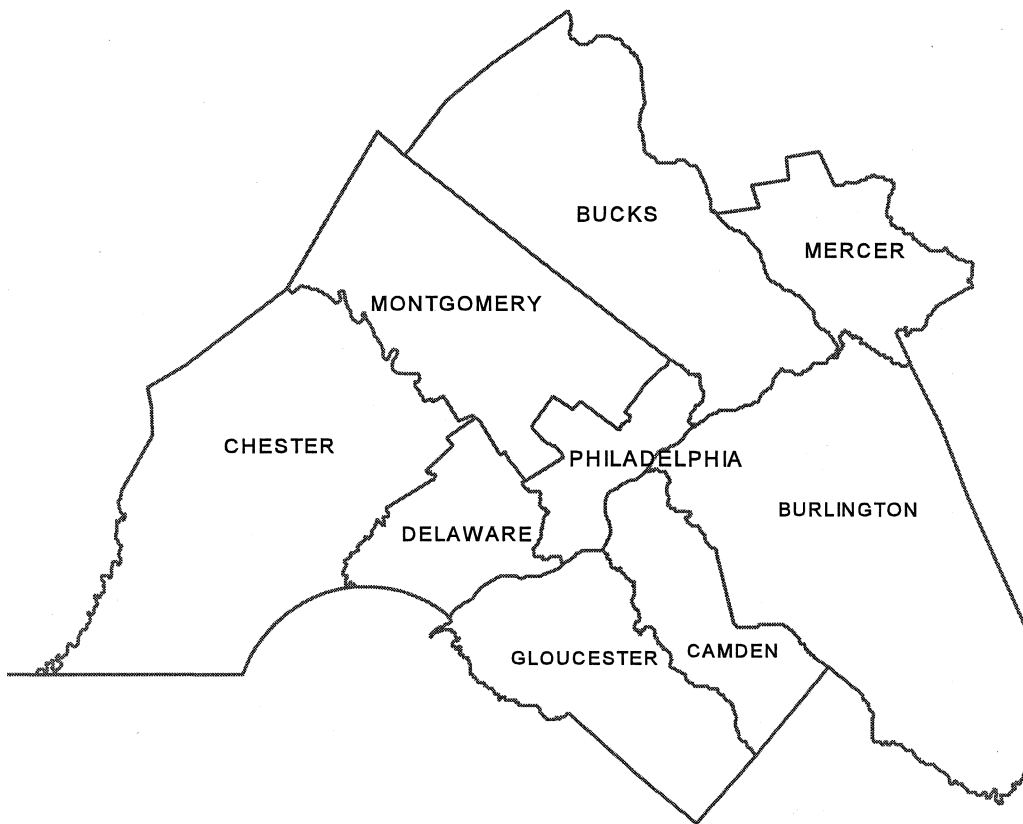


# *Homelessness in the Delaware Valley*



DELAWARE VALLEY REGIONAL PLANNING COMMISSION  
June 1998

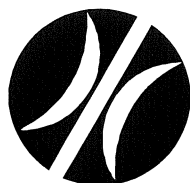


# **HOMELESSNESS in the DELAWARE VALLEY**

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Created in 1965, the Delaware Valley Regional Planning Commission (DVRPC) is an interstate, intercounty and intercity agency which provides continuing, comprehensive and coordinated planning for the orderly growth and development of the Delaware Valley region. The region includes Bucks, Chester, Delaware, and Montgomery counties as well as the City of Philadelphia in Pennsylvania and Burlington, Camden, Gloucester, and Mercer counties in New Jersey. The Commission is an advisory agency which divides its planning and service functions between the Office of the Executive Director, the Office of Public Affairs, and three line Divisions: Transportation Planning, Regional Planning, and Administration. DVRPC's mission for the 1990s is to emphasize technical assistance and services and to conduct high priority studies for member state and local governments, while determining and meeting the needs of the private sector.



The DVRPC logo is adapted from the official seal of the Commission and is designed as a stylized image of the Delaware Valley. The outer ring symbolizes the region as a whole while the diagonal bar signifies the Delaware River flowing through it. The two adjoining crescents represent the Commonwealth of Pennsylvania and the State of New Jersey. The logo combines these elements to depict the areas served by DVRPC.

# DELAWARE VALLEY REGIONAL PLANNING COMMISSION

## Publication Abstract

<b>TITLE</b>  <b>Homelessness in the Delaware Valley</b>	<b>Date Published: June, 1998</b>  <b>Publication No. 98019</b>
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**Geographic Area Covered:** Nine-county Delaware Valley region, including Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania and Burlington, Camden, Gloucester and Mercer counties in New Jersey.

**Key Words:** Homelessness, poverty, Department of Housing and Urban Development, Consolidated Plan, Continuum of Care, emergency housing, transitional housing, supportive housing, permanent housing

## ABSTRACT

This report assesses the extent of homelessness in the Delaware Valley and considers causes of homelessness as well as the characteristics and needs of various homeless sub-populations. The report provides recommendations for improving the provision of services for the region's homeless to assist them as they transition to self-sufficiency, including supporting at-risk households; improving access to available benefits; expanding opportunities for short-term shelter; expanding and integrating case management; increasing the capacity of long-term placement facilities; improving available support services; and increasing the supply of permanent, affordable housing.

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## EXECUTIVE SUMMARY

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In a 1990 report entitled *Homeownership: A Vanishing Dream?*, and again in 1991 in *Building the Dream: Solutions for Affordable Homeownership*, the Delaware Valley Regional Planning Commission reviewed the regional housing market and considered issues of homeownership and affordability. Since that time, the Commission has researched rental housing as well as public and assisted housing in the nine-county Philadelphia metropolitan area. The purpose of *Homelessness in the Delaware Valley* is to consider homelessness, often viewed as the final rung in the housing ladder. The region's homeless population includes single adults, families with children (usually headed by single females) and unaccompanied children under the age of 18.

Poverty is the underlying cause of most instances of homelessness, resulting in an inability to maintain a permanent home. This poverty itself may be long standing, resulting from an inadequate education or a lack of job skills, or it may be caused by a single economic hardship, such as a job loss or catastrophic illness. Other factors contributing to homelessness include a lack of affordable housing opportunities accessible to employment centers; recently imposed time limits on public assistance; the limited availability of comprehensive, permanent housing assistance programs; and the inability of some at-risk households to access available support services. Homelessness may also be the result of mental illness, substance abuse or domestic abuse, although (conversely) economic instability and homelessness may in turn cause or exacerbate any one of these.

Homelessness is increasing in most parts of this region and throughout the country, due primarily to the increasing disparity between housing costs and income and an underlying lack of affordable housing for low and very low income households. Welfare reform is also expected to lead to increases in homelessness, particularly in Philadelphia.

Given the nature of homelessness, it is difficult to accurately estimate the number of homeless people in the Delaware Valley. Comparable counts are not available for all the region's jurisdictions, and the accuracy of available counts varies based on their methodology. Homeless people are also transient, moving both within and between jurisdictions and seeking services and shelter in different places and at different times. It is particularly difficult to estimate the number of unsheltered homeless, since many refuse shelter and either accidentally or purposefully remain "invisible" to the census takers. It is conservatively estimated, however, that approximately 7,000 people are homeless on any given day within the nine-county DVRPC region, and that 38,000 people are homeless at some point during a given year.

The Delaware Valley's homeless populations are concentrated mainly in its urban centers and particularly in the City of Philadelphia, due in large part to the high percentage of low and very low income households concentrated in these same locations. Every county, however, has residents who have experienced homelessness. Studies have shown that homeless households are most often headed by under-educated and lower income persons unable to find and retain a job, maintain a permanent home and weather social or economic hardships, such as an illness or other loss of

income. Statistics confirm that while the region's sheltered homeless are mainly women and children, the vast majority of the unsheltered homeless or "street" people are single adults; that single homeless adults are predominantly minority males; and that a significantly higher percentage of individuals as opposed to families have experienced drug or alcohol addictions or mental illness.

Homeless individuals and families have very different needs, depending on their characteristics and situations. Individual city, county and state programs provide a host of employment, training and community development programs which can be used to support homeless individuals and families. These programs, however, serve a multitude of groups, and few support services and programs exist that are designed and reserved specifically for the homeless.

In the past, the emphasis in service provision for the homeless has generally been on street outreach, feeding programs, emergency shelter and health care. Housing service providers now agree that increasing the availability of support services and providing more permanent, long-term and affordable housing alternatives is of even greater importance. These services are critical in assisting homeless people in finding a steady source of income and maintaining a permanent home. A continuum of care, offering temporary emergency shelter as well as transitional services and permanent housing, must be available if homeless households are to eventually attain self-sufficiency. The most efficient means of utilizing available resources for resolving the problem of homelessness may be to focus on homeless prevention, identifying at-risk households and offering preemptive support services before the family or individual becomes homeless.

Recommendations for improving services for the region's homeless include expanding opportunities for short-term shelter; expanding and integrating case management services between all existing service providers to maximize the effectiveness of available resources; increasing the capacity of long-term placement facilities in the region for those with special needs, particularly in the suburban counties; increasing the supply of permanent affordable housing, particularly in suburban locations in close proximity to the region's existing and emerging employment centers; and improving and expanding education, job training and other support services (such as day care and transportation), to enable the region's existing homeless population and other low and very low-income households to eventually attain self-sufficiency.

Improving the opportunity for low and moderate income households to locate an affordable housing unit close to their job or improving access from affordable neighborhoods to suburban job sites would obviously decrease the likelihood of those households becoming homeless because of an economic crisis. Previous DVRPC studies have provided numerous recommendations for improving the region's supply of affordable, accessible housing. The opportunity for DVRPC to directly impact homelessness through recommended changes in land use policy, however, is limited. The Commission will continue to provide technical support to county, local and non-profit agencies which provide services to the region's homeless and at-risk low and moderate income households. The Commission also continues to work with the City of Philadelphia, counties and operating agencies to identify opportunities for reverse commuting, and to assist in developing access-to-jobs programs to aid former welfare recipients as they transition from welfare to work.

## **I. INTRODUCTION**

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The purpose of this document is to consider the magnitude of homelessness in the Delaware Valley and to examine the range of resources available to address its related needs. This paper first discusses the causes of homelessness, identifying those individuals and households most at risk of becoming homeless. It then considers the scale of the homeless problem in the region, and finally reviews the availability of housing and support services for the region's homeless population.

The most effective means of resolving the problem of homelessness is to identify those individuals and families most at risk of becoming homeless and to offer services and programs designed to prevent homelessness before it occurs. It is important, therefore, to understand the principal causes of homelessness, in order to identify at-risk individuals and families and assist them before they become homeless. An identification of the primary causes of homelessness among different groups is also useful in anticipating the kinds of support services that will be most useful once these individuals or families have become homeless. This section discusses the primary causes of homelessness and characteristics of various homeless sub-populations.

### **Who are the region's homeless?**

Homeless people include single adults, both male and female; families with children, most often headed by single females; and children under the age of 18 that are not accompanied by an adult parent or guardian. The Stewart B. McKinney Homeless Assistance Act of 1987 defines homeless persons to include:

- any individual who lacks a fixed, regular and adequate nighttime residence; and,
- any individual who has a primary nighttime residence that is:
  - a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters or transitional housing for the mentally ill);
  - an institution that provides a temporary residence for individuals not intended to be institutionalized; or,
  - a public or private place not designed for or ordinarily used as a regular sleeping accommodation for humans.

This definition of homelessness is accepted by the Department of Housing and Urban Development (HUD) and used as a standard by each of the region's jurisdictions, and is therefore also used as the standard throughout this report.

### **Why do People Become Homeless?**

The underlying cause of most homelessness is poverty, resulting in an inability to maintain a permanent home. This poverty itself may be long standing, resulting from inadequate education

or job skills, or it may be caused by a single economic hardship, such as a job loss or catastrophic illness. It may also be the result of several other factors, including mental illness, substance abuse or domestic abuse. Conversely, however, poverty, housing instability or persistent homelessness may cause or exacerbate these other problems.

People most vulnerable to homelessness are the region's lowest income households. According to the 1990 Census of Population and Housing, almost 15% of the country's population and 10% of the people living in the nine-county Delaware Valley region in 1990 lived below the poverty line. Table I illustrates the percent of persons living below poverty in each of the region's nine counties. While the percentage of people living below poverty in the suburban counties was generally lower than the national average, almost 20 % (one in five) of the people living in the City of Philadelphia in 1990 lived below poverty level.

Included in these lowest income and at-risk households are working poor families as well as people currently receiving public assistance. Even before welfare reform and its resulting time limits and cuts in benefits, government assistance has never allowed people to live above the poverty line. In 1995, the combined value of the grants available through the Aid to Families with Dependent Children (AFDC) program and food stamps was below the poverty level in every state in the country.<sup>1</sup> Rental housing assistance is generally not a viable option to assist low-income families in meeting housing costs; the City of Philadelphia, for example, maintains a list of over 15,000 eligible families waiting for rental housing assistance.

Holding a job also does not necessarily guarantee that a family will not live in poverty. A single-head of household earning the minimum wage and supporting two children had an annual income that was more than \$1,000 below poverty level in 1996, even after taking advantage of the

**TABLE I**  
**Persons Living Below Poverty**  
**Delaware Valley Region, 1990**

	# people	percent
Bucks	21,076	3.9%
Chester	17,160	4.6%
Delaware	37,171	6.8%
Montgomery	23,779	3.5%
Philadelphia	313,374	19.8%
Burlington	16,004	4.1%
Camden	50,632	10.1%
Gloucester	13,936	6.1%
Mercer	23,084	7.1%
Delaware Valley	516,216	10.0%
United States	---	15%

Source: 1990 Census of Population and Housing

<sup>1</sup>Kaufman, Tracy L. *Out of Reach: Can America Pay the Rent?* National Low-Income Housing Coalition, Washington, D.C. 1996. Although AFDC has been replaced by Temporary Assistance for Needy Families (TANF) block grants to the states, these conclusions about the level of benefits still hold true.

federal Earned Income Tax Credit.<sup>2</sup> A single person earning the minimum wage no longer earns enough to afford the cost of a one-bedroom apartment at the Fair Market Rent (FMR) established by HUD in any state in the country.<sup>3</sup>

While the root cause of homelessness is an inability to pay for and maintain a home, the reason that individuals and families become homeless at a given point in time varies based on their characteristics and situations. Homeless people can be generally grouped into a few broad categories, including single male and female adults; families with children; and unaccompanied youth under the age of 18.

### Single adults

Single adults make up the majority of the homeless population in the region. In Philadelphia, for example, single individuals made up 60% of the identified homeless population in 1993, and that percentage had increased to 70% by 1994.<sup>4</sup> This is true despite the fact that the majority of people utilizing the City's homeless shelters are women with children, since the unsheltered or "street" homeless population is made up almost entirely of single adults; in the case of Philadelphia, for example, it is estimated that 90% of the street population are single men.<sup>5</sup> The number of homeless individuals is expected to escalate significantly as a direct result of changes in welfare eligibility criteria and time limits imposed on low-income individuals who previously received public assistance.

The dynamics of this group differ from those of other homeless groups. Single individuals are most likely to be male; in contrast, homeless families with children are almost always headed by a single female. A majority of single homeless adults are either drug or alcohol addicted; in Philadelphia, for example, as many as 80% of single homeless adults are addicts, compared to only 34% of the City's sheltered homeless and 49% of the overall homeless population.<sup>6</sup> These addictions often lead to unemployment, which in turn results in poverty and, eventually, homelessness.

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<sup>2</sup>Ibid.

<sup>3</sup>National Coalition for the Homeless. *Welfare Reform: The Impact of H.R. 3734 on Homelessness in America*, page 6.

<sup>4</sup>Philadelphia Office of Housing and Community Development, *Year 22 Consolidated Plan*, page 49.

<sup>5</sup>Greater Philadelphia Urban Affairs Coalition, *Our Way Home: A Blueprint to End Homelessness in Philadelphia*, pg. 37.

<sup>6</sup>Ibid.

Single homeless adults also have a higher frequency of severe mental illness than do other homeless people. Six percent of the sheltered population in Philadelphia has a severe mental illness, and this estimate increases to 15% when the unsheltered or “street” homeless are included.<sup>7</sup> As many as 30% of the City’s unsheltered homeless are believed to have mental health disabilities, a major contributory factor to their being on the street rather than in shelters.<sup>8</sup> Many authors believe that a lack of long-term permanent care facilities for the mentally ill has had a significant impact on homelessness. Few mental health services are available in the City’s shelter system, however, and many of these mentally ill individuals leave the system after a few days.

### Families with children

Nationally, families with children represent the fastest growing segment of the homeless population, with 20% of the nation’s total homeless population being families.<sup>9</sup> In many rural areas, this percentage is even higher, with families with children being a majority of the homeless.<sup>10</sup> The number of homeless families is expected to continue to increase as a direct result of the time limits imposed under welfare reform and other cuts in public benefits.

Poverty is the primary cause of homelessness amongst families. Single-parent families are perhaps most at risk, given that single-parent families in general have lower incomes than couples with children. Families with only one wage-earner (including both single and two-parent families) are also more likely to be dramatically affected by a loss of employment or other economic hardship than are families in which there are two working adults. The percentage of single-parent families has increased significantly in recent years. In Pennsylvania, the number of children living in married couple households decreased by 46% between 1970 and 1990, while those living in single parent families increased by 26% during the same time period.<sup>11</sup>

Domestic violence has also been identified as a less common but still significant cause of homelessness amongst families with children. It is often accompanied by other causative factors, such as substance abuse, mental illness or anxiety over financial difficulties.

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<sup>7</sup>Philadelphia Office of Housing and Community Development, *Year 22 Consolidated Plan*, page 52.

<sup>8</sup>Greater Philadelphia Urban Affairs Coalition, *Our Way Home*, page 37.

<sup>9</sup>National Coalition for the Homeless, *Homelessness in America*, 1996.

<sup>10</sup>Vissig, Yvonne. *Out of Sight, Out of Mind: Homeless Children and Families in America*. 1996.

<sup>11</sup>Pennsylvania State Data Center, drawing from the U.S. Census Bureau’s 1990 Census of Population and Housing.

## Homeless youth

Homeless youth are defined as individuals under the age of eighteen who are not under the care of any adult, whether parents, foster care or institutional care. Various estimates of the number of homeless youth nationwide range from 100,000 per night to 2 million per year.<sup>12</sup> The United States Conference of Mayors estimates that homeless youth now represent approximately 3% of the total homeless population.<sup>13</sup>

Causes of homelessness among the nation's youth are usually related to strained or abusive family relationships, economic problems or residential instability. Studies have shown that dysfunctions within the family are the principal reasons that youths become homeless. In a study by the United States Department of Health and Human Services, for example, half of the youth interviewed at emergency shelters reported that their parents either told them to leave or knew they were leaving and did not intervene.<sup>14</sup> A second study found that 20% of the young people admitted to shelters were physically abused, 25% reported emotional abuse and 33% reported neglect.<sup>15</sup>

Some young people become homeless with their families because of economic hardship, and then become separated from them as they move through the shelter system due to various shelter and child welfare policies. Children with a long history of foster care have a higher likelihood of running away and becoming homeless, and still others become homeless once they are discharged from the foster care system.

## **Summary**

The most effective means of reducing homelessness is to identify individuals and families most at risk of becoming homeless and assist them before they encounter an economic or social crisis that leads to homelessness. It is important, therefore, to understand the principal causes of homelessness for different homeless sub-populations. This identification of the primary causes of homelessness among different groups is also useful in identifying each individual or family's greatest needs and in anticipating the kinds of support services that will be most useful.

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<sup>12</sup>Cwayna, Kevin. *Knowing Where the Fountains Are: Stories and Stark Realities of Homeless Youth*, 1993.

<sup>13</sup>U.S. Conference of Mayors, 1996.

<sup>14</sup>US Department of Health and Human Services. *Youth with Runaway, Throw-away and Homeless Experiences ... Prevalence of Drug Use and Other At-Risk Behaviors*. Washington, DC: 1995.

<sup>15</sup>US Department of Health and Human Services. *Report to the Congress on the Runaway and Homeless Youth Program of the Family and Youth Services Bureau, Fiscal Year 1995*. Washington, DC: 1996.

People become homeless for a number of different but interrelated reasons. Poverty, the root cause of homelessness, continues to escalate, as neither welfare nor minimum wage jobs provide enough income for either individuals or families with children to maintain a home. More households will become vulnerable to homelessness in the near future, as both individuals and families reach their maximum allowable eligibility for public assistance and are forced off the welfare rolls.

Studies suggest that homelessness is almost always caused by financial instability or economic hardship, which may be precipitated or exacerbated by other personal or social factors. Factors that impact income and thus may cause homelessness include the unanticipated loss of a job through lay-off or disability, or a lack of adequate educational and/or job training opportunities. Other factors contributing to homelessness include substance abuse; mental illness; an underlying lack of affordable housing opportunities; welfare reform; difficulties in managing money; the limited availability of comprehensive, permanent housing programs; and the inability of some at-risk households to learn about or access available support services. While domestic violence is commonly identified as a significant cause of homelessness amongst families with children, it often is accompanied by other causative factors, such as substance abuse or mental illness.

When people living in emergency shelters in New Jersey were surveyed, common characteristics of the homeless included being unemployed, poorly educated and, as a result, being poor.<sup>16</sup> A second study conducted by the Philadelphia Health Management Corporation in 1997 using case management files of over 1,000 clients found that the vast majority of homeless people lack strong educational backgrounds or significant work histories.<sup>17</sup> Most had a history of residential instability and cited multiple problems contributing to their homelessness. For most clients, then, homelessness was a long-term problem of multiple dimensions, rather than the result of a single or temporary emergency. These findings highlight the challenges involved in assisting the homeless in becoming self-sufficient.

Low and very low income people are most vulnerable to homelessness, since they lack any safety net to see them through temporary economic setbacks and are often ill-prepared to deal with personal or social challenges. In addition to lacking financial and educational resources, people most at risk of losing their homes often lack any support network, or lose it quickly as their financial situation worsens. According to the U.S. Conference of Mayors, only one in five homeless people are employed.<sup>18</sup> Once individuals have become homeless, it is extremely difficult to find or maintain a job, secure a permanent home and once again become self-sufficient.

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<sup>16</sup>New Jersey Department of Community Affairs, *Consolidated Plan for Fiscal Year 1995*, page 26.

<sup>17</sup>Greater Philadelphia Urban Affairs Coalition, *Our Way Home*, page 37.

<sup>18</sup>Waxman, Laura DeKoven, K. Peterson and M. McClure. *Status report on Hunger and Homelessness in American Cities: 1995*.



## II. HOMELESSNESS IN THE DELAWARE VALLEY

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This section discusses homelessness in the States of Pennsylvania and New Jersey and in each of the region's cities and counties, including estimates of the homeless population in each area and general characteristics of each area's homeless populations. Most of the information included in the chapter is taken from the Consolidated Plan prepared by each state, county or city for the U.S. Department of Housing and Urban Development (HUD). Other counts were also considered where available.

The Consolidated Plan is the primary document required by HUD for every geographical area that receives Community Development Block Grant funding (CDBG), Home Investment Partnership funds (HOME), Emergency Shelter Grants (ESG) or Housing for Persons with AIDS funding (HOPWA). The Consolidated Plan format was instituted by HUD in 1994, replacing the Comprehensive Housing Affordability Strategy (CHAS) reports and other reporting documentation.

This change was instituted in order to promote a more comprehensive planning approach to housing and community development. HUD requires that each jurisdiction estimate not only its total number of homeless but also the number of people within each of several sub-populations, such as homeless families with children and homeless youth as well as homeless individuals who are mentally ill, drug-addicted or HIV-positive.

Generally, homeless counts are compiled and presented as either annual counts or point-in-time counts. Annual counts estimate the number of homeless people assisted during a given year, while point-in-time counts estimate the number of homeless people receiving assistance at a single point in time. These point-in-time counts are important for planning for the emergency and transitional facilities needed to accommodate the homeless. In either case, these estimates are then adjusted to account for the less visible unsheltered homeless and for double counting.

Perhaps the most publicized count of homeless people in the country occurred in March of 1990, when the United States Census attempted a point-in-time street count of homeless people visible on the street and in shelters in major cities throughout the United States, including Philadelphia. This "Shelter-and-Street Night" operation, nicknamed "S-night", spanned a 16-hour period from March 20th to March 21, 1990. It is generally believed that these counts, particularly the street count, drastically under-counted the number of homeless, and HUD has directed that eligible jurisdictions not use these counts for planning purposes.

Obtaining accurate counts of the homeless population, particularly the street homeless who do not go to a shelter, is always difficult and often impossible. Homeless people are transient, moving from place to place within a given jurisdiction and from one jurisdiction to another. Many annual counts therefore miss some homeless people entirely and double count others, as the same person or family is counted in numerous shelters or locations. It is also impossible to estimate the number of families and individuals who are homeless but are offered shelter with family or friends.

Additionally, although jurisdictions which are eligible for HUD funding are required to periodically estimate and report the number of homeless living within their boundaries, most use differing methodologies for estimating their homeless populations, with some conducting their own individual surveys and others extrapolating from known data. Given these problems in obtaining comparable and accurate counts, it is very difficult to accurately quantify the number of homeless people living in the region for a given year or at a specific point-in-time. Rather, the following sections serve to document the perceived scale of the homeless problem in each of the region's jurisdictions.

### **Homelessness in the Commonwealth of Pennsylvania**

The best available estimates of the number of homeless people statewide in Pennsylvania are available from a study completed in 1989 by the Pennsylvania Coalition on Homelessness. The 1989 study estimated that in 1987 between 57,000 and 61,000 persons were homeless at some point during the year, based on a finding of between 6,800 and 7,000 homeless people in Pennsylvania shelters on the night of January 28, 1988.

As mentioned above, the Census Bureau conducted a Shelter and Street Night (S-Night) count in Philadelphia on March 20, 1990. Although the Census count has been highly criticized, its shelter count validates the one night count from the Coalition's report. The Census Bureau reports that 7,815 persons were residing in emergency shelters for the homeless somewhere within the Commonwealth on the night of March 20th, approximately 10% more than had been identified two years earlier by the Coalition. The Census Bureau's street count, however, was considered to be far less reliable than the shelter count, and an unsheltered homeless count is therefore not available for the entire Commonwealth.

The Commonwealth of Pennsylvania estimates the percentages of its homeless population that are within each of several sub-populations based on the results of the Coalition's 1989 study of homelessness. Based on that study, it is estimated that 28% of the homeless households statewide have a member who suffers from mental illness; 27% have experienced drug abuse; 31% of the households include at least one alcoholic (including 90% of all single homeless adults); and 12% have experienced domestic violence. Many homeless households may have experienced more than one of these problems; many of the mentally ill, for example, also abuse drugs or alcohol, and alcohol or substance abuse is a factor in many domestic abuse situations.

At the time of the Coalition's study, 45% of all homeless individuals lived in family households with children, the majority of which were headed by single females. Most of the homeless in the state are minorities, located primarily in the larger, more densely populated counties. Most of the Commonwealth's identified homeless are in urban rather than rural areas. Because rural areas have no commercial centers or neighborhoods in which the homeless can congregate, many homeless individuals and families in these areas move in with family or friends, camp in parks or other open spaces, or migrate to urbanized areas.

## Homelessness in Philadelphia

The vast majority of the region's homeless population is concentrated in the City of Philadelphia, largely because the City is also home to the region's highest concentration of low and very low-income households. Many of the homeless living in the City originally had permanent homes in the City. Some, however, were originally residents of other jurisdictions but are attracted to the City because of its concentrations of available services and people. Many individuals, particularly adults without families, move to the City in a final attempt to increase their income or obtain necessary services, and become homeless after such efforts fail.

The number of homeless individuals and families is well-documented in the City of Philadelphia, primarily through the work of its Office of Services for Homeless Adults (OSHA). OSHA was established in 1984, and charged with overseeing the city's shelter system and administering federal and local resources devoted to the homeless. The office name was changed to the Office of Emergency Shelter and Services (OESS) in July of 1996. This office is now responsible only for the provision of emergency food, short-term shelter and supportive services for homeless individuals and families. Former OSHA homeless prevention programs as well as transitional and permanent housing programs were transferred at that time to OHCD.

OSHA has been documenting the number of homeless receiving shelter or other assistance since 1989. Between July 1, 1993 and June 30 1994, OSHA served 19,107 homeless clients (an unduplicated count). Other counts are taken by the Outreach Coordination Center (OCC) operated by Project H.O.M.E., the City's Transitional Housing Program and Voyage House, which serves homeless youths. During the winter of 1995, OCC Outreach teams made a total of 5,276 contacts with homeless individuals on the street, although this number may include some duplicate counts.<sup>19</sup>

The City's homeless population consists of two distinct groups: homeless individuals and homeless families. The unsheltered homeless ("street homeless") are almost entirely individuals, most of whom are males (almost 90%, according to the Greater Philadelphia Urban Affairs Coalition). Ninety-two percent of all homeless families, however, are single-parent families headed by women in their 20's, most of whom seek shelter. Two percent of the homeless people seeking shelter in Philadelphia in 1994 were elderly, and 7% were pregnant women.<sup>20</sup>

In 1994, the City's Office of Services to Homeless Adults compiled an average daily census of all homeless persons receiving shelter or housing intervention. This survey, the results of which were published in a report entitled *Public Shelter Admission Rates in Philadelphia and New York City*, found a single-night count of 2,490 homeless people in Philadelphia (about one-third of the

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<sup>19</sup>Philadelphia Office of Housing and Community Development. *Year 22 Consolidated Plan (Fiscal Year 1997)*, page 48.

<sup>20</sup>Ibid, page 49.

total homeless reported in the Commonwealth), including 1,249 single adults and 1,241 people in families. The same survey noted that 8% of the homeless had a severe mental illness; 49% were substance abusers; 5% were both severely mentally ill and abused drugs or alcohol; and 16% were HIV-positive.<sup>21</sup>

Philadelphia's Center City District, a public/private partnership supported by over 2,500 Center City property owners, conducts counts of the unsheltered homeless living in Center City Philadelphia. The CCD's Homeless Action Team (HAT), established in September of 1992, is not affiliated with a health care service or shelter but provides outreach to homeless people living in the streets of Center City. Based on CCD and police censuses, there were 500 people living in the streets of Center City and in the subway concourses in 1993; by 1996 that number had declined to no more than 225.<sup>22</sup> In July of 1996, however, the number of street homeless doubled, after the loss of \$3.1 million in federal and state funds for emergency shelters prompted the City to impose shelter restrictions on both single adults and families to conserve available funding for the winter months.

The number of homeless people in the City continues to increase, primarily because of poverty, joblessness, and rising levels of drug and alcohol abuse. For planning purposes, the Deputy Managing Director for Special Needs Housing estimates that there are a minimum of 24,000 homeless people annually in Philadelphia, including both sheltered and unsheltered individuals. Other groups disagree with this figure: the Pennsylvania Coalition on the Homeless, the Homeless Union, the Mayor's Commission on Homelessness and the Committee to End Homelessness estimate that as many as 35,000 people are homeless annually, while other Philadelphia experts believe there as few as 15,000.<sup>23</sup>

Table II illustrates characteristics of the City's sheltered homeless population in 1996. The vast majority of the City's homeless are African American, which coincides with the higher percentage of African Americans living in poverty. Asians, however, appear in the homeless population at rates significantly below their representation in the general population. It is believed that this phenomenon occurs because this group avoids the shelter system due to cultural differences, instead seeking shelter with family or friends in extremely over-crowded living quarters. Latinos likewise either avoid the shelter system or are uninformed about available services.

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<sup>21</sup>Culhane, Dennis. *Public Shelter Admission Rates in Philadelphia and New York City: The Implications of Turnover for Sheltered Population Counts*, in **Housing Policy Debate**, pages 107-140.

<sup>22</sup>Center City Digest. *Homelessness: Making Progress or Losing Ground?*. Winter, 1996: page 1.

<sup>23</sup>Philadelphia Office of Housing and Community Development. *Year 22 Consolidated Plan (Fiscal Year 1997)*, page 49.

Thirty-four percent of the City's sheltered homeless have drug and/or alcohol abuse problems. Of all adults who are homeless, however, the percentage with substance abuse problems is believed to be over 70%. Approximately 6% of the sheltered homeless have a severe mental illness; over any given one-year period, approximately 1,000 mentally ill persons stay in a homeless shelter. Overall, OHCD estimates that approximately 15% of all homeless persons have a severe mental illness, with many of those living on the streets rather than in shelters. Few if any mental health services, however, are available in the City's shelters.

While domestic abuse is commonly believed to be a significant cause of homelessness, only 1% of the families that stayed in City shelters in 1994 cited domestic abuse as a contributory factor. This discrepancy may result either from women who are reluctant to immediately disclose such sensitive information, or because many abuse victims seek assistance from other organizations (such as Women Against Abuse) rather than from OSHA.

OSHA records indicate that 15% of the sheltered homeless population either tested positive for HIV or had AIDS, and the Philadelphia AIDS Consortium estimates that 23% of the unsheltered street homeless population is HIV positive. These high rates are consistent with the high rates of substance abuse (especially amongst the street homeless) and the growing rate of AIDS transmission through IV drug use.

People most at risk of becoming homeless in the future are obviously those households that cannot afford to pay their current housing costs, many of whom are paying over 50% of their income towards monthly housing costs. Over 10,000 writs of eviction are filed annually in the City of Philadelphia, while the Homeless Prevention Program intervenes in only 2,500 of those cases.<sup>24</sup> Since public housing has become the housing of last resort for many families, those evicted by PHA are perhaps most likely to become homeless. Approximately 500 families living in public housing are scheduled for eviction each year, of which about 60% are actually evicted. As the Housing Authority comes under increasing pressure to implement minimum rents and improve rent collection rates, it is likely that evictions for non-payment of rent will increase in the future, leading to an increase in the homeless population, particularly amongst families.

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**Table II**  
**Characteristics of the Sheltered Homeless**  
**in the City of Philadelphia, 1996**

Total number of homeless annually	>24,000
African American	88%
Drug or alcohol addicted	34%
Persons with severe mental illness	6%
Victims of domestic abuse	1%
HIV-positive or AIDS-infected	16%

Source: Philadelphia's Office of Emergency Shelter and Services (OESS), formerly known as the Office of Services for Homeless Adults (OSHA), 1996

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<sup>24</sup>Ibid, page 53.

It is also anticipated that changes in public assistance under welfare reform will significantly increase the number of homeless in Philadelphia in the next few years. New federal regulations require that welfare recipients find employment within two years, and that no adult may receive assistance for more than a total of five years during their lifetime. These changes will impact Philadelphia dramatically, given that its welfare caseload is the fourth largest in the nation; that one of every seven residents receives federal assistance; and that the City has the weakest demonstrated employment growth among the cities with the largest welfare caseloads.<sup>25</sup>

## **Homelessness in Pennsylvania's Suburban Counties**

This section describes the relative scale of homelessness and characteristics of the homeless population in the suburban counties of Bucks, Chester, Delaware and Montgomery. Though reports on the number of homeless people living in the suburban counties vary, it is an accepted fact that every area includes households that experience homelessness at some point throughout the year, particularly areas with higher concentrations of low and very low income households. It should be noted that studies in suburban and rural areas may undercount the actual number of homeless people, since the homeless are often less visible in these areas, particularly the unsheltered homeless.

### **Bucks County**

On September 21, 1994, the Bucks County Community Development Office conducted a one-day survey of homeless service providers and shelters, to count the sheltered homeless as well as any known unsheltered homeless. Families and individuals living in hotels or motels as emergency placements were also counted. A total of 712 homeless people were identified in that survey, including 167 homeless adults and an additional 545 people in a total of 176 homeless families. This number is significantly higher than the 177 homeless people identified by the Census Bureau's S-Night count.

It is estimated that approximately 20% of the County's homeless suffer from extreme mental illness; 17% are drug or alcohol addicted; and an additional 6% suffer from both a substance addiction and a mental illness. The County also believes that 38% of its homeless are victims of domestic abuse, accounting for the large percentage of people in homeless families. This phenomenon may be a function of the methodology; most of the shelters and emergency placements that are counted primarily service victims of domestic abuse. The survey method also did not allow an accurate count of the unsheltered homeless, which include a disproportionately high percentage of homeless individuals. It is also likely that low-income and homeless individuals gravitate to the City of Philadelphia, where services are available and more concentrated.

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<sup>25</sup>Community Policy Research at Public/Private Ventures, *Critical Issues facing Philadelphia's Neighborhoods: Welfare Reform*, page 1.

## Chester County

Chester County's Housing and Community Development Plan (1995-2000) defines the homeless as persons sleeping in shelters or in places "not meant for human habitation." The 1990 census indicates that there were 181 homeless individuals in Chester County in 1990, including 165 people in shelters and 16 persons counted as being "unsheltered." The County's Office of Housing and Community Development believes that the county's homeless were severely under-counted in 1990; in 1996, for example, 635 people utilized the county's homeless shelters. By 1997, 853 homeless adults were served by county shelters, an increase of 36% over 1996. The number of single homeless men increased by 54% between 1996 and 1997, while single women made up almost 10% of the county's homeless population in 1997. Parents with children constituted 14% of the County's sheltered homeless population in 1997, including 198 children under the age of 18.

The County's Plan specifically notes that homelessness cannot be strictly viewed as a "lack of housing." In fact, county housing officials believe that homelessness is generally not caused by a lack of housing but instead by social problems which precipitate the loss of housing, stating that "to effectively reduce homelessness, its underlying problems must be resolved." The Plan notes, however, that "the basic need for stable housing is immediate and necessary in order to implement long-term solutions."

Twenty-two percent of Chester County's homeless population were mental health clients in 1997, a 193% increase from 1996. Ninety percent of the sheltered homeless had incomes of less than 30% of the county's median income, and 22% were female-headed households. Forty-three percent of all clients served were drug-addicted, and 43% were also reported to be alcohol-dependent. Only 14% of the 1997 sheltered homeless were employed either full-time or part-time, compared to 25% in 1996. Battered spouses fleeing abuse accounted for 13% of the County's homeless population in 1997; this group in particular is in desperate need of transitional housing once they leave the abusive relationship. Thirty-seven percent of the people utilizing homeless shelters in the County in 1997 were white; 58% were black; and 4% were Hispanic.

## Delaware County

According to the Delaware County Homeless Services Coalition, 500 people were homeless on any given day during 1993, and over 1,900 people were homeless during any given year.<sup>26</sup> Of these, 48% were estimated to be members of families, and 52% were single adults. The Coalition's estimates were based on a number of different sources, including the following:

- a survey of all known homeless facilities and providers conducted by the Delaware County Department of Human Services in August of 1993;

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<sup>26</sup>Delaware County Homeless Services Coalition, *A Strategic Action Plan*, July, 1994: page 26.

- annual reports of the Salvation Army Stepping Stone Day Care Center in the City of Chester;
- a one-night census of common street locations of the homeless conducted by the Coalition in February of 1993;
- telephone surveys conducted by the Fairmount Capital Advisers (the consultant group which actually developed the Strategic Action Plan); and,
- a report of all homeless persons served through public funding in the County, compiled by the Pennsylvania Department of Community Affairs in 1992.

The County's identified homeless population come from throughout the area, although most are concentrated in Upper Darby Township, the City of Chester and other urbanized areas along major transportation routes. Of the County's total homeless population, 17% are mentally ill; 38% are addicted to drugs, alcohol or both; 27% are both mentally ill and substance abusers; and 11% are HIV-positive.

### Montgomery County

The Montgomery County Homeless Survey Steering Coordinating Committee (MCHSSCC) was formed in 1993 at the request of the County Commissioners. At that time, the Committee was given the responsibility of conducting a one-night count of homeless street persons as well as a week-long survey of persons in homeless shelters.

The MCHSSCC's week-long shelter survey was conducted between November 12 - 18th, 1994, and the one-night street count of the homeless was undertaken on November 16th that same year. As a result of the shelter survey, 401 homeless adults and 399 homeless children were counted. Of these, 212 adults were single individuals, while the remaining 588 people were members of 170 homeless families. The survey did not find any homeless youth, perhaps because unaccompanied children under the age of 17 were placed in foster care rather than left in the shelter system. The one-day street count included a total of 99 visibly homeless people; 41 additional locations showed clear evidence of a homeless person even though no person was visible. The County did not consider its unsheltered count to be accurate, and does not report it in its Consolidated Plan.

### **Homelessness in New Jersey**

The most consistent available source of data on the homeless population in New Jersey is available from a point-in-time survey conducted in June of 1993 by the Departments of Health and Human Services and Community Affairs, in cooperation with the State's 21 counties. This survey was conducted primarily for use by the Counties in satisfying HUD's requirements to quantify local homeless populations and sub-populations.

County and municipal governments, non-profit providers and religious organizations interviewed homeless individuals and families on June 24, 1993. The survey was conducted at all shelters and sites serving the homeless, including emergency shelters; domestic violence shelters; shelters or residential centers for runaway or homeless youth; and transitional housing sites.



Homeless individuals placed in motels under the emergency placement service between May 24 and June 23 of that same year were also interviewed. Interviews were also conducted with people at feeding sites and drop-in centers; these responses used as proxies to estimate and characterize the unsheltered homeless population.

A total of 4,621 homeless persons responded to the survey. Of those people interviewed at emergency shelters, homelessness was found to affect men and women equally; 51% of the respondents were male, and 49% were female. Two-thirds of the emergency shelter residents were under 35 years of age, including nearly half who were between 22 and 35 years. Sixty-eight percent were minorities (primarily black). Although 70% of those responding to the survey either had some high school education or had graduated, 40% were not high school graduates. Although the majority of their income came from government programs such as Aid to Families with Dependent Children (AFDC), 11% of the respondents were employed.

The State's unsheltered homeless population (street homeless) was estimated using responses from homeless people interviewed at feeding sites or drop-in shelters who indicated that they had no permanent place to live. The survey did not attempt to count or question homeless people living on the street. Responses from people at soup kitchens and drop-in centers were very different, however, from those in emergency shelters. Homeless people surviving outside the shelter system tended to be older than those in the shelters, and included more single men over the age of 35. Over 80% of these respondents were either black or Latino.

Housing advocates argue that this survey seriously undercounted the state's homeless population. The survey did not attempt a street count of the homeless and was taken in the summer, when the homeless are least likely to seek shelter. Like many other surveys, it did not count those people living doubled-up in conventional dwellings, children in institutions or emergency foster homes or homeless adults residing in institutions, correctional facilities or rehabilitation facilities. Housing advocates also note that the survey did not count people that were living in conventional dwellings but relying on temporary rental assistance, even though these families were in imminent danger of becoming homeless. Because of the uncertainty as to the current extent of the homeless population, the New Jersey Department of Human Services is in the process of planning another statewide homeless survey in the near future.

### **Homelessness in the Cities of Camden and Trenton**

Given the large percentage of households living below poverty level and receiving public assistance in the City of Camden, it is logical to assume that a large percentage of Camden County's homeless population is concentrated in the City. Statistics for the number of homeless people in the City, however, are not readily available. Counts provided in the City's Consolidated Plan include homeless people utilizing the services of any homeless shelter or other facility anywhere in Camden County. Based on this document, 2,692 people were temporarily housed in emergency shelter in 1991, including 1,906 single adults, 286 parents and 501 children.

The City's Consolidated Plan provides no statistics on the percentages of the homeless population that are drug-addicted, HIV-positive or mentally ill. The Plan recognizes, though, that the needs of its homeless populations are not currently being met, and assigns high priority to improving all aspects of the continuum of care, including outreach assessment, emergency shelters, transitional shelters, supportive housing and permanent housing.

#### City of Trenton

The City of Trenton bases its estimates of homelessness on figures provided by the City's Department of Health and Human Services, the Mercer County Board of Social Services and the Trenton Chapter of the American Red Cross.<sup>27</sup> Using these figures, the City estimates that a total of 2,300 homeless people were given shelter during 1994. This count includes 719 families, 92% of which were single female-parent headed households. These families included 1,325 homeless children. The primary cause of homelessness in Trenton is unemployment or some other loss of income due to mental illness or drug abuse. It has been estimated that 90% of the homeless population of Mercer County originates in the City of Trenton.<sup>28</sup>

As is common among the country's cities, Trenton does not consider the 1990 Census street count (which counted 367 individuals sleeping in shelters and an additional 8 people sleeping in the street) to be accurate. Based on figures from the Board of Social Services and the Trenton Division of Economic Opportunity, the City estimates that approximately 685 individuals were homeless on any given day during March of 1995. Of these, 330 were single adults; 60 were individual youths under the age of 17; and 295 were in families, including 150 children. Sixteen were estimated to have a severe mental illness; 222 were thought to be drug or alcohol addicted; 60 were both severely mentally ill and drug or alcohol addicted; 15 were victims of domestic violence; and 22 were in need of AIDS or HIV-related services.<sup>29</sup>

The City's Board of Social Services estimates that 76% of the homeless people living in families were in emergency shelters and 24% were transitional housing in 1995; none were visible living on the street. Of homeless single adults, 70% were in emergency shelters, 10% were in transitional housing and 20% were considered to be unsheltered. Of the City's homeless youth, 50% were in emergency shelters, 33% were in transitional housing and 17% were unsheltered.

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<sup>27</sup>*City of Trenton Consolidated Plan, 1995*, Trenton Department of Housing and Development, page 41.

<sup>28</sup>*Mercer County HOME Consortium HOME Investment Partnerships Program Consolidated Plan*, page 23.

<sup>29</sup>*Ibid*, page 42.

The City of Trenton's primary objective in addressing homelessness is homeless prevention. Those households most at risk of becoming homeless are the City's very low-income households, including both welfare recipients and the working poor. These households pay an extremely high percentage of their total income towards housing, and are most likely to be forced into homelessness by any number of factors, including loss of income, disability, or drug or alcohol abuse.

The City's homelessness strategy focusses on helping these low-income families avoid homelessness, administering several programs that provide direct assistance in the form of financial grants to cover household costs including rent and mortgage payments.

### **Homelessness in New Jersey's Suburban Counties**

Burlington, Camden, Gloucester and Mercer County each quote numbers from the State's 1993 point-in-time survey in their Consolidated Plans. Each county also believes, however, that the State's survey actually under-counted their local homeless populations. It should be noted that the description of homelessness in Mercer County does not include the City of Trenton.

#### **Burlington County**

Burlington County's estimate of their homeless population is based on the point-in-time count of its homeless population conducted in June of 1993, in cooperation with the State's Department of Community Affairs and Department of Human Services. Based on this point-in-time survey, 400 sheltered homeless people were found in the County, as well as one unsheltered homeless individual (counted at a feeding site). Of the 400 sheltered persons, 212 (53%) were single adults, 14 (3%) were youths under the age of 18, and 174 (44%) were members of families.

As is typical throughout the State, the majority of the homeless in Burlington County are characterized as minority, relatively young, and not well educated. Of the County's survey respondents, 11% had a severe mental illness; 18% abused or were addicted to alcohol or drugs; 12% both abused drugs or alcohol and had a severe mental illness; 13% had experienced domestic violence and 2% had AIDS or a related disease. Six percent of the respondents were homeless youth, and 12% were veterans.<sup>30</sup>

The County believes that this survey undercounted its homeless population, particularly the unsheltered homeless. Since much of the County is rural, many of its unsheltered homeless people establish camps at locations scattered across the County, which cannot be accurately counted. Other homeless individuals and families move in with relatives or friends, creating overcrowded conditions for both households.

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<sup>30</sup>*Burlington County Consolidated Housing and Community Development Plan, 1995-1999*, Burlington County Office of Housing and Community Development, 1994.

### Camden County

The survey conducted in June of 1993 identified 334 sheltered and 53 unsheltered homeless persons in Camden County. Of these, 65% were single adults over the age of 18; 31% were members of 30 separate homeless families; and 5% were homeless youth with no adult guardian. Of the single adults, 73% were males. Almost 32% of the adults were between 18 and 30 years of age while 50% were between the ages of 31 and 50. The homeless population was predominantly non-white, including 69% that were black and 13% that were Hispanic. Seven percent of the homeless were found to have a severe mental illness; 19% had drug or alcohol-related problems; and 7% were found to have both severe mental illness and a substance abuse problem. Eight percent had been victims of domestic abuse, and 1% had AIDS or were HIV-positive.

### Gloucester County

The 1993 survey undertaken by the State of New Jersey identified 139 homeless individuals in shelters in Gloucester County. The majority of these people (109) were in families, with 22 single adults and 8 youths under the age of 17. Eleven percent of the homeless people were found to be victims of domestic violence; 3% were severely mentally ill; 2% abused drugs or alcohol; and 5% were both severely mentally ill and abused drugs or alcohol.

Additional data collected by the Gloucester County Department of Human Services indicates that 301 homeless households were sheltered between January 1 and December 31 of 1993, and an additional 12 households were placed in transitional housing. Interestingly, during the previous year, 88 households had been placed in transitional housing. The large discrepancy from one year to the next does not mean that fewer people were in need of transitional housing services, but rather that many of the households placed in transitional housing in 1992 had not been able to find permanent housing during that year and were still occupying those units.

### Mercer County

Homelessness in Mercer County is primarily concentrated in the City of Trenton. Outside of Trenton, the majority of the homeless are in Hightstown and Princeton Borough, both of which have sizeable immigrant populations. The number of homeless families living outside the City in 1995 was estimated to be only 11, totaling 41 persons. Six of these families were sheltered, and 5 were unsheltered. In addition to these families, 41 homeless individuals were counted, including 35 adults and 6 unaccompanied youth. Over 80% of the County's homeless were minorities.

### **Summary: Homelessness in the Delaware Valley**

Given the nature of homelessness, it is difficult to accurately estimate the number of people who are homeless on a given night or during a year in the Delaware Valley. Although the United States Department of Housing and Urban Development (HUD) requires that jurisdictions estimate these numbers in order to remain eligible for funding, comparable counts using the same

methodology are not available for all the region's jurisdictions. The accuracy of available counts also varies due to the resources available with which to undertake such an effort. The available counts were also taken at varying times of the year and in different locations, impacting the number of homeless families that would have sought shelter, and some but not all jurisdictions include the residents of transitional housing in their counts.

Additionally, homeless people are transient, moving both within and between jurisdictions and seeking services and shelter in different places and at different times. It is particularly difficult to estimate the number of unsheltered homeless, since many refuse shelter and either accidentally or purposefully remain "invisible" to the census takers. Thus, homeless individuals and families are often either missed entirely or, at the opposite extreme, double and even triple counted. It is also difficult to estimate the number of homeless people in rural areas, where they often seek temporary shelter with family or friends or set up camp in remote locations.

Within this context, however, it is possible to estimate the number of people who are homeless on any given day or within a given year in the Delaware Valley. Based on information and available counts from each of the region's nine counties, it is conservatively estimated that **approximately 7,000 people are homeless on any given day** within the region, and that **approximately 38,000 people are homeless at some point during each year**. Given the trend evidenced in Chester County (where the number of homeless adults served by county shelters increased by 36% between 1996 and 1997) and current welfare time limits, it is likely that this number is even now higher and will continue to escalate in the future.

It is also possible to consider the relative scale of the problem in different locations and to identify common characteristics of homeless sub-populations. Homelessness is escalating in the region and throughout the country, due mainly to the disparity between increases in housing costs and income and the resulting lack of affordable housing opportunities for low and very low income households. Welfare reform will only serve to exacerbate this problem. The Delaware Valley's homeless populations are concentrated mainly in its urban centers, particularly the City of Philadelphia, due in large part to the high percentage of low and very low income households concentrated in these same locations. Every county, however, has residents who have experienced homelessness.

Studies have shown that the homeless are predominantly under-educated and lower income households who are unable to find and retain a job, maintain a permanent home and weather social or economic hardships, such as an illness or other loss of income. Statistics confirm that single homeless adults are predominantly minority males, and that a significantly higher percentage of individuals as opposed to families have experienced drug or alcohol addictions or mental illness. These addictions often lead to unemployment, which in turn leads to homelessness.

Homeless families with children are predominantly headed by single women. Poverty is most often the cause of homelessness amongst families. While domestic violence is commonly identified as a significant cause of homelessness amongst this group, it often is accompanied by

other causative factors, such as substance abuse, mental illness or anxiety over financial difficulties. Homeless youth typically are running from some sort of family problem, and have often been mentally, sexually or physically abused. Based on these varying causes of homelessness amongst these separate sub-populations, the needs of the homeless vary widely and significantly impact the kinds of services that will prove most effective in aiding in their transition back to self-sufficiency.

### III. ASSISTANCE FOR THE HOMELESS

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This section begins with a discussion of assistance for the homeless available through the federal government. It then discusses a variety of programs currently available to assist the homeless, under the accepted philosophy of providing a "continuum of care."

#### **Federal Assistance for the Homeless**

Homelessness rose sharply in the early 1980's, as a direct result of the national recession of 1982 and 1983. In response to this escalating but apparently temporary problem, the federal government enacted an emergency food and shelter program in 1983, which was operated by the Federal Emergency Management Agency (FEMA). The Emergency Food and Shelter Program (EFS) was created with an initial appropriation of \$100 million, and an additional \$325 million was allocated to EFS between 1984 and 1987. Additional funding for homeless assistance was channeled through the Health and Human Services Emergency Assistance Program and through HUD's Community Development Block Grant (CDBG) Program, since emergency shelters and services were eligible program activities. As the problem of homelessness persisted despite the country's economic recovery, however, it became apparent that a more permanent program offering a broader range of services was necessary.

In response, the Homeless Housing Act was enacted in 1986, followed in 1987 by the more comprehensive Stewart B. McKinney Homelessness Assistance Act (P.L. 100-177). The goal of the McKinney Act was to provide policy direction and to direct resources to respond to the needs of the homeless. The Act expanded existing food and shelter programs for the homeless and also created new programs designed to provide other necessary services, such as medical care and educational services. The McKinney Act has been amended three times since its passage, with each amendment expanding services, broadening the range of available services and eventually including early intervention programs for families and individuals considered to be at risk of becoming homeless.

#### **"Continuum of Care"**

A "continuum of care" is a comprehensive approach to addressing homelessness that has been embraced by many levels of government, including the federal Department of Housing and Urban Development (HUD), state welfare and assistance agencies and many individual city and county governments. This philosophy was adopted in recognition of the fact that homelessness is a multi-faceted problem caused by a multitude of different problems, including an underlying lack of adequate income and a lack of basic services such as education, health care and food. A continuum of care includes all of the following elements:

- Outreach, intake and assessment, to identify homeless families and individuals, define their specific needs and connect them to appropriate facilities and services.

- Emergency shelters, to fulfill the immediate need for shelter. The typical length of stay at a shelter ranges from one night to six months. Services may include outreach efforts to bring street homeless persons into the shelter system; always involve intake and assessment measures to determine the individual or family's requirements for returning to permanent shelter.
- Transitional housing, to assist the individual or family in making the transition back to independence. The typical stay in transitional housing ranges from six to eighteen or more months (averaging approximately one year). Individuals or families transition from emergency shelter through transitional housing to permanent or supportive housing. Most transitional housing incorporates support services (such as GED attainment, job training, family counseling, or substance abuse counseling and treatment) designed to address the factors that affect the family's ability to obtain and maintain permanent shelter.
- Supportive housing, to remediate the causes of homelessness amongst individuals and families with special needs. Supportive housing is permanent housing that provides support services, including mental health or mental retardation services, HIV/AIDS support and medical care, assistance to physically disabled persons and medical assistance and support for elderly residents. Supportive housing is an option for formerly homeless persons who require assistance with daily living.
- Permanent housing, to enable formerly homeless people to remain independent. Permanent housing may be obtained through the private market or provided through federal funding programs (such as Section 8 or public housing). Some homeless assistance providers have developed their own housing that they rent or sell to former clients.

### **Current Federal Assistance**

The Homeless Housing Act of 1986 and the McKinney Act now form the basis of most of the federal government's available assistance for the homeless. Additional McKinney programs have been created and funding for HUD's targeted homeless assistance programs has skyrocketed, increasing from \$490 million in FY 1987 to a high of almost \$1.2 billion in FY 1994. In FY 1998, approximately \$823 million was reserved for HUD homeless assistance programs.

McKinney Act programs provide emergency food and shelter, surplus goods and property, transitional housing, some supportive housing, primary health care services, mental health care, alcohol and substance abuse treatment, education and job training. In addition to FEMA, homeless programs are now administered by five different federal departments, including HUD, which administers 70% of McKinney Act funds; Health and Human Services; Veterans Affairs; Labor; and Education. HUD's current McKinney Act programs include Emergency Shelter Grants (ESG), the Supportive Housing Program, Section 8 assistance for single-room occupancy (SRO) housing for the homeless, and the Shelter Plus Care Program.



Other federal programs for the homeless are not related to the McKinney Act, and still others are not targeted specifically to homeless persons, but can be used to develop assistance programs to serve the homeless. Examples include mainstream housing programs operated by the Farmer's Home Administration, which provide rural homeless prevention assistance, and Title 1 of the Elementary and Secondary Education Act.

Table III illustrates the level of federal funding for homeless assistance programs between fiscal years 1995 and 1998, while proposed FY 1999 funding for homeless assistance programs is summarized on Table IV. Federal funding levels decreased by 26% between 1995 and 1996, and have remained relatively constant since that time. HUD's proposed 1999 budget calls for \$958 million for Continuum of Care programs combined with \$192 million for rental assistance vouchers for the homeless, for a total of \$1.15 billion (an increase of almost 40%).

**TABLE III**  
**HUD Funding for Homeless Assistance Programs**  
**Fiscal Year 1995 - 1998**

<b>Program Name</b>	<b>FY95 level</b>	<b>FY96 level</b>	<b>FY97 level</b>	<b>FY98 level</b>
HUD Homeless Assistance Programs	\$1.12 billion	\$823 million	\$823 million	\$823 million
Emergency Food and Shelter Program	\$130 million	\$100 million	\$100 million	\$100 million
Health Care for the Homeless	\$65.4 million	\$65.4 million	\$69 million	\$70.6 million
Projects for Assistance in Transition from Homelessness (PATH)	\$29 million	\$20 million	\$20 million	\$23 million
Education for Homeless Children and Youth	\$28.8 million	\$23 million	\$25 million	\$28.8 million
Education for Homeless Adults	\$9 million	\$0	\$0	\$0
Runaway and Homeless Youth	\$68.6 million	\$59 million	\$59 million	\$59 million
Homeless Veterans Reintegration Project	\$5 million	\$0	\$0	\$3 million
<b>Total</b>	<b>\$1.475 billion</b>	<b>\$1.090 billion</b>	<b>\$1.096 billion</b>	<b>\$1.107 billion</b>

**Table IV**  
**Proposed Federal Funding for Homeless Assistance, FY 1999**

<b>Department/Program:</b>	<b>Proposed funding:</b>	<b>Change from 1998:</b>
<i><b>Department of Housing and Urban Development:</b></i>		
McKinney Assistance programs:	\$958 million	+ \$135 million
Targeted Section 8 vouchers:	\$192 million	+ 192 million (new program)
TOTAL:	<b>\$1.15 billion</b>	<b>+ 327 million</b>
<i><b>Department of Health and Human Services:</b></i>		
Health Care for the Homeless:	\$72.7 million	+ 1.7 million
Projects for Assistance in Transition From Homelessness (PATH) :	\$23 million	same
<i><b>Department of Education:</b></i>		
Education for Homeless Children and Youth	\$30 million	+ \$1.2 million
Adult Education for the Homeless	\$0	same
<i><b>Federal Emergency Management Agency:</b></i>		
Emergency Food and Shelter Program	\$100 million	same

Source: Department of Housing and Urban Development, June, 1998.

## **State, County and City Assistance for the Homeless**

Assistance for the homeless is provided and administered through a variety of state, county, city and local agencies. The region's counties and cities offer a multitude of homeless services, the majority of which are funded through federal housing assistance programs. These services and facilities include services necessary under a "continuum of care" philosophy, including emergency shelter facilities, drop-in sites (that provide food and health care, for example), transitional housing services and permanent housing facilities. Many if not most of the programs and services available for the homeless are provided through the work of the region's numerous non-profit housing groups.

The City of Philadelphia's current homeless budget is approximately \$63 million annually, which is used to provide emergency shelter, services, transitional housing and employment.<sup>31</sup> The

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<sup>31</sup>Greater Philadelphia Urban Affairs Coalition, *Our Way Home*, page 13.

City of Philadelphia's Office of Emergency Shelter and Services (OESS) funds 40 shelters, 21 of which are managed by non-profit groups. These shelters provide a total of 2,240 beds, and include 25 emergency shelters, 8 personal care boarding homes and 4 foster care homes. Clients at City shelters are required to save 60% of their income and contribute an additional 15% to the shelter facility.

The City's Office of Housing and Community Development assumed responsibility for managing transitional housing for the homeless in July of 1996. Over 30 separate facilities provide transitional housing for the City's homeless, with a capacity for servicing over 1,300 clients. The program with the largest capacity is the Transitional Housing Program operated by the Tenants Rental Assistance Corp (TRAC). This program provides vouchers which operate in a manner consistent with the Section 8 rental housing assistance program. Clients may participate for up to 12 months, although that time period can be extended to 24 months. This Transitional Housing Program provides housing counseling and temporary rental subsidies to support clients as they transition from shelter to independent living.

Additional transitional assistance is available through the Bridge and Pennfree Housing programs, funded by the Pennsylvania Department of Public Welfare. These programs also provide temporary housing and supportive services that prepare clients for self-sufficiency, including health, social, educational, life skills, housing counseling, case management and parental skills training. Bridge housing providers include Project Rainbow (with a capacity of 20 people); Diagnostic and Rehabilitation Center (with a capacity of 25 people); Women Against Abuse (12 people); Always Have a Dream (45 people); and the Methodist Home for Children (15 people). The Pennfree providers include the Salvation Army (30 people); Gaudenzia (25 people, including 16 substance abusers); and the Germantown YMCA (45 people).

In the City of Camden, the Camden County Board of Social Services and the Volunteers of America are responsible for entering homeless individuals and families into the City's Homeless Network System. While very few outreach services are available in the City, case management services are provided by these same two agencies and by the YWCA. Emergency shelter beds are provided mainly through the Volunteers of America, which operates the Anna Sample House and the Aletha Wright Shelter in the City of Camden; the YWCA/Solace; or various emergency motels. Dooley House operates a homeless facility for individuals with HIV, and the Camden Office of Equal Opportunity provides some transitional housing for women and children. As a whole, Camden County officials have acknowledged a critical need for additional services for the homeless, including emergency shelter, prevention, case management and supportive services.

Homeless services available in the region's suburban counties include emergency shelters, transitional housing services, day shelters, soup kitchens and social service programs. The majority of these services are funded through federal or state grants, and many are administered by non-profit organizations. Bucks County currently has five short-term shelters and an additional 56 transitional housing units for the homeless. The largest of these facilities is a dormitory-style facility having a capacity of 75 beds, while others are apartment-style units serving homeless families. As is the case

in the majority of the region's suburban counties (and in the City of Philadelphia as well), limited resources impede the provision of an adequate level of transitional, supportive and permanent housing assistance programs.

Chester County provides services to the homeless through a 3-year program funded by HUD which commenced in 1997. This three-step program includes a long-term, county-wide case management program called *Building Bridges*; a transitional housing program known as *PATHH* (Putting Agencies Together for the Homeless), which is designed to provide transitional housing and supportive services to clients for 18 to 24 months in scattered site leased housing; and a job readiness program that provides education and training to improve the abilities of homeless persons to find and maintain a job, referred to as *Preparing for Independence*.

Nine separate emergency shelters are located in Chester County, providing a total of 144 beds. These shelters are administered by a number of organizations and are located in the County's older urbanized centers, including West Chester, Coatesville, Phoenixville and Kennett Square. Other available services to meet the immediate needs of the homeless include day shelters and food pantries. Few facilities for transitional housing or supportive housing exist in the County, and the need for such services is currently being met mainly through rent assistance.

Permanent housing assistance, the ultimate goal in the continuum of care, is available through homeownership counseling, down payment assistance, closing cost assistance and other homeownership opportunity programs provided by the Housing Partnership of Chester County, Habitat for Humanity and other non-profit housing organizations.

A number of different organizations provide services and housing to homeless families and individuals in Delaware County, ranging from publicly-funded agencies to church-based groups. Emergency shelters operated by the Community Action Agency, various churches, the Domestic Abuse Project, the City Team Ministries and the County's Homeless Services Coalition have a combined capacity of approximately 210 beds, and these same agencies provide transitional housing with a combined capacity of almost 250 beds. Support services provided by various community and social service agencies include health care and outreach; mental health services; employment training and placement; and general advocacy.

In Burlington County, the shelter system consists of numerous scattered sites throughout the County. County officials believe that while their emergency shelter facilities are adequate to meet the needs of its homeless population, its transitional services, essential to eventually achieving self-sufficiency, are not. Gloucester County provides a number of services and facilities for the homeless, including the Carpenter House (a Volunteers of America shelter located in Elk Township). County officials have acknowledged, however, that many of the needs of its homeless go unmet and has identified all needs in the continuum of care except permanent supportive housing as priorities.

In Mercer County, emergency shelters include Anchor House, with beds for 12 youth; Lifeline Shelter, which houses 16 women and children; the Rescue Mission of Trenton, with beds

for 96 single men and additional facilities for single women; United Progress, Inc., with space for up to 6 families; and Womanspace, which houses 25 women and children. Over 90% of these facilities are located in the City of Trenton, given its large concentration of homeless, households at risk of becoming homeless and available services. Trenton's Department of Housing and Community Development has assigned priority to developing homeless prevention programs and to transitional services.

Both Pennsylvania and New Jersey also provide emergency mortgage or rental assistance for families and individuals in imminent risk of becoming homeless. The State of New Jersey's Department of Community Affairs, for example, administers the state's Homeless Prevention Program, which provides money for back-rent to an average of 2,500 households per year and provides funding for past-due mortgages to approximately 60 households annually. The State's emergency assistance funds are used both for homeless prevention activities and to provide emergency housing for homeless individuals and families. In 1997, a total of \$76 million was paid out through the program, 75% of which were state funds and 25% of which were federal funds.

## **Summary**

In general, individual city, county and state programs provide a variety of employment, training, and community development programs which could be used to support homeless and formerly homeless people. These programs, however, serve a multitude of groups, and very few support services and programs exist that are designed and reserved specifically for the homeless. In the past, the emphasis in service provision throughout the region has generally been on street outreach, feeding and shelter programs and health care, fulfilling the immediate needs of the homeless. The region's housing and community development agencies and providers now agree that the greatest existing need lies in the area of support services and permanent, long-term and affordable housing alternatives. These services are critical in assisting homeless people in achieving self-sufficiency and maintaining a permanent home.



#### **IV. THE IMPACT OF WELFARE REFORM ON HOMELESSNESS**

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Persons most at risk of becoming homeless include the region's low and very low income households, particularly those receiving public assistance. On August 1, 1996, the President signed the most sweeping welfare reform legislation since 1960. The "Personal Responsibility and Work Opportunity Reconciliation Act of 1996" makes changes to numerous assistance programs. The changes most likely to impact low income households most at risk of becoming homeless include federal incentives for states to move people off the welfare rolls as quickly as possible; changes in the Food Stamp Program; and changes which make certain disabled children and legal immigrants ineligible for SSI benefits.

Three separate entitlement programs have been eliminated under the new law, all of which were received by the states from the federal government in amounts corresponding to the size of the population qualifying for the programs. These programs included Aid to Families with Dependent Children (AFDC); Job Opportunities and Basic Skills (JOBS); and Emergency Assistance (EA). These three programs have instead been replaced by a single block grant known as Temporary Assistance for Needy Families (TANF). The amount of the new grant was a combination of the grants received in previous years for these three separate programs, but states that fail to reduce their caseloads by an established percentage by the year 2002 will see reductions in their block grants.

The law's provision that will likely have the greatest impact on homelessness in the region is the time limits placed on current and future recipients. No adult may receive assistance for more than a total of five years, although each state is allowed to exempt up to 20% of its caseload. Additionally, adults will lose their benefits after two consecutive years without employment. The legislation allows states to deny benefits to children born to mothers already on welfare, and adults who do not cooperate in the effort to establish paternity and obtain child support can have their benefits reduced.

Very few limits have been placed on the states as they design their programs to move people off the welfare rolls. Incentives to reduce the welfare caseload are negative rather than positive. While states may incur penalties equal to 5% of their total block grant if they fail to meet federally-imposed timetables outlining work requirements, few if any incentives for job creation, job training or other necessary support services are identified. Welfare recipients with low skills that are forced off the welfare rolls without access to support services are at high risk of becoming homeless.

The adopted welfare reform legislation also reduced SSI benefits to disabled children and eliminated many legal immigrants from eligibility for benefits. These changes reduce the income and therefore increase the risk of homelessness for many households least likely to find employment, including families with children requiring continuing medical care and the elderly.

Perhaps the most significant impact of the legislation are its changes to the Food Stamp Program. Food stamp eligibility has been changed for most welfare recipients, requiring them to

work at least 20 hours per week in order to continue to receive benefits. Those recipients who are unable to secure part-time employment will have their eligibility for food stamps limited to 3 months of food stamps during any 36 month period. The Congressional Budget Office has estimated that one million unemployed people nationwide who would be willing to work if jobs were available will be denied food stamps each month under this provision.<sup>32</sup> Fortunately, the Philadelphia area has been declared a labor surplus area, because there are currently not enough jobs to support the expected influx of former welfare recipients; this declaration will make these imminent cuts less severe in the short-term.

The welfare reform law also changes the current “shelter deduction”, which increases the food stamp benefits given to families paying more than 50% of their income towards their rent. By the year 2000, that deduction will be raised to \$300 and frozen at that level. Thus, the value of that deduction for low-income families with “worst case housing needs” (as defined by HUD) will erode over time, forcing them to spend more of their income for food and leaving them with even less with which to meet their housing costs.

The prospective impacts of these changes on homelessness are difficult to quantify. Intuitively, it is reasonable to assume that reductions in food stamps for already low income households and the removal from welfare eligibility of individuals and families that are not prepared for the private job market or who cannot find a job for which they qualify will lead to significant increases in homelessness.

Nationwide, almost 45% of those welfare recipients that need to find employment within two years to retain some benefits and almost 65% of those that will be affected by a 5-year lifetime limit on eligibility have less than nine years of schooling, and almost none have worked within the past year.<sup>33</sup> In Philadelphia, 70,000 adults currently receive TANF assistance, and these adults are caring for over 145,000 children, a majority of whom are under 6 years old.<sup>34</sup> The lack of affordable day care alternatives severely impacts the ability of these largely single-parent families to enter the private job market.

The impact of welfare reform in the City of Philadelphia is projected to be severe. Philadelphia currently has the fourth largest caseload of welfare recipients in the nation, behind only New York, Chicago and Los Angeles. The current TANF caseload in the City exceeds 65,000 heads

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<sup>32</sup>Center on Budget and Policy Priorities, *The New Welfare Law*. Washington, D.C., 1996.

<sup>33</sup>The Urban Institute, *Questions and Answers on Welfare Dynamics*. Washington, D.C.: September, 1995.

<sup>34</sup>Community Policy Research at Public/Private Ventures. *Critical Issues Facing Philadelphia's Neighborhoods: Welfare Reform*, page 6.



of household, and one of every seven City residents receive federal assistance.<sup>35</sup> The City also has the weakest potential for employment growth of any of these cities with large caseloads, having lost nearly 100,000 jobs in the past decade. Nearly 38,000 jobs have been lost in the City since 1991, during a time in which the Commonwealth of Pennsylvania gained over 200,000 jobs.<sup>36</sup> Many of the jobs formerly located in the City have relocated to the surrounding suburban counties. Providing the necessary connections, transportation and support services to link City residents with suburban jobs is one of the key challenges to emerge from welfare reform.

The City has estimated that 28,000 additional jobs will be needed annually to retain or replace SSI, food stamp, general assistance and medical assistance benefits, and 12,000 additional welfare recipients will be required to find employment during the coming year. The issue of whether or not enough jobs can be found or created for these people becomes more questionable when one considers that annual monthly average of unemployed adults in the City looking for work in 1996 was already 46,000.

Since welfare reform was first implemented, welfare rolls nationwide, in the states of Pennsylvania and new Jersey, and in Philadelphia have declined dramatically. Little information is available, however, on where these families have gone since leaving the rolls, and it has yet to be seen whether or not welfare families placed in the job market are able to sustain their independence from public assistance over the long term. It is also unclear as to how successful the transition from welfare will be in the future, once those recipients that are easier to place in the job market transition off the rolls and the harder-to-place, under-educated and long term welfare recipients remain.

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<sup>35</sup>Greater Philadelphia Urban Affairs Coalition, *Our Way Home*, page 13.

<sup>36</sup>Community Policy Research at Public/Private Ventures. *Critical Issues Facing Philadelphia's Neighborhoods: Welfare Reform*, page 6.



## V. CONCLUSION

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Due to differences in survey methodologies and the transient nature of the homeless population, it is difficult if not impossible to accurately document the number of persons and families who are homeless within this region on a given day or during any given year. There is agreement, however, on the relative scale of the problem. Homelessness is a significant and growing problem that is expected to continue to escalate, fueled by poverty and the resulting inability of the very poor, whether working or on public assistance, to afford the monthly cost of housing.

The Delaware Valley Regional Planning Commission has in the past examined affordable homeownership, the region's rental housing market and its supply of public and assisted housing. In a 1990 report entitled *Homeownership: A Vanishing Dream?*, and again in 1991 in *Building the Dream: Solutions for Affordable Homeownership*, the Delaware Valley Regional Planning Commission reviewed the regional housing market and considered issues of homeownership and affordability. Since that time, the Commission has researched rental housing as well as public and assisted housing in the nine-county Philadelphia metropolitan area. In each of these studies, the Commission has recommended land use policies and presented alternatives for improving and expanding the region's supply of affordable housing units.

Homelessness, however, is not simply a function of land use. Its primary cause is instead economic instability and hardship brought on and/or worsened by social challenges, including but not limited to a lack of basic skills and job training, limited employment opportunities, substance abuse, mental illness and dysfunctions within the family structure.

Those households most likely to experience homeless are the region's very low income households. Individuals at risk of becoming homeless include those suffering alcohol and/or drug addictions; the physically or mentally disabled; victims of domestic violence; households currently receiving public assistance whose eligibility will run out in coming months, regardless of whether or not they are able to find and maintain a job; and long-term tenants of the region's public housing. To effectively reduce homelessness, its underlying causes (poverty as well as numerous other social and physical challenges) must be resolved. Effectively reducing homelessness will require that the region's leaders address much larger issues, including economic disinvestment and job loss (particularly in the region's urban areas) and an underlying lack of affordable housing opportunities close to employment.

Clearly, however, the immediate need for shelter, food, clothing and other necessities must be met before any other problems can be successfully resolved. The region's counties and cities offer a multitude of homeless services, the majority of which are funded through federal housing assistance programs. Many of these services are provided through the work of a network of non-profit housing and community development organizations. The ability of public and non-profit agencies to provide adequate emergency shelter, transitional, supportive and permanent housing assistance services to the homeless, however, is limited by a lack of available resources.

Federal and state funding for the provision of homeless services and the production of additional emergency shelters, transitional facilities and permanent housing affordable to low and very low income households must be increased. Technical assistance should be offered to non-profit agencies working to provide services to homeless and at-risk households. The Commonwealth of Pennsylvania, the State of New Jersey, the Cities of Philadelphia, Camden and Chester and the region's suburban counties should actively pursue any housing or jobs initiatives proposed by the federal government, including welfare-to-work initiatives.

Adequate funding for public and assisted housing to meet the needs of the very lowest income families must be provided, since the only alternative to public housing for many of the region's lowest-income households is homelessness. Public housing, which originated as temporary housing to assist those in short-term crisis, has instead become the housing of last resort for the poorest of the poor. Programs to enable public housing residents to become self-sufficient and move out to conventional units must be expanded.

## **Recommendations**

Service providers agree that the most efficient usage of available resources for resolving the problem of homelessness is to focus on homeless prevention, identifying at-risk households and offering support services before the family or individual becomes homeless. A continuum of care, offering temporary emergency shelter as well as transitional services and permanent housing, must be available if homeless households are to eventually attain self-sufficiency. Recommendations for improving services for the region's homeless include the following:

- **Expand opportunities for initial contact** with the homeless.

Families and individuals in imminent danger of becoming homeless must be made aware of all available services and assistance and must be able to contact the appropriate service providers at any time, in order to ensure that their immediate shelter needs are met and that all possible efforts at intervening in the process are attempted. Housing and homeless service providers are often more "visible" in the region's urban centers than in its suburban areas; the region's suburban counties in particular must ensure that the homeless are able to contact the appropriate intake agencies immediately, regardless of the time or day.

- Perhaps more importantly, **expand the opportunities for supporting at-risk households.**

City and suburban housing agencies alike agree that the most effective means of assisting the homeless lies in its prevention. Once homeless, it becomes increasingly difficult to locate and secure a job and save enough money to again become self-sufficient. Emergency rental assistance must be available to families unable to pay their rent in the short-term, due to illness, job loss or other emergency. Programs providing emergency mortgage assistance (such as Pennsylvania's Homeowners Emergency Mortgage Assistance Program (HEMAP)) should likewise be expanded, and outreach activities must be undertaken to ensure that at-risk homeowners are aware of the

available assistance. Other programs designed to assist households at risk of becoming homeless, including financial counseling, job placement and job training, should also be expanded. In addition, these job readiness programs can only be successful if additional programs aimed at expanding the number of potential employment opportunities are simultaneously enhanced.

- **Improve access to available benefits and entitlements**, such as health care, health insurance and educational services.

Assistance for the homeless and low-income households most at-risk of becoming homeless is available through a multitude of programs operated under a number of different federal and state departments and agencies. Low and moderate income families that currently pay a significant percentage of their income towards housing often lack any safety net to get them through any single crisis, including a lay-off, illness or divorce. Public and non-profit agencies should work to ensure that all of their at-risk households are made aware of any resources and services available to them.

- **Expand opportunities for short-term shelter**, including facilities for families as well as single adult men and women.

Given the limited availability of emergency, transitional and permanent supportive facilities for assisting homeless individuals and families, local governments must recognize the need for additional facilities and amend their zoning and land development policies and regulations to allow such facilities in appropriate locations. This is particularly true in the region's developed centers, where concentrations of low income and at-risk families and individuals live and where necessary support services are already available. In the suburban counties, single men and individuals with special needs, including the physically disabled, the mentally ill and persons that are HIV-positive, are most in need of emergency housing services, including group homes and SRO (single-room occupancy) facilities.

- **Expand and integrate case management services** between all existing service providers, to maximize the effectiveness of available resources.

In all of the region's cities and counties, numerous public and non-profit agencies and organizations provide homeless assistance services, and each constitutes a critical link along the "continuum of care". It is critical that all agencies and organizations providing services to the homeless work together to ensure that each client receives support throughout the entire continuum and realizes the best possible chance of attaining self-sufficiency.

Partnerships and coalitions must be developed and expanded, since no single agency by itself currently provides the continuum of services necessary to support the homeless as they move towards self-sufficiency. Since the homeless are transient, moving between and within jurisdictions and seeking services from numerous different sources at varying points in time, it is particularly important that regional and intra-county partnerships be forged between the region's public and non-profit homeless service providers.

- **Increase the capacity of long-term placement facilities in the region for those with special needs**, including the mentally and physically disabled, persons with HIV and the elderly.

A small but significant percentage of the homeless are mentally ill adults who are not able to maintain a permanent home but who because of changes in social policies have been left on their own. Another segment includes people who cannot retain a job because of a medical circumstance, including the disabled and people with AIDS or HIV, and still another is the frail elderly, those with no family to care for them but who are unable to care entirely for themselves. Many of these individuals may never be able to maintain a permanent home independent of any assistance.

The availability of long-term care and permanent supportive facilities and services for individuals who are not and cannot be self-sufficient, including the mentally ill and others with special needs, must be expanded. Funding must be made available for the development and operation of these long-term residential care facilities, and local governments must recognize the need and allow them in appropriate locations in their communities. This is especially true in suburban areas, where “not-in-my-backyard” (“NIMBY”) opponents have in the past limited the ability of non-profit agencies to develop such facilities.

- **Increase the supply of permanent, affordable housing.**

A major cause of homelessness is the inability to afford sound, secure housing. In many of the region’s municipalities, a gap exists between what the average income household can afford to pay for housing (while still providing for other basic needs) and their income. Many of the region’s households are therefore at risk of becoming homeless at any point in time because of one single event, such as a job loss or medical emergency.

Previous DVRPC studies have presented recommendations for increasing the supply of both rental and owner-occupied housing in close proximity to the region’s existing and evolving employment centers.<sup>37</sup> Improving the opportunity for low and moderate income households in the region to locate an affordable housing unit located near their job would obviously decrease the likelihood of those households becoming homeless because of an economic crisis.

Recommendations for increasing the supply of owner-occupied housing include revising local zoning codes to permit higher densities; providing density bonuses to developers who construct affordable housing; streamlining permitting procedures to reduce development costs; and developing county-wide affordable housing strategies. Recommendations for increasing the supply of affordable rental housing include allowing multi-family development within local zoning ordinances; providing non-profit developers with financing for pre-development costs; and improving the flow

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<sup>37</sup>See *Building the Dream: Solutions for Affordable Homeownership* (1991), and *Solutions for Affordable Rental Housing in the Delaware Valley* (1994).

of available public dollars to non-profit agencies for housing production. Both reports recommend expanding available housing rehabilitation assistance programs for low and moderate income households, to ensure that these families are able to afford to maintain the quality of their home.

- **Improve and expand opportunities for education, job training and job placement as well as long-term supportive services**, to enable the region's existing homeless population and other low and very low-income households to find and retain employment.

A successful transition from homelessness to self-sufficiency is dependent on the ability of the person to find, qualify for and ultimately retain a job. Job training and placement as well as support services such as day care, transportation, and counseling in household budgeting and management are critical if a successful transition from homelessness to independence is to be achieved. These services will be particularly important to former welfare recipients facing the loss of benefits under the current time limits on eligibility for assistance.

The region's city, county and state officials must recognize and address the impact that welfare reform is expected to have on homelessness. New time limits for welfare eligibility will force people off the welfare rolls, regardless of whether or not they are prepared and able to find and retain a job and become self-sufficient. Those individuals and families forced from the rolls by these requirements before they are able to find a job are in imminent danger of becoming homeless. Although the number of welfare recipients has declined dramatically since the new requirements were imposed, the ability of harder-to-place, lower-skilled welfare recipients to find employment and become independent is questionable.

Basic needs critical to the success of former welfare recipients transitioning from welfare to work, including GED attainment, job training, day care and transportation, must be met. A sufficient number of jobs which can be filled by former welfare recipients and which pay wages that will enable these workers to afford a home must be available. Government agencies and private sector businesses must be willing to give priority to work-ready welfare recipients. Community service should be explored wherever possible as an alternative for those welfare recipients unable to immediately secure a private sector job. The region's public and private sector organizations should continue to explore alternatives for transporting former welfare recipients to potential job sites, including linkages between City residents and suburban jobs.

The federal government should re-evaluate its current welfare reform criteria, ensuring that people move into employment and self-sufficiency, rather than homelessness. Incentives for job creation and training must identified and implemented. As state governments design and implement their individual welfare reform programs, they must remain cognizant of the need to create job opportunities for former welfare recipients, rather than focussing only on reducing the number of people receiving welfare benefits. Successful welfare reform should result in removing from the welfare rolls any recipients that are able to secure a job and become independent, while reserving available assistance for those that are truly unable to become self-sufficient.

Improving the opportunity for low and moderate income households in the region to locate an affordable housing unit in close proximity to their job, as recommended in previous DVRPC studies, would obviously decrease the likelihood of those households becoming homeless because of an economic crisis. The opportunity for DVRPC to impact homelessness through recommended changes in land use policy, however, is limited.

DVRPC will be working with the City, counties and operating agencies to identify opportunities for reverse commuting to suburban job locations. A small planning grant from the Federal Transit Agency (FTA) will enable the Commission to foster bi-state coordination as welfare reform and access-to-jobs programs are developed. Funding from the federal Department of Labor (DOL) may also be used in the future to support new or expanded transportation services to connect City welfare recipients to suburban jobs. The Commission will also continue to utilize its available resources to provide technical support to county, local and non-profit social service agencies which provide services to the region's homeless and to those low and moderate income households identified as most at-risk of becoming homeless.



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