



17 E. Mt. Pleasant Avenue, Philadelphia, PA 19119
215-247-HOME (4663), Fax 215-247-0544
www.philashelter.org

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Sr. Mary Scullion
Executive Director
Project H.O.M.E.
1515 Fairmount Avenue
Philadelphia, PA 19130

Pedro A. Ramos
Managing Director
City of Philadelphia
1401 JFK Boulevard, 6th Floor Municipal Services Building
Philadelphia, PA 19102

Dear Sr. Mary and Managing Director Ramos:

Thank you for your request for more information about the need for Transitional Housing in Philadelphia. We, the undersigned, are among Philadelphia's leading homeless family service providers, representing ten agencies with a combined experience of serving homeless families of 300 years, and providing high-quality social services for many more. The purpose of our correspondence is to draw your attention to transitional housing, an essential component of the work we have long done with homeless families, as a model of intervention that we believe should be preserved as Philadelphia plots out implementation of its plan to end homelessness.

We were honored to serve on the various working committees of the City's Ten-Year Plan To End Homelessness, which was unveiled in October 2005 under the auspices of the Mayor's Task Force to End Homelessness. We were especially pleased to be included in the process in light of the fact that the federal directive was to develop a Ten-Year-Plan aimed at ending chronic homelessness, a segment of the homeless population which, by definition, excludes families. We were delighted that Philadelphia made a significant effort to include families in its plan. More recently, we were pleased that Deputy Managing Director Rob Hess affirmed the role of transitional housing in a recent email to homeless providers. In his update a few days ago on the city's plan to end homelessness, Hess wrote that transitional housing was among "the full range of types that are needed to support individuals and families." We now hope that a homeless family strategy can be devised in the Action Plan stage through formation of a family committee.

We support whole-heartedly all of the Ten-Year Plan's goals, especially that which promotes the development of more affordable housing for all formerly homeless people. However, upon review of the plan's structure for working committees, we noted that there is no specific focus on the value of the continuum-of-care approach for

many homeless families. In the context of recent funding cuts and the unexpected spike in the city's homeless population this winter, we realized it was imperative to emphasize the role and impact of the city's continuum-of-care programs in dealing with family homelessness. It is in this context that we are asking you to consider enhanced standards for family and child-friendly shelter settings, as well as the preservation of transitional housing options overall, as the city attempts to address its overcapacity problem at a time of limited resources.

We see a potentially disastrous environment for homeless families emanating from the U.S. Department of Housing and Urban Development (HUD) and reflected locally. The current Bush administration has made a series of changes in the McKinney-Vento program that have continued to skew funding towards the chronically homeless single adult population by making permanent supportive housing a top priority. This has begun to jeopardize funding for continuum-of-care programs that provide critical support services for the homeless. The HUD-mandated continuum consists of various stages of intervention, beginning with intake/emergency shelter, continuing with service-rich transitional housing if/when needed, and ending either with permanent supportive housing for those with long-term disabilities or placement in permanent affordable housing. The continuum gives localities latitude to fund programs tailored to the needs of their homeless populations. To quote HUD, "The approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs – physical, economic and social."

As Congress continues to expand funding for permanent supportive housing for chronically homeless individuals, against the backdrop of an overall funding "pie" which is not being increased proportionally, other groups and types of services within the continuum must decrease. This has already begun to happen with regard to homeless families. Here in Philadelphia, local leadership – prompted by the federal push – eliminated all the "Supportive Services Only" (SSO HUD) grants under McKinney totaling \$4.3 million, which has led to the closing of numerous programs for the homeless this year across the city. More than 60% of the \$4.3 million had been attached to programs for families. Case management and follow-up services, job training and placement, parenting education, child care and drug and alcohol services, among others, have closed or are ending over the next few months, with no replacement dollars in sight. Although the provider community anticipated some decrease in services, it is fair to say that none of us anticipated an across-the-board halt to such needed programs. We now fear another slice of the McKinney funding pie for homeless families – transitional housing money – may be vulnerable to similar deep and wide cuts.

Transitional housing is a service model that has been shown to work well for families as part of a continuum of care in Philadelphia. It provides service-rich supports to the large number of homeless families who are overlooked by the federal emphasis on "Permanent Supportive Housing" and "Housing First." Permanent supportive housing benefits only "special-needs" families that meet the HUD definition of having a disabling condition. Housing first, with its rapid attachment to permanent housing and reliance on mainstream service systems, is best suited for families with very minimal service needs. The net result is that this federal strategy ignores the largest segment of the homeless family population – those with multiple problems that can be overcome with sufficient time-limited supportive services reinforced in the context of a structured supportive community. These are the families who have been — and should continue to be -- well served by transitional housing within a continuum of care.

As the Task Force you co-chair now mobilizes to develop a more detailed Action Plan for its 10-Year Plan to end homelessness, those of us who are dedicated to serving homeless families want to make sure that transitional housing is explicitly recognized and endorsed as one of the key approaches to be implemented under Goal #1 of the Action Plan. ***We are calling for the City to make a public commitment to Transitional Housing as part of the comprehensive strategy to end homelessness that Mayor Street advocates. In addition, we feel strongly that any new shelters for families must be developed at a size and scale that will provide the best emergency setting for the family. This requires continuing to commit the funds needed for existing transitional housing programs and to commit new resources to help providers serve***

the growing number of homeless families in our city's shelter system. Fully half of all homeless people in city shelter at any given time are members of families.

The attached case statement provides a strong programmatic perspective on the role and value of transitional housing for homeless families. This letter highlights the policy arguments for why transitional housing is an essential part of any comprehensive strategy to eradicate homelessness within 10 years.

It is in this spirit that we ask you to consider the following reasons why transitional housing must be an essential component of Philadelphia's Action Plan:

- There is No One-Size-Fits-All Approach and Transitional Housing Fills an Important Gap. An effective action plan must combine the newer, promising strategies of *permanent supportive housing* and *housing first* with the more well established *transitional housing* model that is already ending homelessness among a large and critical segment of the city's homeless population. Taken together, these three intervention models would cover the spectrum of need within Philadelphia's homeless population. Statistics show a large number of families in our city are in need of transitional housing's comprehensive and intensive approach to achieve independence.
- Transitional Housing Leverages Existing Capacity and Resources. At least \$30 million of combined federal, city, state housing/homeless dollars have been invested in transitional housing projects and programs in Philadelphia in recent years. These programs are operating effectively today and have consistently met their performance benchmarks. Transitional housing programs have also attracted significant resources from other public and private sources to help homeless families. This investment has created a strong foundation in the fight against homelessness as well as a solid base of experience and the City should capitalize on this existing infrastructure.
- Transitional Housing Works. This model has turned homeless parents and children into independent and stable families and responsible neighbors across the city. It has removed these families from the costly cycle of entry and re-entry into city shelters, and in so doing it has helped prevent today's homeless children from becoming tomorrow's homeless adults. In the Blueprint-PHA program, 99% of the families who were graduates of transitional housing are successful a year or so after placement, based on the 1% eviction rate we see after 2 years of running the program. Moving the lens onto a single agency, we see at People's Emergency Center, for instance, that 94% of the families studied at a single point in time were stable in their own homes a full 5 years after completing the agency's transitional housing program. We attribute this success to immediate intervention, targeted support services, close-range case management and short-term housing – the hallmark features of Transitional Housing.
- Transitional Housing is Cost-Effective. We believe from the experience of family providers that the transitional housing model is cost-effective and efficient - and we are confident that future research will corroborate this statistically. The best assurance of cost-effectiveness is making sure people receive exactly what they need to become self sustaining—no more, no less. Although transitional housing is often perceived as expensive, in reality it is not. Families who receive effective transitional housing assistance typically leave the homeless system after two years at the most. Consider that permanent supportive housing can require a decades-long funding commitment for a single individual or family. A family that is moved too rapidly into permanent affordable housing under housing first is at a higher risk of being evicted from public housing. Such an eviction would ban them permanently from public housing and trap them in the City's homeless system with no realistic exit strategy. The City is well positioned, with its new Homeless Management Information System (HMIS), to measure outcomes and cost-effectiveness of the full range of family homelessness initiatives.

The 10-Year Plan includes recommendations integral to City Hall's philosophy about ending homelessness. Given the ominous funding picture, and the overcapacity problem and historic increase in shelter population this year, the plan would be more complete if its implementation reflected three recommendations from the existing base of experience serving homeless families:

- Commit to Transitional Housing renewals and expansion -- especially until our policymakers have proof that alternative models tested in our city are as effective as transitional housing in ending the cycle of homelessness.
- Create high-quality standards for family shelters. This could include guidelines that would ensure, for instance, that new family shelters be limited in size to no more than approximately 25 families per shelter, and that sufficient destinations including transitional and supportive housing first be created with the goal of limiting family shelter stays to not exceed 90 days.
- Commit to improving assessments of each homeless family so they can be better placed in appropriate family shelter settings and transitional housing programs.

We realize that ending homelessness in Philadelphia in 10 years is a very ambitious goal, but we are confident that while local policymakers will be guided by federal trends they also will listen closely to the voice of experience. We thank you for your careful review of this case statement and hope that the Action Plan will speak directly to the important role of transitional housing in the future. We hope that this is the beginning of a productive dialogue about making the most of limited resources, and we hope that we can soon meet together with you to continue the discussion. We await your response.

Sincerely,

Marie Delany, Overington House
Major Jorge Diaz, The Salvation Army
Rachel Falkove, Northwest Philadelphia Interfaith Hospitality Network, and Chair, Family Service Providers Network (FSPN)
Jacques Ferber, AchieveAbility
Carol Goertzel, Pathways PA
Gloria Guard, People's Emergency Center
Rev. John Midwood, Episcopal Community Services
Angele Marie Parker, Methodist Homes
Ted Weerts, Traveler's Aid Society
Alicia Christian, Dignity Housing

Cc: Rob Hess, Deputy Managing Director, City of Philadelphia
Roberta Sharpe, Director, Strategic Planning and Resource Development, City of Philadelphia
Action Leadership Team, The Mayor's Task Force To End Homelessness:

- Alba Martinez, President, United Way of Southeastern Pennsylvania
- The Hon. Judge Louis Presenza, President Judge, Municipal Court of Philadelphia
- Paul Levy, Executive Director, Center City District
- Lynne Honickman, President, The Honickman Foundation

The Case for Transitional Housing for Families New Projects and Renewals of Current Projects

EXECUTIVE SUMMARY:

We would like to share our perspective about why Transitional Housing is an essential component of Philadelphia's commitment to ending homelessness within 10 years and to request that it be given attention and support within the City's plan—particularly the Action Plan that is being formulated to guide implementation of the 10-Year Plan to End Homelessness. Transitional Housing is an integral middle phase of the continuum-of-care approach that has long characterized Philadelphia's progressive model of lifting single adults and families out of homelessness. The continuum of care includes everything from assessment and shelter placement to transitional housing when needed, permanent supportive housing when needed, and permanent affordable housing. The continuum should not be abandoned as Philadelphia pilots other promising approaches such as Housing First and shelter diversion, nor should Philadelphia slow its efforts to increase affordable housing. This paper focuses on the need to preserve Transitional Housing as the key intervention for the majority of homeless families who present to Philadelphia's homeless system. This case statement also attempts to draw attention to family shelter conditions as a related issue stemming from overcapacity problems. This document has been endorsed by 10 agencies that have a combined experience with homeless families of 300 years, and whose agencies have been providing high-quality social services for many more.

In recent years, over \$30 million of federal, state and city dollars have been invested in Transitional Housing projects and programs in Philadelphia. This investment has created a strong foundation in the fight against homelessness. Moreover, Transitional Housing has been shown to be an efficient and effective model that has turned homeless women and children into independent and stable families and responsible neighbors across the city and has removed them from the costly cycle of entry and re-entry into city shelters. Our position can be summarized as follows:

- A “Housing-First” type approach, in which homeless individuals are moved quickly from emergency shelter to permanent supportive housing¹, may be the most suitable approach to chronic homelessness among single, or unaccompanied, adults.
- The problems of homeless families are very different than those of single adults and, therefore, require different solutions. Most homeless families do not need permanent supportive housing. Rather, they can achieve independence in subsidized housing after receiving short-term housing with targeted supports – hallmarks of the transitional-housing model.
- Homeless parents are often vexed by a lifetime of profound traumas and require immediate intervention, targeted supported services, close-range case management and short-term housing – the core essentials of Transitional Housing – in order to move successfully into independence.
- Homeless children suffer disproportionately from physical, psychological and educational traumas. Transitional Housing provides a level of care, refuge and remediation that removes

¹ Permanent supportive housing refers to long-term community-based housing and supportive services for homeless persons with disabilities. The intent of this type of housing is to enable the special-needs population to live as independently as possible in a permanent setting. This is not to be confused with references in this paper to *permanent housing*, *affordable housing* or *subsidized housing*. The latter three refer to housing units that are subsidized by the government and made available to low-income residents but which include no supportive services per se. Most if not all homeless families cannot afford permanent market-rate housing and therefore eventually make their way into some form of subsidized housing which can include but is not limited to Section 8 rental vouchers and Philadelphia Housing Authority-managed subsidized units.

children from instability and also helps them achieve something essential to good citizenship: a stable home life over the long haul.

- Transitional Housing helps reduce recidivism, a return to homelessness that costs taxpayers more money and further harms homeless children. Transitional Housing prepares families to be good tenants, lowering chances of eviction once placed into permanent affordable housing. (A family that is evicted even once from public housing is forever banned, risking an even more intractable return to homelessness).
- Transitional Housing is a cost-effective and enduring method which boasts high outcomes. It breaks chronic dependency on a host of scattered, taxpayer-funded services such as TANF (welfare), CBH (mental health) services and DHS (child welfare intervention), by creating better-functioning families with fewer intense needs over time.
- Transitional Housing is especially important in Philadelphia, where housing is relatively affordable compared to other major cities, because we have very few families for whom homelessness is solely a result of housing affordability. Transitional Housing provides the tools for tackling these complex causes and must be preserved as a vital component in eradicating family homelessness.
- Shelters are an undesirable but necessary first step in the continuum of care. Philadelphia can and should be a model city in the efficiency and quality of care it delivers to homeless families. We recommend several public policy approaches that will lead to success not only for the homeless families but also for communities, neighborhoods and City Hall: Impose quality-assurance guidelines so that new family shelters be limited in size to no more than approximately 25 families per shelter and that sufficient destinations including transitional and supportive housing first be created with the goal of limiting family shelter stays to not exceed 90 days.

We realize that ending homelessness in Philadelphia in 10 years is a very ambitious goal, but we are confident that while Philadelphia will be guided by federal trends it will listen closely to the voice of experience.

THE CASE FOR TRANSITIONAL HOUSING:

A housing-first type approach, in which homeless individuals are moved quickly from emergency shelter to permanent supportive housing, may be the most suitable approach to chronic homelessness among single, or unaccompanied, adults.

The singles advocates have fought long and hard to press for a system that would consist of shelter and then permanent supportive housing, with no middle step. Long-term permanent supportive housing is seen as the best approach to the homelessness these individuals experience -- especially for those with mental illness. Since these individuals will continue to need supportive services for the long term, even once they are in permanent housing, there may be no reason to provide Transitional Housing to prepare them for independence. It makes sense for singles with severe mental health problems to get behavioral health treatment to address any immediate crisis, and then a housing unit with appropriate levels of support but ongoing care for their illness. Because severe mental health issues can be so intractable, continued services typically must be available for the balance of that person's life. We can see that in the many housing units devoted to this population, years later, the original residents are living stable lives and receiving the ongoing care they need.

The problems of homeless families are very different than those of single adults and, therefore, require different solutions. Most homeless families do not need permanent supportive housing. Rather, they can achieve independence in subsidized housing after receiving short-term housing with targeted supports – hallmarks of the transitional-housing model.

Unlike the seriously mentally ill or drug-addicted population, which comprises a large number of the homeless singles population, many homeless families are burdened with a different set of problems that can actually be overcome through transitional housing². The vast majority of homeless families do not exhibit the same extreme debilitating mental illnesses that can be found among many in the singles population. As a result, long-term, permanent supportive housing is an unnecessary and overly expensive option for the majority of homeless families and is therefore seldom even made available to them. For those parents who *do* exhibit a severe level of mental impairment, their children have often been placed with a more appropriate guardian and the parent becomes a “single” who can then take advantage of permanent supportive housing.

Because severe mental illness is less frequently a cause of family homelessness, most homeless families can actually become relatively independent after going through a transitional-housing program. They are given support services which decrease steadily over time, eventually coming to an end in just a few years, after which they are placed in affordable housing with a minimum six months of follow-up care. We know this from our own experiences, each of us having worked long and hard to develop the best possible approaches to helping homeless families through Transitional Housing models. This, of course, is cost effective.

We also know how successful we can be and have been. In the Blueprint – PHA Partnership program, 99% of the families who were graduates of Transitional Housing are successful a year or so after placement, based on the 1% eviction rate we see after 2 years of running the program. We know of no affordable housing program for any population that can boast a 1% eviction rate. Moving the lens onto a single agency, we see at People’s Emergency Center, for instance, that 94% of the families studied at a single point in time were stable in their own homes a full 5 years after completing the agency’s Transitional Housing program.

The real issue here is for decision makers to understand that the challenges facing homeless singles and homeless families are very different and require different solutions. Many homeless families can and will achieve independence IF they are provided with a broad array of comprehensive, individualized and intensive services in a Transitional Housing setting (i.e. 12-24 months), whereas the chronic homeless singles population, with multiple disabilities that often include severe mental illness, need long-term (decades) but less intensive help to obtain and maintain stability. They are sent to permanent supportive housing, where they are allowed to stay with subsidy and support as long as they need to, with no time limit.

Homeless parents are often vexed by a lifetime of profound traumas and require immediate intervention, targeted support services, close-range case management and short-term housing – the core essentials of Transitional Housing – in order to move successfully into independence.

² “Programs like these provide more than simply ‘housing readiness,’” say the authors of an issue brief released February 8, 2006, by the Institute for Children and Poverty in New York entitled, “Supportive Housing: Something Old Is Something New But At What Cost?” “Residents leave prepared to house themselves, avoid a return to homelessness, and serve as role models for their children.”

One of the major advantages of providing services through a closely managed transitional-housing setting is the availability of immediate intervention and oversight that quickly immerses homeless parents in the kind of self awareness/healing and decision-making techniques necessary for long-term independence and stability. Most families we see have unmet health needs, no basic life skills and little, if any, employment history. Most of these single parents do not yet possess the life skills to make it to appointments on time or at all, monitor children's activities appropriately, discipline children, etc. On-site services or scattered-site services which are closely managed in a transitional-housing setting are the only things we know of that have a solid and lasting impact with this population at that stage in their lives.

A recent study at People's Emergency Center (PEC) chillingly illustrated this reality. Almost 50% of PEC adult residents displayed gross deficits in life skills, 42% are experiencing symptoms of severe depression, 41% have directly experienced domestic violence (both familial, and intimate partner related), 35% have histories of sexual victimization as children, almost 30% lived in foster care when they were children, 20% were victims of child abuse, and 15% are struggling with substance abuse issues. And, most alarmingly, 62 out of the 81 families (76%) are coping with four or more of these problems at the same time. This report is highly consistent with the findings of earlier reports conducted by Philadelphia Health Management Corporation of many more family shelters.

Homeless parents did not develop these gross deficits overnight. Research compellingly shows these behaviors are most often a consequence of traumatic childhoods. And any successful intervention strategy for families in the homeless system should also have in mind the goal of shielding homeless children from similar traumas, lest they become tomorrow's homeless adult. An ongoing study by the federal Centers for Disease Control (CDC) and Kaiser Permanente's Department of Prevention in San Diego, Calif., has found that traumatic childhoods inevitably lead to traumatic adult behaviors. Of 17,421 middle-aged, middle-class adults being studied, researchers have so far found that people with two or more major adverse childhood experiences had a greatly increased likelihood of homelessness, according to Sandra Bloom, M.D., who helped design and implement the study. Those traumatized as children also faced much higher chances of social, emotional and cognitive impairment as adults, the adoption of health-risk behaviors such as alcohol and drug abuse and unsafe sex as adults, and overall instability in their adult living situations. This research, called the Adverse Childhood Experience study (ACES), considered such "adverse" childhood experiences as growing up in a household where there was recurrent physical abuse, recurrent emotional abuse and sexual abuse; alcohol or drug abuse; emotional or physical neglect; there were only one or no parents; someone was chronically depressed, suicidal, institutionalized or mentally ill; or a household member was behind bars.

Leaders of the federal research study urge that parents and children with such childhood histories receive comprehensive intervention – or else we can expect that similar traumas will be passed along to their children. It does not take a huge leap in logic to see how, if untreated, these homeless families will continue cycling through our shelter system and overburdened social-service network for generations to come. Dr. Bloom, who beyond her involvement with ACES is a leading expert in trauma therapy, is currently advocating a "sanctuary model" of intervention to assist in teaching homeless parents coping skills that will lessen the impact of their own tumultuous childhoods on their childrearing. The goal is to stabilize the family before re-entry into the housing system. Such clinical approaches help end the cycle of homelessness.³

³ "By using a family's time in existing programmatically enriched transitional housing as a second chance springboard to economic self-sufficiency, we can end the cycle of homelessness and poverty so that the children of these heads of household are not raised dependent on supportive services or return to the shelter door when they are grown," according to the February 8, 2006,

We must have a broad range of services available to the families: case management, parenting, literacy/math, drug and alcohol counseling and groups, therapy especially for those sexual abuse victims, counseling for domestic violence victims, employment and training for all who are on welfare. Such supports frequently yield positive outcomes. Internal assessments at Dignity Housing in Philadelphia, to cite another example, substantiate this. More than half of the female heads-of-household who completed Dignity's Transitional Housing programs within the past decade moved to homeownership or private-market rentals and maintained viable employment in para-professional and professional jobs, with benefits and incomes significantly above minimum wage. These women completed advanced trade programs, earned associate's and bachelor's degrees, are police officers, social workers, case workers, office support staff, small business proprietors and teachers. One is a medical doctor, another an IRS supervisor, and one holds a doctorate.

Although some believe that an off-site case manager with little or no specialization in homeless families can handle this scope and variety of support, we know that this is not the case. Truly helping a young mother overcome these severe problems requires a high level of specific expertise in a variety of fields. The Transitional Housing model works and is cost-effective because it enables each mother to receive the services she needs, exactly when she needs them, without having to wait for multiple appointments or having to travel to five different offices for five discreet, unconnected support services facilities. On-site services break down silos.

Homeless Children suffer disproportionately from physical, psychological and educational traumas. Transitional Housing provides a level of care, refuge and remediation that removes children from instability and also helps them achieve something essential to good citizenship: a stable home life over the long haul.

Homeless children experience a variety of health, education and behavioral problems that often feed off of each other and are difficult to tackle when treated as separate phenomena somehow unrelated to their homelessness. They get sick twice as often as other children and have five times more stomach problems; they are four times as likely to have developmental delays and twice as likely to have learning disabilities; and nearly half of homeless school-age children have problems like anxiety or depression, compared to 18% of other children. Some 40 % of homeless children in Philadelphia's shelters experience a decline in their health status; 28% of Philadelphia's homeless children repeat a grade in school, and almost 40% have witnessed domestic violence.

There are some 1,000 such children in Philadelphia's shelters on any given night with several thousand passing through the system in any given year. A survey just this year by the City's Office of Emergency Shelter and Services found that on a single day this January, children comprised more than one third of the city's shelter population, or 1,063 out of 3,080.

Transitional Housing not only provides a roof over these children's heads, it gives these children a chance to thrive in a safe, structured and enriching environment. Their immunizations are updated, they receive primary health care visits and developmental assessments and interventions as needed. They have opportunities to see a counselor and receive therapy if needed. They receive high-quality early childhood education and countless enrichment opportunities. School-age children participate in after-school programs that include supervised homework and recreational activities. During their stay in

aforementioned issue brief by ICPNY. The brief likens transitional housing to "new communities of opportunity where families can be readied and tooled to move up and beyond the depths of chronic homelessness and poverty."

Transitional Housing these children are being “raised by a village” and are receiving opportunities to change their future to ensure it does not include homelessness.

Because homeless children are more developmentally delayed than other children their age, the intensive and closely-managed support services offered during the Transitional Housing can be critical to mitigating a child’s behavioral problems, learning disabilities and health issues so they are ready to learn and grow. Each child in the Transitional Housing setting can be served with dignity and an appropriate level of care at the same time that parents are receiving corresponding help on modifying their own child-rearing and overall life skills. This comprehensive menu of services simply does not exist beyond the Transitional Housing model, and to attempt to bring them into the public shelter system, or a single-family unit as part of a Housing First strategy, would be cost-prohibitive.

Transitional Housing helps reduce recidivism, a return to homelessness that costs taxpayers more money and further harms homeless children. Transitional Housing prepares families to be good tenants, lowering chances of eviction once placed into permanent affordable housing. (A family that is evicted even once from public housing is forever banned, risking an even more intractable return to homelessness.)

Government-subsidized housing is not an entitlement, and there is not enough of this resource for everyone who is income eligible. Consequently, Housing Authorities have rules that prohibit a tenant who is evicted (for whatever reason) from qualifying for a subsidy ever again, based on the premise that others on the waiting list should be given a chance. Once evicted, that tenant likely reappears in the homeless system. At that point, this family is doomed. Because of the high cost of housing and the low wages available to someone with a lack of educational and job skills, a young mother is not likely to find housing she can afford which will be big enough for her family (at least a two-bedroom, and more likely a three-bedroom, unit). And now, because of her eviction, her only chance for housing assistance has disappeared.

Thus, we feel very strongly that sending families out of the shelter system into permanent housing too soon does them and taxpayers a severe, lifelong disservice. It inadvertently sends these women and their children right back into the intake lines of the city shelters, with no clear path for helping them obtain affordable housing ever again.

We advocate devoting up to two years to providing the kinds of services that each family needs to assure that the family is housing ready, so that she will not lose her one and only chance to live in an affordable unit.

Transitional Housing is a cost-effective and enduring method which boasts high outcomes. It breaks chronic dependency on a host of scattered, taxpayer-funded services such as TANF (welfare), CBH (mental health) services and DHS (child welfare intervention), by creating better-functioning families with fewer intense needs over time.

From a funding standpoint, Transitional Housing programs are attractive models because they are comprehensive in approach, condensed in time commitment and at no greater cost to the government than permanent supportive housing.⁴ Each family that goes through a Transitional Housing program

⁴ According to the aforementioned issue brief from ICPNY dated February 8, 2006: “... noticeably on the homeless family side, savings between already existing transitional housing and the supportive housing model are negligible.”

spends a limited time receiving its intensive services: two years or less. No one in Philadelphia has done the cost projections or analyses to compare the per-capita costs of supportive housing versus Transitional Housing. But McKinney funding for supportive housing per capita is likely to be higher than that for families in Transitional Housing when one takes into account the entire length of service, which can run for decades in supportive-housing settings.

On a more fundamental level, of course, are the obvious costs of recidivism. While we cannot yet point to a data analysis done on this subject, a great cost savings inherent in the Transitional Housing approach is that it sharply reduces the likelihood that city homeless shelters will have revolving doors for many homeless families who simply can't keep themselves under a single roof. As noted in an earlier section of this brief, the eviction and retention rates for families who complete Transitional Housing programs are impressive indeed – a profound benchmark of success. This can only translate into taxpayer savings on many levels. A parent who learns to reduce or eliminate entirely her children's exposure to abuse at home is less likely to have that child end up in the custody of the city's already overburdened Department of Human Services, which we all know comprises a hefty chunk of the city's annual budget. The job-training and job-readiness offered in Transitional Housing make parents less dependent on welfare and similar subsidies. And by preparing a homeless family to learn the fundamentals of being a good neighbor, homeowners across Philadelphia will be at ease when one of these families moves onto their block.

Transitional Housing is especially important in Philadelphia, where housing is relatively affordable compared to other major cities, because we have very few families for whom homelessness is solely a result of housing affordability. Transitional Housing provides the tools for tackling these complex causes and must be preserved as a vital component in eradicating family homelessness.

Philadelphia's housing market has not reached the stratospheric levels seen in cities such as Boston, New York, San Francisco or Washington, D.C. -- cities where many functional families are homeless largely because of the growing gap between wages and housing costs. As a result, Philadelphia sees relatively fewer families who are homeless ONLY because of affordability. Rather, most of Philadelphia's homeless families have complex needs that can be effectively addressed through Transitional Housing. Such families do exist and will likely grow in number as Philadelphia's real estate market continues its robust upward path. Often such families go to the alternative shelters like Northwest Philadelphia Interfaith Hospitality Network (NPIHN) and are able to move with relative speed into permanent housing. (Please note that NPIHN will not accept those with multiple problems or active addiction). For that set of families, we believe that they can and should continue to be referred as they are now: either to permanent housing very quickly or to a quick stay in Transitional Housing (6 months or so). But NPIHN reports that even these families with limited barriers are at risk of cycling back into the homeless-shelter system unless they receive supportive services, case management, mentoring, career/education planning, budget assistance and benefits intervention after being placed into permanent housing.

Shelters are an undesirable but necessary first step in the continuum of care. Philadelphia can and should be a model city in the efficiency and quality of care it delivers to homeless families. We recommend several public policy approaches that will lead to success not only for the homeless families but also for communities, neighborhoods and City Hall: Impose quality-assurance guidelines so that new family shelters be limited in size to no more than approximately 25 families per shelter and that sufficient destinations including transitional and supportive housing first be created with the goal of limiting family shelter stays to not exceed 90 days.

Truly ending homelessness – i.e., keeping homeless people out of the shelter system for good -- requires a high-quality level of care along the continuum that ends with placement in an affordable housing unit with supports when needed. Philadelphia has been a model city nationwide in being among the first to devise a comprehensive set of shelter standards as far back as 1988. We propose further enhancing those standards with a few common-sense changes that will go a long way to ensuring that homeless families are successfully transitioned from the shelter system and that providers are spending tax dollars efficiently on interventions that actually have long-term effects.

The target number for optimal shelter size seems to be around two dozen. According to Suzanne Wagner, director of the New York-based Center for Urban Community Services, “projects in the 20-30 unit range are seen as manageable and more acceptable to communities.” In suburban areas, she added, this may be too big.

Philadelphia should become the first major city to impose limits on the size of its new shelter facilities so that the population hovers at around 25 families. Consumers who move to our transitional housing sites after a lengthy stay in a mass shelter uniformly report that they felt unwelcome, unsafe, disrespected or ignored in the few mass shelters that do exist in the City.

Recently, even one of the most “liberal” communities in Philadelphia became galvanized over the prospect of a 200-400 bed family shelter that was planned for their neighborhood. The same community had willingly accepted a 100-bed/30-family shelter in the past. When we consider that many of us draw upon our surrounding neighborhoods for crucial volunteers, it becomes even more important that we develop homeless facilities in partnership with neighborhood residents. Community acceptance is only one of several reasons to limit shelter size.

Smaller shelters safeguard the quality of care these parents and children need and assures a more secure and nurturing environment. We believe that – especially in developing new facilities – we should avoid the level of chaos that is immeasurable and ostensibly uncontrollable in mass shelters and which renders nearly impossible any reasonable efforts to create stability in this crucial first phase of the continuum.

Lastly, this limit will ease pressures on the city’s beleaguered public school system by not siphoning large numbers of very low-income homeless children into any single elementary school. The warehousing of families into single, large shelters would undoubtedly place a heavy burden on individual public schools, especially when one considers that homeless children experience more developmental delays compared to other children.

Our experience as providers here in Philadelphia suggests that no more than approximately 25 families be placed under one roof for emergency shelter. Although there is no known research quantifying the “optimal” shelter size for homeless families, according to academics who specialize in family homelessness, anecdotal experience and the histories of many family programs in Philadelphia and elsewhere, smaller is better – along the order of several dozen families under one roof at most. In all the research we have conducted locally, we’ve seen nothing affirming that larger is better when it comes to children and families. Smaller shelter size reduces violence, chaos and general disorder, enabling counselors and caseworkers to more effectively assess the needs of clients, devise immediate intervention strategies for stability, and deliver essential care to the very young children who often have intense educational and medical needs. At least one provider, NPIHN, reports that 94% of homeless families who pass through its support-rich programs, both during and post-shelter phase, have remained out of the homeless system for at least three years after placement.

A study released in 2001 by the Bureau of Primary Health Care of the U.S. Department of Health and Human Services suggested that the most sophisticated and effective homeless-services providers kept their emergency shelter operations small. In the survey -- about shelter nutrition for homeless children across the country -- researchers at The Children's Health Fund said that the 259 family shelter providers who responded to their questionnaires had an "average per-shelter capacity of 22 families." Because researchers sent lengthy questionnaires to 1,000 family shelter providers nationwide, they inferred that the 259 who responded clearly had the infrastructure to complete the detailed survey, leading researchers to assume that they were "among the more motivated and sophisticated in the national homeless shelter network." Of the 259 shelter facilities that participated in the study the average maximum occupancy was 31 families, according to the report, titled "Improving the Nutrition Status of Homeless Children: Guidelines for Homeless Family Shelters." Many of the respondents were located in large cities, according to one of the report's researchers.

CONCLUSION:

We urge our policymakers at all levels of government, the City, elected officials, private providers and those committed to ending homelessness to support public policy that addresses the needs of the entire homeless population, that enables communities to set their own funding priorities based on local needs and that recognizes there is no "one-size fits all" solution for all groups of the homeless.

Consistent with that philosophy, Philadelphia's Ten Year Plan to End Homelessness should speak more specifically to the value and significant role of Transitional Housing for families going forward. We urge the City to renew funding for all high-quality Transitional Housing programs, and to consider new Transitional Housing development on a case-by-case basis. The federal government should pursue a policy that addresses the needs of the entire homeless population and should provide a pool of McKinney funding to renew existing effective Transitional Housing projects similar to its pool of funding to renew permanent housing.

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