



NONE OF US ARE HOME UNTIL ALL OF US ARE HOME

2023 Project HOME Mayoral Policy Brief:

Impacting Housing, Services, and Recovery for Philadelphians Experiencing Homelessness

February 24, 2023

Project HOME (Housing, Opportunities for employment, Medical care, and Education) offers the recommendations below to support the candidates for Mayor as they consider their positions on homelessness. Approximately 15,000 people experience homelessness in a given year in Philadelphia. The good news is that we know what works: with effective housing and services, more than 95 percent of people can break the cycle of homelessness. The pandemic exacerbated already-grave needs for quality services to people on the streets, including shelters and interim housing options that are accessible for people with disabilities; plans for emergencies when shelter beds are terribly insufficient to meet demands; and housing WITH services. The pandemic also provided some “one-time” resources, which should be paired with one-time uses, foremost among them the technology upgrades required to implement a modern homeless services system.

The next Mayor must also ensure that our City has a plan to address homelessness at high-risk times, including weather emergencies and public health emergencies. Importantly, all planning efforts must involve providers and people with lived experience. Our recommendations are below, and we hope that this will be the start of much longer conversations about how the next Mayor of Philadelphia can provide the leadership needed to end homelessness.

1) Philadelphia needs more affordable housing units with appropriate supports to end homelessness and to prioritize City funding opportunities for permanent, supportive housing for vulnerable populations.

The new Mayor must develop policy and increase funding streams that facilitate the creation of new units through development, subsidy, master leasing, and support service funding.

- The City must prioritize scarce affordable housing resources with the following in mind:
 - Leveraging state resources by gap-funding projects that utilize non-competitive 4% Low Income Housing Tax Credits (LIHTC). LIHTC properties leverage private and state resources for vulnerable populations with lower levels of funding.
 - Ensure that post-pandemic recovery funds (or unspent pandemic-related funds) are used for affordable housing
 - Work with landlords and developers to increase opportunities to use tenant-based rent subsidies and prioritize creation of the following types of projects in prime real estate locations:
 - Work with developers and award contracts for projects that are serving the most vulnerable people for the longest period of time
 - Maintenance/preservation of affordable housing, including expiring tax credit properties (AND implement policy solutions to preserve expiring tax credit properties)
 - Projects that join housing and healthcare to meet the needs of people who are homeless and have physical and behavioral health needs
 - Create strategic partnerships to leverage resources, most critically, housing choice vouchers. Currently, many people have vouchers they can't use. In addition, landlords who do not accept vouchers should be sanctioned.

- Evaluate the possibility of expanding the Housing Trust Fund, or other dedicated financial resources, to develop supportive housing (capital), operate supportive housing (subsidies), and provide services specifically for vulnerable populations.
- Work with providers and City leadership to explore the use of Medicaid to fund on-site case management and peer support services for people with histories of chronic homelessness. Evaluate and possibly deploy the Los Angeles model.

2) Expand accessible housing (including shelters and safe havens), social services and comprehensive behavioral health supports for people on the street to accommodate people with disabilities as required by law. Meet the needs of people who want to come in including women, children, and families, and people who are aging and/or medically frail, particularly during dangerous weather and public health emergencies.

- Allocate funding, immediately, to ensure that emergency shelter, safe haven, and transitional housing services and programs are fully accessible to individuals with disabilities, including people in wheelchairs, people with visual impairments, and people who are physically unable to climb stairs. Establish an enforcement mechanism to address policy violations.
- Instruct the Office of Homeless Services (OHS) and the Department of Behavioral Health (DBH) to ensure that coordinated entry is truly coordinated by implementing a single, unified, and fully integrated data system. Direct the Office of Innovation and Technology, DBH and OHS to (1) create a database that will show all available emergency shelter beds and safe haven beds, anywhere in the system, in real time; (2) use geo-mapping and van location services to coordinate dispatchers and outreach teams more efficiently and impactfully; and (3) direct DBH to incorporate all of its data into the Homeless Management Information System (HMIS) for use in reporting and service improvement.
- Instruct OHS and DBH to leverage their power as funders to improve quality and accountability throughout the homeless services system.
- Direct Community Behavioral Health (CBH) to work with providers to ensure maximum use of Medicaid to fund on-site services, flexibly, including education, employment, medical care and recovery.
- Instruct OHS and DBH to work collaboratively with service providers to respond to the needs of a growing number who are experiencing homelessness in neighborhoods outside of Center City.
- Plan for weather-related emergencies by increasing resources to meet the needs of unsheltered people instructing OHS to limit shelter discharges to incidents of violence or threats of violence, and pause encampment evictions, during a Code Blue or Code Red.
 - Enlist support from service providers and key stakeholders—including the police, SEPTA, Amtrak, and hospitals—to surge capacity and provide safe harbor during emergencies. Coordinating City agencies to create a written plan in collaboration with shelter providers, and Homeless Outreach for responding to future public health emergencies.
- Revive the Homeless Death Review Team, under the auspices of the Medical Examiner’s Office, and engage healthcare providers, insurers, frontline service providers, academics, DBH, and OHS.
- Ensure that people who are on the streets can access high quality services provided by diverse team members, and peers, who are trained in trauma informed care and DEI best practices.

3) Permanent housing with a recovery focus needs to be prioritized for people who want to be in a recovery community within the Continuum of Care process, supported with additional flexible resources from the City, through the Office of Homeless Services (OHS), Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), and Community Behavioral Health (CBH).

- Without increasing the City's budget commitment, create a priority within the City's Continuum of Care ranking process for permanent recovery-focused housing. Direct OHS to balance the priority we place on recovery-focused housing with Housing First in the City's applications for federal funds.
- Immediately direct flexible funds from the Department of Behavioral Health and the Office of Homeless Services for housing and services for people who have recovery needs, including case management, clinical/trauma support, and other key recovery services.
- Direct that City funded recovery houses must include people participating in medication assisted treatment (suboxone, naltrexone, etc.).
- Transition the addiction treatment system to provide treatment on demand that is culturally sensitive and accessible for various needs.

4) Provide long-term housing, education, and employment supports for young people exiting foster care, and/or identifying as LGBTQIA+ who are homeless.

- Support the recommendations of the Kids Campaign including providing long-term housing with rental assistance that supports young adults to achieve goals in education and employment as well as on-site trauma supports that include youth navigators with lived experience. (childrenmatteractionfund.org/thekidscampaign)
- Promote access to Pennsylvania's Fostering Independence Tuition Waiver Program for foster youth to ensure they access it before age 26. Promote partnerships with Community College of Philadelphia and other programs for certifications and training.

5) Social services solutions should be used to solve social problems, not police.

- The City should restructure the emergency response system such that calls to 911 concerning people in behavioral health crisis receive non-police/unarmed response, except in cases of physical violence that cannot be deescalated
- Explore options for revising State 302 (involuntary commitment) requirements and/or procedural flexibility that would permit a non-police alternative response.
- Work with Crisis Response Centers (CRCs) to ensure that persons who are held under a 302 are not discharged prematurely, or before a qualified healthcare professional can confidently determine that the person does not meet the criteria for inpatient civil commitment.
- Expand funding for mental health crisis response (MET teams), possibly through City health centers which are already located throughout the city.

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