annual Consolidated Plan process. It funds some transitional housing directly, and transfers Federal resources to OAS for funding emergency shelter and additional transitional housing. City, state (Homeless Assistance Program), and Federal funds flow through Adult Services and its component parts, the OESS, the newly created Housing Support Center (HSC), Riverview Home (a city-owned personal care residence for elderly and/or vulnerable Philadelphians) and the Office of HIV Planning (a body responsible for coordinated planning for Federal funding from the Centers for Disease Control and Ryan White Title I). As is also the City's convener for the annual Continuum of Care application. Some other agencies—OMH, the CODAAP, and the Department of Human Services (DHS), (the child welfare office)—maintain small numbers of units that are closer to "housing plus services" than to treatment, and which accept homeless people as residents.

OESS maintains two central intake systems, one for single men and one for women, with or without accompanying children. When the city decided to do central intake, around 1989, it did so to assure that regardless of individual problems, people received shelter beds, and to increase the efficiency of shelter use. Emergency shelter occupancy went from about 80 percent to 97 percent once the central intake system was fully operational.

While it does not run any shelters or transitional programs itself, the city pays for shelter for all people that OESS places into emergency or transitional programs. The intake databases link to a management information system that can provide an unduplicated count and other information about people served, going back to 1989. At present the city pays for about 2,100 shelter beds a night, comprising about 80 percent of the city's emergency shelter capacity. This number is down about 10 percent from 2001, in a deliberate effort to switch occupancy from emergency to permanent supportive housing for chronic shelter users. These OESS shelters served about 10,000 different single adults and 14,000 adults and children in families from November 2001 through October 2002 (unduplicated counts).

The Housing Support Center is a new program just getting under way within Adult Services. When fully operational, it will bring together resources from Adult Services, DHS, CBH, the County Assistance Office (cash assistance), the Philadelphia Housing Authority (PHA), and other public agencies whose clients face challenges to housing stability. It will serve as the city's central referral point for all households needing help because they are experiencing homelessness or facing homelessness, including families whose involvement with child welfare arises chiefly from their lack of housing.

Supportive Services. Agencies under the Behavioral Health System offer prevention, outreach, substance abuse, and mental health services through their own staff and by contracting with nonprofit homeless assistance programs. CODAAP and OMH are city offices whose staff provide care directly and who also pay for services and shelter/housing through contracts for people meeting their eligibility criteria. Both work closely with the outreach teams under the OCC run by Project H.O.M.E., as well as supporting outreach teams of their own. Direct mental health and substance abuse treatment is also supplied through Community Behavioral Health (CBH), the city's nonprofit managed behavioral health care entity covering poor people with behavioral health disorders, whether Medicaid beneficiaries or not. All are components of Philadelphia's BHS.

Who Is Served?

Philadelphia has a major focus on reaching and serving men and women experiencing chronic street homelessness. Most have one or more disabilities. None is excluded on principle, although there are far from enough units to serve all who need them. Programs have been created for people with mental illness, co-occurring disorders, fragile HIV/AIDS victims with or without other problems, and other special groups. There is even a unit (the Transitional Treatment Unit, run by Horizon House) designed specifically for people who have been banned from using shelter due to repeated episodes of disruptive behavior exhibited during prior shelter stays, which works with residents to help them adopt acceptable behavior. Mainstream mental health and substance abuse services have been expanded to address the needs of homeless people with those problems, and specialized services have been developed for the large proportion of people who do not fit neatly into pre-existing categories because they have two or more co-occurring disorders.

Philadelphia's focus on chronic street homelessness begins with outreach, as indicated by the high proportion of organizations in Table E.1 engaged in outreach and/or offering drop-in services. First-entry residential services also have developed accommodations for people with a variety of disabilities, especially those with low tolerance for the rules or the large numbers of people crowded together in mass emergency shelters. A variety of damp and wet shelters exist, as well as those requiring sobriety. Unlimited-stay safe havens have been developed and PDR slots made available to homeless people whose mental illness, substance use, or both make them unwilling or unable to respond, at least initially, to case plans and goal-setting. Finally, the past two decades have seen the development of many varieties of permanent supportive housing able to accommodate people with a variety of chronic conditions.

Coordination Mechanisms

Philadelphia has several coordination mechanisms, ranging from those in most immediate contact with homeless people to those that concentrate on mainstream agency coordination and long-range planning. These include two mechanisms operating at system entry, two that coordinate specialized services, two that coordinate the efforts of city agencies, and three that focus on planning and system development citywide. Overlapping memberships and an open attitude toward developing and maintaining cooperative relationships keep the coordinating mechanisms in touch with each other.

System Entry. Two coordination mechanisms operate at the point of system entry—the Outreach Coordination Center run by Project H.O.M.E., and central intake run by OESS.

The OCC coordinates most of the city's outreach efforts. These include a 24-hour homeless hotline, five outreach teams, up-to-date lists of shelter availability, and regular street counts. The hotline receives calls from businesses, civic and neighborhood associations, and private citizens about homeless people in need, and dispatches outreach workers to assist. The five largest outreach efforts[4] cover center city and west and southwest Philadelphia, where the majority of chronically homeless individuals who avoid shelters are found. Representatives of all teams meet monthly to review activities and needs. Through radio contact with teams, the OCC facilitates resolution of the immediate needs of any homeless person in contact with an outreach worker that the worker cannot handle independently. OCC workers conduct street counts of homeless people every quarter since 1998.

Since its inception in 1998, the OCC has maintained a database of all persons contacted by the participating outreach teams, averaging about 2,000 unduplicated individuals annually. OCC teams repeatedly see about one-fourth of those they contact over a span of years. These are the chronic street homeless people the teams try hardest to induce off the streets. Through common identifiers, the OCC database can be linked with the OESS database that chronicles most emergency shelter and some transitional housing stays. Using this link, OCC workers can see whether any of their consumers have used shelter, and how much. Conversely, OESS analysts can assess the proportion of people making heavy use of emergency shelter who are also well-known to outreach workers.

Recent analyses for a proposal in response to the Federal Chronic Homelessness Initiative NOFA made just these comparisons, indicating the power of these types of tracking databases and what one can learn from them to help shape policy. Analyses of the OESS database showed that 2,731 individuals were chronically homeless. Over the four years from 1999-2002, 2,404 individuals who are still homeless were chronic users of emergency shelter and street outreach staff repeatedly encountered 572 persons. A match of databases indicated that 245 persons qualified in both categories; counting these people only once brought the total to 2,731. The disability status of the total sample (2731) was explored using various methods, and it is estimated that approximately 30 percent have a serious mental illness, approximately 30 percent have a chronic substance use disorder, and approximately 30 percent are dually-diagnosed with serious mental illness and chronic substance use disorder.

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[4] The OCC coordinates one comprehensive response team, two mental health specialty teams, and two substance abuse specialty teams (one peer and one professional). It has a case management component and access to the OESS list of available shelter beds.

Central intake mechanisms, an up-to-date inventory of available shelter beds, and a shelter tracking database provide further coordination for system entry, if the system being entered is emergency shelter. At present, units in safe havens, some transitional housing, and most permanent supportive housing are outside of this database. Future plans for a homeless management information system include bringing these units into the database, however they are funded. However, just because the current database does not account for some resources does not mean that they are outside a system of coordination through Adult Services. For instance, the PHA makes some Section 8 "Good Neighbor" vouchers available for permanent supportive housing. Adult Services manages referrals to PHA, packages the Section 8 applications, and shares a database with PHA that indicates the status of each individual who has been referred. Adult Services considers these vouchers to be "inside" its system, even though they are not, as yet, included in one overarching database.

Specialized services. Philadelphia has a history of reorganizing its city agencies to improve performance and efficiency in addressing homelessness as well as other issues. Coordinating entities affecting homelessness include the Adult Services and the Behavioral Health System. Within the Behavioral Health System, OMH and CODAAP both support continuums of care, including residential care, for qualifying individuals, and have mechanisms for qualifying chronically homeless street people through arrangements with outreach and other programs.

Interdepartmental coordination. Heads of agencies under the aegis of the Deputy Managing Director for Social Services meet weekly to review activities, develop and monitor plans, handle bottlenecks, and work together on cross-agency issues. These agencies include all of the "usual" types of social services plus agencies responsible for prisons, aging, disabilities, recreation, and mural arts. Ending chronic street homelessness is only one of the many issues these meetings address, but when interagency barriers impede progress toward this goal, these meetings are the forum for developing solutions. When these meetings started in 1999, most agency heads did not have a history or inclination to identify ways they could help each other. They had to "get to know each other and learn to play together," in the words of several respondents who participated in early meetings. These meetings still serve an important coordinating function at the agency-to-agency level.

A second interdepartmental coordinating mechanism is the monthly meeting the currently mayor holds with social services managers and directors. The mayor never misses these meetings, which he uses to learn how plans are progressing, whether problems are being resolved, and other issues. Both the weekly and monthly meetings of agency heads offer opportunities to develop cross-departmental working relationships. Issues related to homelessness and homeless programs and services arise regularly at these meetings, where the first steps toward resolution can occur.

For the future, the city is implementing an Integrated Data Information System (IDIS), a computer program that brings together all client-related data from the city's social service agencies. Agency staff working with clients, and data analysts, will be able to log into the program to find out what services are being provided to clients, and by which agencies. The homeless management information system will link into this IDIS, allowing the city to determine where intervention might have prevented homelessness, which city resources are most used by

homeless people, and where clients who have left one part of the system may have appeared in another part.

Citywide coordination and planning. Three citywide coordination and planning mechanisms exist, with many of the same individuals involved in two or all three. Two address chronic street homelessness in the context of all homelessness; the third focuses specifically on chronic street homelessness. The first, organized by OHCD, is the annual process for developing the Continuum of Care application to HUD. The second is the committee structure of the *Blueprint to End Homelessness*, orchestrated by the Greater Philadelphia Urban Affairs Coalition. The *Blueprint* itself was published in 1998. Committees (e.g., Shelter and Services, Housing, Employment, Housing Trust Fund) meet monthly to report back on their progress in implementing various *Blueprint* objectives, to share concerns, and to alert members to upcoming issues and events. Reports to the *Blueprint*'s Implementation Committee include one from the third citywide coordinating entity, the Mayor's Task Force on Homelessness.

John F. Street, the current mayor, established the Mayor's Task Force on Homelessness even before he took office. It is one of several responses to the introduction and ultimate passage in 1998 of the Sidewalk Behavior Ordinance (see below). With almost 70 members representing every possible interested party, the Task Force addresses issues related to street homelessness, especially in the center city area. These issues include outreach, access to shelter resources, police/community/ homeless person relations, differentiating between panhandling and homelessness, running public education campaigns, services delivered "on the street," and similar issues. Members include representatives from the city council, businesses, faith communities, neighborhood and civic associations, homeless services providers, relevant government agencies, the Chamber of Commerce, legal and housing advocates, universities, the Convention Center and Visitors Bureau, the Center City [Business Improvement] District, and private foundations.

Pathways to Housing, Approaches and Models

Philadelphia's homeless assistance network has historically been organized on the assumption that people will move through steps or stages. However, transitional housing is not always one of the steps for single disabled adults who have been chronically homeless and on the streets. Outreach and service workers interviewed (at least 20 people from many organizations) reported that there are no one or two "typical" pathways from the streets to permanent housing, as accommodations can be and are made depending on individual needs. Nevertheless, we can try to typify the more usual routes.

- *Outreach to safe haven to housing, or outreach directly to housing*. One of the goals of the OCC is to help chronically street homeless people *bypass* the emergency shelter system altogether and enter directly into housing. The housing may be a safe haven (Philadelphia has four safe havens connected to the OCC, and several other no-demand small residential settings for people with disabilities). If the person has a severe and persistent mental illness, the housing could be any one of several residential settings paid for by OMH through contracts with providers. CODAAP also maintains some residential slots for substance abusers. There are also a few residential settings for people living with HIV/AIDS, with or without other conditions.

- *Outreach to emergency shelter to transitional housing to "regular" housing*. This is a more common progression for substance abusers who are not also mentally ill. This is a "dry" route, meaning that each step after outreach requires the person to be clean and sober—with strong support offered to help people recover from relapses. If people cannot or will not refrain from using drugs or alcohol, they are more likely to follow the safe haven/no demand route, which includes various forms of "damp" and "wet" housing.

Philadelphia is just starting its first program based on a pure "Housing First" approach, bypassing even the safe haven stage of moving from street to housing. Research evidence on housing first models has convinced officials that this is an important model to try. Further, analyses by Dennis Culhane and colleagues from the University of Pennsylvania of data from Philadelphia's own shelter tracking database reveal the large numbers of chronically homeless people who, in effect, make their home in the system, or going between the system and the streets. In Philadelphia as elsewhere, 10-15 percent of shelter users are absorbing half or more of shelter resources, at significant public expense. The idea that these people could be moved to housing and helped to maintain it through supportive services is appealing, in that it would help people leave the streets and save emergency shelter resources for true emergencies.

Documenting Success

Philadelphia has been tracking its progress through street counts of the homeless and by the success of programs in moving homeless individuals into housing.

Street Counts

Police have conducted monthly or bi-monthly street counts in the center city area since the mid-1990s. Since 1998, outreach workers coordinated through the OCC have conducted quarterly street counts over a broader area that includes all of downtown and west and southwest Philadelphia. The peak police street count of 824 occurred in June 1997, at a time when Philadelphia introduced behavioral requirements for shelter use that had the effect of cutting occupied beds by approximately half. Earlier police street counts for center city had fluctuated between winter lows below 200 and highs around 300 (Greater Philadelphia Urban Affairs Coalition, 1998).

Street counts conducted by the OCC between 1998 and the present show the effects of concerted efforts to develop alternatives to the streets for chronically homeless people with disabilities, including safe havens and permanent supportive housing. August counts went from 470 in 1998 to 369 in 1999 and 228 and 240 in 2000 and 2001, respectively.[5] August 2002 witnessed an increase to 370 and the expectation is that August 2003 will look the same, as street homelessness reflects the poor economic conditions of the larger society. February figures are considerably lower, as Philadelphia increases outreach efforts and expands access to emergency shelter beds on winter days when the temperature falls too low for safety. Figures for February 1999, 2000, and 2001 vary little, from 167 to 172. However, the count for February 2002 was higher, at 235, mirroring the summer increases for the most recent year.

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[5] These and the following statistics are taken from *Year 29 Preliminary Consolidated Plan (FY 2004)*, page 25, http://www.phila.gov/ohcd/cconplan.htm.

Movement of Street Homeless into Housing

Permanent supportive housing is one avenue that may help chronically homeless people with disabilities move off the streets and into stable housing. We asked the major PSH providers if they had data that could document whether residents of their PSH units had been chronically homeless and whether they had achieved housing stability in PSH programs. Two providers, Project H.O.M.E. and RHD, were able to provide relevant data.

Project H.O.M.E. provided data about residents in the four safe haven programs (with 80 beds) that are coordinated through OCC, and about residents in its five PSH projects (with 121 units) for single adults. Since inception, the safe havens have served 539 clients. All safe haven residents are either mentally ill, substance abusers, or both, as well as being likely to have other problems. Data on length of homelessness before entering a safe haven are available for 160 people, of whom 47 percent had been homeless for longer than one year, with 32 percent being homeless for two years or more. Among the 399 people for whom previous living situation is known, 30 percent came from the streets and other non-housing locations, 17 percent came directly from mental health or substance abuse treatment facilities, and 36 percent came from emergency shelters or a different safe haven. Among the 537 people whose length of stay at a safe haven is known, 52 percent stayed for six months or less, and 30 percent stayed for more than one year, with an average length of stay of 1.3 years. Information about current living situation is available for 516 people, of whom 23 percent still live at the safe haven, 36 percent moved to better housing situations (e.g., PSH, own housing, with family), 2.5 percent died; 22 percent left for situations that were similar or less desirable, and current whereabouts could not be ascertained for 18 percent.

Project H.O.M.E.'s PSH programs have served 187 people since July 1, 1999. Among the 122 people for whom length of previous homelessness is known, 67 percent had been homeless for one year or more, with 44 percent of these experiencing homeless spells of at least two years. Length of stay in PSH is available for all 187, among whom:

- 136 (73 percent) stayed for at least 1 year;
- 93 (50 percent) stayed for at least 2 years;
- 51 (27 percent) stayed less than one year; and
- Average length of stay is 3.2 years.
- Of the 90 people who left Project H.O.M.E.'s PSH, current whereabouts are known for 86 percent. Of these, only 13 percent are living in situations that would be considered homeless, including on the streets, in emergency shelters, safe havens, or transitional housing programs. The rest are in a variety of stable housing situations.
- RHD has served 121 consumers since 1995 in its Supported Adult Living Team (SALT) program and another 25 (since 1989) in its Boulevard Apartments. RHD provides supportive services to people with SPMI living in scattered-site residential units (SALT) or multi-unit building rent-subsidized apartments. Of these, 146 consumers, 45 came directly from homelessness. Most of the remainder, all in the SALT program, had significant periods of homelessness although their immediately prior residence was various transitional housing situations. Of these 146 individuals, 72 percent stayed for one year or more, including:
- 61 (42 percent) who stayed for at least 2 years;

- 23 (16 percent) who stayed for at least 18 months but less than 2 years; and
- 21 (14 percent) who stayed for at least 12 but less than 18 months.

Selected System Components

Prevention

Philadelphia funds a variety of programs to prevent homelessness, including budget and housing counseling, rent/mortgage/utility assistance, employment assistance, security deposits, and small loans. Most programs focus on preventing crisis rather than chronic street homelessness, and on families rather than singles. Residential program opportunities through OMH and CODAAP, described below under safe havens and no/low demand residences, offer the most meaningful prevention resources for people who have been or might become chronically homeless street people.

Outreach and Drop-In

The OCC's coordination of five teams' outreach activities has already been described. Some of the primary outreach teams are generalists while others specialize in either mental health or substance abuse issues. The primary outreach teams have access to specialized backup that will respond in the event someone they are working with has a health, mental health, or substance abuse crisis. In addition to the outreach teams operating through OCC, quite a number of other agencies in Philadelphia conduct street outreach, as reference to Table E.1 indicates. Several drop-in centers also serve as contact points for chronic street homeless people, including that of the Philadelphia Committee to End Homelessness, the Engagement Center at Arch Street United Methodist Church (in conjunction with Horizon House), and the Philadelphia Veterans Multi-Service and Education Center. A high proportion of the people the drop-in centers attract are substance abusers.

Outreach in Philadelphia operates mostly during the day and evening hours, with an on-call night outreach capacity accessed through Horizon House. Outreach used to be mostly at night, but workers found that the most they could do for people at night was offer them transportation to a shelter. During the daytime people can help people connect to a wide variety of benefits and services, which they have found is more effective in keeping people off the streets once they make the decision to accept help.

Outreach teams help street-homeless consumers access public benefits (cash assistance, food stamps, medical assistance), health care (including dental and eye care), detoxification and other substance abuse treatment, safe havens and other low/no demand residences, medications and other mental health treatment, and the basics (food, clothing, blankets, showers, laundry facilities, and so on). Outreach not linked through the OCC includes teams operating from the Center City District (a Business Improvement District) and the Philadelphia Police Department, which maintains a Homeless Service Detail whose officers call the OCC when they encounter a homeless person who needs assistance. Since 1998, the OCC has maintained a database of all persons contacted by the participating outreach teams. Through common identifiers, this database can be linked with the OESS database that chronicles most emergency shelter and some transitional housing stays.

Safe havens and No/Low Demand Residences

Part of the compromise that led to passage of the Sidewalk Behavior Ordinance was commitment to creating no/low demand residences or safe havens. Under the aegis of the OCC, two agencies run the four safe havens developed as a result. These include one with 25 beds for men and women with co-occurring mental health and substance use disorders, one with 25 beds for substance-using men, one with 15 beds for substance-using women, and one with 20 beds for mentally ill women with minimal substance use. The typical route into these safe havens is through contact with outreach.

In addition to these safe havens, Philadelphia agencies offer several other low/no demand residential programs serving chronically homeless people with disabilities. These include several that are specifically for homeless people but were operating before the Sidewalk Ordinance. They also include the array of progressive demand residences supported by OMH that are available to severely mentally ill individuals whether they enter from homelessness, institutions, or other venues.

Emergency Shelters

Although Philadelphia does a lot to help chronically homeless street people with disabilities bypass emergency shelters in favor of safe havens and other no/low demand facilities, it does provide almost 900 beds of emergency shelter for singles, through 24 facilities operated by 18 agencies, not counting overflow beds during cold weather. The city has deliberately been reducing the amount of emergency shelter it supports, down about 10 percent in 2002 from 2001 as it switches to more safe havens and PSH for chronically homeless people. Placement into these facilities is through central intake for singles, and payment comes from the city. Analyses of the management information system attached to central intake indicates that about six times as many singles pass through the shelter system in a year's time as are present on any particular night. Further, chronicity occurs in emergency shelter as well as on the streets, with about 10 percent of sheltered singles using 180 or more days of emergency shelter a year and absorbing about three times the number of shelter nights as their proportion in the population. Many of these same individuals probably sleep on the streets during the nights they are not in shelter—thus reducing chronic street homelessness is also likely to reduce demand for shelter beds (Culhane et al., 1994).

Transitional Programs

Philadelphia has close to 1,900 transitional housing slots for singles, including almost 400 beds in residential programs supported by OMH and CODAAP that offer transitional living situations. All of the large homeless service providers addressing the needs of street homeless people offer one or more options for transitional housing, most of which focus on the needs of substance abusers. Most are shorter than two years, although people can stay that long in some of them. Most have graduated steps or mechanisms for affording increasing privileges or desirable living situations to people as they gain greater time and confidence in their sobriety. These steps include leadership positions, greater privacy, and greater autonomy to control one's daily schedule. Many have an emphasis on employment and building up to the ability to get and hold a job, including finishing a G.E.D., learning computer skills, developing a resume, gaining interviewing experience, and other typical job readiness activities. Often the same provider organizations operate several programs, some of which are purely "homeless" in the origins of

their residents while some focus more exclusively on people with similar disabilities who have not (or have not recently) been homeless. Philadelphia is not supporting development of any more transitional housing units, as its emphasis has shifted to permanent supportive housing.

Permanent Supportive Housing

Philadelphia's 2003 CoC application lists about 1,300 PSH units for singles, in 30 programs run by 11 agencies. OMH is one of these agencies, responsible for 138 units of PSH. Not all of these units are occupied by people who once were chronically homeless street people, but many are. Another 90 units are in the pipeline from 2002 CoC funding. Clients access most of this PSH from emergency shelter, safe havens, or transitional housing programs. Until very recently Philadelphia did not have any programs that followed a "housing first" model, unless one wants to consider safe havens as pretty close to that approach. However, research evidence has convinced homeless services planners that they ought to consider housing first as an option, and the first such program was just getting under way at the time of our site visit.

Very early on (pre-McKinney), Philadelphia had already made significant investments in PSH, and helped develop the model through its involvement with the Robert Wood Johnson Foundation program in the early 1990s. This is not surprising given the city's long-standing concern for helping chronically homeless people to leave the streets. Expanding PSH is the top priority of homeless assistance planners in Philadelphia, whether of the housing first or the more traditional approach.

Supportive Services

In addition to the many supportive services that city agencies supply or purchase under contract to help maintain formerly homeless people in housing (described above at 15-3, "Involvement of Mainstream Agencies"), housing providers and other agencies offer additional supports. The Philadelphia Health Management Corporation (PHMC) runs a clinic, outreach, and other health services funded by Health Care for the Homeless and city dollars, and also provides case management and some job readiness and training activities. Several other agencies provide education and employment-related services, and many housing providers also offer employment-related services, computer labs for job readiness and training activities, and actual employment opportunities as staff, caterers, shop operators, renovation/construction workers, and other jobs. The Center City District has made a point of hiring formerly street homeless people, as part of its commitment to "put its money where its mouth is" to end street homelessness in center city.

Affordable Housing

Due to Philadelphia's long economic slide during the 1970s and 1980s and continued (if slowed) population loss, many long-term vacant and abandoned housing units exist in the city. While these units appear to offer the opportunity for developing affordable housing; compared to many other cities, significant public resources (an average of $75,000-$100,000 per house) are needed to subsidize the cost of new construction and rehabilitation. Compared to the incomes of Philadelphia's many poor households, houses at this price are still out of reach. The city's 2003 housing budget of $213 million drew funding from CDBG, Section 108, HOPWA, HOME, the State of Pennsylvania, local bond funding for the mayor's Neighborhood Transformation

Initiative (NTI), and other sources. Eight percent (about $17 million) of the budget is earmarked for affordable housing production.

The NTI is Mayor Street's plan to preserve and rebuild Philadelphia neighborhoods by removing blighting conditions, creating opportunities for redevelopment and investment, and improving the delivery of city services and resources to neighborhoods. Creating 3,500 new units of affordable housing is one of NTI's objectives. Homeless advocates are concerned about homeless people's access to these units, because the affordability criterion has been set for households with incomes of around $32,000 (50 percent of area median income), not for the incomes of most homeless or formerly homeless people, or even of the poorest households (those with incomes below $20,000, or 25-30 percent of area median income)(Hiller and Culhane, 2003). In support of NTI, Adult Services and a broad-based Implementation Committee engaged the Corporation for Supportive Housing to help develop a five-year housing development agenda. The agenda proposes 3,400 units of new supportive housing by 2006, 1,500 of which are suggested to be part of NTI.

After our visit, at the urging of the Philadelphia Affordable Housing Coalition, the Philadelphia City Council authorized an additional $10 million in new money for the city's 2003-2004 OHCD/NTI budget that will be earmarked for affordable housing. The $10 million will be distributed as $2.5 million to the Neighborhood-Based Rental Production program, which will help finance an additional 100 units of affordable housing; $5 million to the Basic Systems Repair Program, which will repair and preserve at least 1,000 homes for low-income owner-occupants and, and $2.5 million to make 175 homes wheelchair accessible for disabled individuals.

To create more housing affordable to the very lowest income households, several of Philadelphia's large homeless assistance providers have also become housing developers. As CDCs, they create or renovate housing for households with incomes below $20,000, most of whom will not have been literally homeless before occupying the units. NTI bond proceeds are being used to finance the acquisition of vacant properties for disposition to these CDCs at nominal cost. Because these developers also create training, employment, and recreation opportunities in the neighborhoods they develop, which they have selected because they are the neighborhoods that generate the most homelessness, they contribute to homelessness prevention as part of neighborhood revitalization.

Public Funding

Many Philadelphia public agencies support the city's efforts to move chronically homeless street people into permanent housing situations. They do this through direct funding of homeless assistance providers and/or committing public agency staff to supply supportive services, and covering housing (as opposed to supportive services) costs through several mechanisms. Table E.2 shows the departments involved, the types of financial investments they make in ending street homelessness, and which Federal and state resources they control that are being used for homeless-related activities.

Maintaining and Enhancing the System

As detailed in our description of Philadelphia's mechanisms for coordinating homeless assistance, responsibility for maintaining and enhancing the system has a number of centers. In 2000, under the leadership of Estelle Richman, Philadelphia created Adult Services and brought under its rubric OESS and many of the homelessness prevention and funding responsibilities that had been located in OHCD. The "homeless czar" position was created to increase access to mainstream resources for people who experience homelessness. Responsibility for organizing and submitting the city's annual Continuum of Care application to HUD has been transferred to Adult Services, and responsibility for overseeing the system on a day-to-day basis and for implementing long-range plans rests with Adult Services. Adult Services is supported in these responsibilities by the work of the Blueprint Implementation Committee and the Mayor's Task Force on Homelessness. City officials, providers, and advocates work closely together in all of these efforts, but providers and advocates may also challenge decisions or plans if they believe that some overall goal is not being well served.

Table E.2: Local Agency Investments In Ending Street Homelessness

Agency	Type of Investment		
	Fund Services	Staff Provide Services	Fund Housing
Adult Services (AS) – ESG, state HAP, HSDF*	X	X	X
Office of Mental Health (OMH) – MHBG, PATH	X	X	X
Coordinating Office of Drug and Alcohol Abuse Programs (CODAAP) – SABG	X	X	X
Community Behavioral Health (CBH)	X	Soon	X reinvesting "profits"
Department of Public Health (DPH)	X	X	
Department of Human Services – TANF, child welfare	X-direct and $ transferred to AS	X	X-for chronically homeless families
Philadelphia Workforce Development Corporation (PWDC—nonprofit agency responsible for Work Investment Act (WIA) funds)	X		
Philadelphia Health Management Corporation (PHMC—nonprofit agency)		X	
Office of Housing and Community Development (OHCD) – S+C	X-direct and $ transferred to AS	X	X-direct and through $ transferred to AS
Redevelopment Authority	X		X-acquires and develops properties
Philadelphia Housing Authority – SRO Mod Rehab+Section 8	X-$ transferred to OAS	X-case management support for Good Neighbors	X-rent subsidies
Mayor's Office of Community Services—SSBG	X		
Philadelphia Police Department		X-outreach	
Department of Recreation			X-temp shelter in winter
Licensing and Inspection		X-assure building safety	

Public Property and Cooperative Programs		X	X
Bond funds	X		X
Department of Veterans Affairs	X	X	

* State resources—HAP = Homeless Assistance Program, which has been cut 10% for the 2003-2004 fiscal year; HSDF = Human Services Development Funds,

which have been paying for drug treatment of uninsured people and for OESS case managers and programs, but which have been completely eliminated in the

2003-2004 state budget.

Developing or Adapting New Approaches

Philadelphia's history in the homeless arena attests to its willingness and ability to entertain new ways of doing things when the situation warrants. Over the years the city has thoroughly changed its approach to outreach (from night to day, and much-increased coordination), and developed targeted responses to street homelessness in its no/low demand programs. As noted earlier, it began developing PSH in the early 1980s, long before McKinney funds became available for this purpose.

These developments grew out of continuing dialogue among all the players about what was working and not working, and what was needed that was not available. Knowledge has played a significant role in many of these developments. For instance, in the early 1980s outreach teams identified 86 women living on the streets with mental illness who were afraid to use shelters. OMH became convinced that these women would benefit from a permanent supportive housing program (a concept that had not been fully formulated at that time), and invested in Women of Hope. Ultimately, all of these women were assisted to leave the streets and obtained permanent housing, often at Women of Hope.

The city is just beginning to invest in the "housing first" approach to permanent supportive housing. Factors influencing this decision are the research evidence from housing first demonstrations (most notably the New York/New York Initiative), plus analyses of the city's own data from OCC and OESS shelter databases. These sources document the number of chronic shelter users and street homeless people who would be appropriate for a housing first approach. The Adult Services Deputy Managing Director meets monthly with researchers who know both the city's data and the broader field of homeless services research, to discuss implications for what Philadelphia should be doing next.

Budget Cuts

No matter how forward-looking and devoted a community is to supporting homeless-related programming, its opportunities rely on funding from many sources. Philadelphia, along with some of the other communities visited for this study, is facing severe cuts in the state budget that may affect its supports for ending chronic street homelessness. Much of the funding for OMH's and CODAAP's supportive services, and even residential programs, comes from the state, where initial budget actions have made drastic cuts.

Community Relations and Advocacy

Having few resources available for either homeless individuals or individuals at-risk of becoming homeless, Philadelphia witnessed a drastic increase of chronic street homelessness. Initially,

public attitudes were negative toward this population and programs to meet their needs. In this section, we address how the city's advocates for programs to reduce chronic street homelessness assembled the necessary community support for their work.

Initial Resistance

At the same time that the city, nonprofit agencies, and advocates were moving to develop options to address homelessness in the early 1980s, many Philadelphia residents and elected officials opposed programs that assisted chronic street homeless individuals. In 1984 police arrested several service providers and advocates for giving food to homeless individuals in a Philadelphia train station. Also in that year, community residents sought to ban the opening of Women of Hope, one of the earliest programs to offer permanent supportive housing in the form of a "safe haven" for mentally ill women living on the streets. Opposition went so far as bomb threats to force relocation. Women began residing at the program as scheduled, and staff and residents worked hard to ease the fears of neighbors.

The initial antipathy toward chronic street homeless persons and programs to meet their needs was a substantial challenge. Over time city officials, service providers, homeless advocates, community and faith-based organizations came together to improve community relations for programs meeting the needs of homeless people. Their success was clear in the 1515 Fairmont dispute, when members of the public made clear their support for the building at the mayor's public appearances, during radio call-in shows, and in many other ways.

In 1997 following the closure of several community-based shelters, Project H.O.M.E. formed an ad hoc group known as the "Open Door Coalition" to develop viable plans for permanent long-term supportive housing for homeless individuals. The Open Door Coalition was also responsible for soliciting support from the media and community residents in protest to the Sidewalk Behavior Ordinance when it was first proposed. Citizens representing many interests have participated in activities focused on planning and implementing approaches for ending homelessness, including the Blueprint (starting in 1996). The current Mayor's Task Force on Homelessness. Business, in the form of the Center City District, has been active since at least 1991 in addressing street homelessness, including providing jobs for homeless and formerly homeless people.

Set-aside funding in response to the Sidewalk Behavior Ordinance to expand street outreach was an additional approach the city used to improve relations between the business community and service providers. Street outreach has been crucial in helping homeless individuals move off the street; which was an objective of the business community to improve downtown visiting attractions.

Another more forceful approach to overcoming public resistance was the Mayor's 2001 NTI to revitalize the neighborhoods of Philadelphia. One NTI objective is to foster the development of mixed-income housing units community-wide. NTI will preserve several neighborhoods by stabilizing, acquiring, and refurbishing certain vacant buildings. The NTI strategy is to help neighborhoods thrive by developing clean and safe places for residents to live and work. Although many advocates expressed concerns during the site visit that NTI will not do much to improve the housing needs of homeless people, the city's efforts have lessened the conservative fear that providing low-income housing will cause a decline in property values. In

fact, Project H.O.M.E. is developing 144 units of affordable housing in one of the most upscale Center City neighborhoods, Rittenhouse Square, with substantial, active community support and no opposition.

Several efforts have focused on giving citizens an avenue for expressing concerns about particular programs and services in their neighborhoods. The Department of Public Health, the Department of Human Services, and the University City Community Council formed a pilot project called the Good Neighbor Policy in 1998 to respond to neighborhood concerns or complaints regarding residential group homes within their communities. The Good Neighbor Policy has a help line for neighbors to call when they have an issue about a certain group home in their neighborhood. All complaints are handled by an appointed community point person who documents the complaint as well as the method used to resolve the issue. In addition to community complaints, the Good Neighbor Policy also handles issues related to safety, public transportation and zoning requirements for residential group homes, which may include residence for formerly homeless people.

Philadelphia also has a call-in line for issues relating to tenants with Section 8 housing subsidies. Section 8, one of the major sources for housing subsidies that help pay for people residing in PSH, evidently has a very bad reputation in Philadelphia. Citizens appear to expect the worst behavior from households with Section 8 vouchers, which may be a general backlash against "welfare" or, as some suggested on our visit, may have racial overtones and reflect fears of neighborhood transition. To respond, the Philadelphia Housing Authority has a hotline that citizens can call to report disruptive activities in particular housing units. Someone follows up on these calls and takes whatever steps are necessary to resolve the issues if they involve Section 8 voucher holders. As often as not the calls turn out to be about people who do not have a Section 8 voucher, but the level of antipathy to Section 8 is reflected in the tendency of citizens to attribute anything bad that happens on their block to a Section 8 voucher holder. These attitudes make it hard to site new PSH programs, since their residents often rely on Section 8 to cover the cost of their housing.

Good Neighbors Make Good Neighborhoods is a unique collaboration between Adult Services and the PHA. More than 400 families in the last 18 months have received Housing Choice Vouchers from PHA; with Adult Services providing intensive case management services for up to a year to stabilize these formerly homeless families in permanent housing. The case management role, in addition to helping the families directly, smoothes the relationships between families and landlords and possibly also between families and neighbors, contributing to both residential stability for the families and good interactions with neighbors. Through a grant from DHS, these families can receive up to $1,300 worth of furniture and household items for their new homes. In 2002, PHA committed an additional 300 vouchers to continue the program. To date, no families have been evicted from units in the program.

Role of Consumers in Advocacy and Shaping Policy

Homeless people themselves have been involved from the beginning in advocacy and actions to bring attention to the needs of people without shelter for the night. In the early 1980s, homeless people under the leadership of Chris Sprowl, Leona Smith, and Alicia Christian formed two organizations called Dignity and Fairness for the Homeless and the Union of the Homeless. They were very successful at organizing direct actions such as picketing shelters for inhumane

treatment of people who were homeless, the lack of shelter, and the need for housing and jobs. Their efforts resulted in a "Right to Shelter" ordinance, the right of homeless people to vote, and Dignity Housing, a program to provide transitional and permanent housing run by those who have experienced homelessness.

Throughout the 1980s several public actions brought the plight of homelessness to the public's attention. In the fall of 1987, Joe Rodgers, a mental health consumer and a formerly homeless person who is a long-time leader in the mental health consumers movement and S. Mary Scullion, an advocate, invited people who were living on the street to join them in a vigil outside the State Office Building to testify to the need for more supported housing for those who were mentally ill and living on the street. Governor Casey sent the state's Secretary of Public Welfare to meet with those encamped outside and agreed to develop and provide operating support for 150 units of housing that winter. In the following winter of 1988, homeless people and their supporters took over the basement of the Philadelphia Municipal Services Building to provide shelter for those who had none that winter, and refused to leave until the city made provisions for those still living outside. This move by homeless advocates brought attention to the issues of homelessness and the need for public support to assist in finding solutions to end homelessness.

In the 1990s, the focus was on addressing the critical need for affordable housing for single people and families as well as the need for jobs that paid living wages. Much of the activism arose from discrimination that faced those without a home, and used slogans such as "It is not a crime to be homeless," "People are more important than sidewalks," and "Homelessness is the crime not homeless people" to catch public attention and support. When Philadelphia's new Convention Center was set to open in the mid-1990s, anxiety focused on whether conventioneers would be reluctant to come because of people sleeping on the streets. Fortunately, the first convention was the National Conference of Mennonites. Local advocates met with some of the Mennonite leadership and they agreed to march with homeless people from the Convention Center to 1515 Fairmount to City Hall in solidarity with the plight of those who are low-income and without a home. This drew great press because it was the antithesis of what the city expected from conventioneers—a march on behalf of those who were sleeping outside.

The role of the homeless advocates has also been very successful in rallying community's support on the issues of homelessness in the political arena. For example, during the 1999 election of Philadelphia's mayor, homeless advocates formed a nonpartisan coalition called "Election '99: Leadership to End Homelessness," to educate the community through forums and workshops on the issues of homelessness, in addition to registering to vote over 2,000 homeless and low-income individuals. Members of the coalition also organized a forum with the mayoral candidates on homelessness and housing to examine the candidates' strategies for creating additional affordable housing units as well as obtaining their commitment to find solutions to end homelessness. The Candidates' Forum on Homelessness and Housing was attended by more than 800 residents; in addition, members of the coalition published and distributed throughout the community more than 10,000 copies of the Voters Guide on Homelessness and Housing.

The efforts of the coalition continued during subsequent elections in which members of the coalition lobbied to place homeless issues on the agenda of candidates seeking election in the

2000 election of Philadelphia's State Senators and the 2002 election of the Pennsylvania Governor. Through websites, newsletters and pamphlets, members of the coalition have been able to educate voters on the election process and the candidate's political stances concerning the issues of homelessness and affordable housing.

Continued Vigilance

The give and take of working together but still looking out for individual interests continues in Philadelphia. In 1999 an ad hoc group the "Sidewalk Ordinance Task Force" began monitoring how police enforced the Sidewalk Behavior Ordinance and the commitment of the city to providing additional services that assisted homeless individuals. Through this task force, members of the community formed "Street-Watch," a collaborative of members from various organizations, to monitor the streets and ensure that homeless individuals were being treated with dignity and respect. Through evidence gathered during this monitoring, advocates were able to document less than complete adherence of police to the spirit of the Ordinance, and apply pressure to get the police to comply. Thereafter the police department began working with community outreach teams to assist homeless individuals obtain shelter and services.

Practices of Potential Interest to Other Jurisdictions

- **Concerted plan to address street homelessness.** In response to the Sidewalk Behavior Ordinance, Philadelphia instituted a serious, focused effort to develop the strategies and programs that would help people move off the streets and out of homelessness. The strategy involves an organized outreach effort, development of safe havens, and expansion of permanent supportive housing. (Contact person: Rob Hess, Robert.hess@phila.gov.)
- **Major investments by mainstream agencies.** Philadelphia makes a serious commitment of public funds to homeless programs and services, over numerous departments and administrations, aided by continuing public support. (Contact person: Rob Hess, robert.hess@phila.gov)
- **Outreach Coordination Center.** The OCC offers a coordinated point of contact for street homeless people. Outreach workers linked to the OCC are able to offer a wide array of services, and feel confident that the people they contact will receive the services if they are willing to accept them. The OCC also maintains a database of contacts with street homeless people that gives Philadelphia an excellent picture of who is out there and what their needs are. (Contact person: Genny O'Donnell, gennyodonnell@projecthome.org.)
- **Single point of responsibility for homeless issues, and extensive coordination mechanisms.** The position of Deputy Managing Director for Adult Services consolidates responsibility for planning, organizing, and delivering programs and services to end homelessness in Philadelphia in one obvious place. The Director and Adult Services are aided in their mission by the network of coordination mechanisms in the city, including its own data system and Housing Resource Center, the OCC, housing/neighborhood revitalization through OHCD, behavioral health through BHS, primary health services through the Department of Public Health and the Philadelphia Health Management Corporation, and planning and implementation through the Mayor's Task Force and the Blueprint. These arrangements appear to work well—people know whom to call, for both

individual client advocacy and more programmatic issues. (Contact person: Rob Hess, robert.hess@phila.gov.)

- **Data collection, analysis, and use to shape policy.** To aid its planning and coordination efforts and its decision making about new investments, Philadelphia makes good use of its extensive data on outreach and emergency shelter populations. It also pays attention to research done elsewhere. Evidence of chronicity and extensive service use is driving the city's current shift of direction toward reducing emergency shelter beds, freezing transitional housing development, and concentrating on permanent supportive housing. (Contact person: Rob Hess, robert.hess@phila.gov.)

In addition to these specific practices that may be of interest to other jurisdictions, several points about Philadelphia's approach to ending chronic homelessness are also important to note. First, people involved with homeless services, planning, and advocacy in Philadelphia have ***long*** histories in the city, in services, and with each other. There have been some extremely adversarial moments, but basically people have learned to work with each other, compromise, and move forward. Even potentially contentious situations such as the Sidewalk Behavior Ordinance have been turned to good advantage.

Second, for at least the last decade, strong public support has been developed and sustained for helping homeless people and committing local resources to the task. This does not preclude occasional NIMBY responses to specific project locations, but even those issues have been handled with reasonable aplomb, especially since the city lost the 1515 Fairmount dispute.

Finally, even with Philadelphia's history and local commitment, funding issues can still strike hard. The new state budget devastated the state's Homeless Assistance Program and funding for social services and drug and alcohol treatment. It is not clear at this time whether final allocations will look as bad as they do at this writing (late spring 2003), but if they do it has the potential to really undermine homeless assistance in Philadelphia.

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ACRONYMS

ACCESS	Access to Community Care and Effective Services and Support
APM	Asociasion de Puertorriquenos en Marcha
AS	Adult Services
BHS	Behavioral Health System
CBH	Community Behavioral Health
CDBG	Community Development Block Grant
CDC	Community Development Corporations
CODAAP	Coordinating Office of Drug and Alcohol Abuse Programs
DCED	Department of Community and Economic Development
DHS	Department of Human Services
DHSS	Center for Mental Health Services
DPH	Department of Public Health
ESG	Emergency Shelter Grant
HAP	Housing assistance Plan
HFF	Housing For Families
H.O.M.E.	Housing, Opportunity, Medical Care and Education
HOME	Federal block grant to create affordable housing
HOPWA	Housing Opportunities for Persons with AIDS
HSC	Housing Support Center
HSDF	Human Service Development Funds
IDIS	Integrated Data Information System
MOU	Memoranda of Understanding
NOFA	Notice of Funds Availability

NTI	Neighborhood Transformation Initiative
OCC	Outreach Coordinating Center
OESS	Office of Emergency Shelter and Services
OHCD	Office of Housing and Community Development
OMH	Office of Mental Health
OSHA	Office of Service to the Homeless and Adults
PDR	Progressive Demand Residence
PHA	Philadelphia Housing Authority
PHMC	Philadelphia Health Management Corporation
PSH	Permanent Supportive Housing
PWDC	Philadelphia Workforce Development Corporation
RHD	Resources for Human Development
RWJ	Robert Wood Johnson Foundation
SALT	Supported Adult Living Team
SPMI	Serious and Persistent Mental Illness
WIA	Workforce Investment Act
WOC	Women of Change