In March 2014, House Resolution No. 550 directed the Joint State Government Commission to establish a bipartisan legislative task force and an advisory committee to conduct a study of the occurrence, effects and trends of homelessness in Pennsylvania and to report its findings and recommendations to the House of Representatives. The advisory committee created to assist the legislative task force in its study and recommendations was comprised of over thirty individuals. The Commission released its recommendations in April, 2016. The full report can be accessed at http://jsg.legis.state.pa.us/publications.cfm?JSPU_PUBLN_ID=447

Pursuant to HR 550, the Advisory Committee and the Task Force on Homelessness have made multiple recommendations that would move Pennsylvania towards permanently reducing and eliminating homelessness. The goal is to reduce the number of people who are homeless in Pennsylvania and to ensure that when homelessness does occur in the Commonwealth, it is rare, brief and non-recurring.

GUIDING PRINCIPLES AND GENERAL APPROACHES

Permanently reducing and eliminating homelessness requires

1. Joint efforts of state, local, and federal authorities and the community at large;
2. An approach that is holistic and client-centered;
3. Addressing all of the many facets of homelessness including different demographics, causes, geographic areas, forms, and levels;
4. The aggressive expansion of affordable housing opportunities;
5. A clear focus on homelessness prevention;
6. Embracing the philosophy of Housing First;
7. The use of best practices in data gathering and strategic planning.

ORGANIZATION AND PLANNING RECOMMENDATIONS

The Commonwealth and its agencies must be organized and function in a way that will maximize coordination and collaboration between federal, state, and local agencies and utilize available funds in the most efficient way to strengthen the delivery of services for people experiencing homelessness.
It is recommended that the Governor’s Office

1. Issue an executive order to end homelessness in Pennsylvania, accompanied by mandates to relevant state agencies to provide leadership and participate in the planning and implementation of the Commonwealth’s goals and objectives.

2. Reconfigure the PA Interagency Council to End Homelessness so that it would function as an independent body that

3. Develop a new Plan to End Homelessness in Pennsylvania that is in alignment with the federal plan and has clear, measurable goals, timelines and the necessary commitments to implement the Plan. The Plan would
   - include key initiatives for ending homelessness, prominently among them discharge planning and permanent supportive housing production;
   - identify responsible parties and deadlines for each activity;
   - include a mechanism for monitoring and updating progress toward achieving the goals in the Plan on a regular basis; and
   - serve as basis for the agenda for the PA Interagency Council meetings.

4. Appoint a full-time Chair of the PA Interagency Council to End Homelessness, who will have clear accountability and responsibility for
   - interfacing with the U.S. Interagency Council on Homelessness and other relevant national entities;
   - providing leadership to the PA Interagency Council on Homelessness including
     i. ensuring consistent representation by all stakeholders;
     ii. preparing, facilitating, and following-up Council meetings;
     iii. identifying and addressing training and technical assistance needs of the Council;
   - creating, implementing, monitoring, and updating the Plan to End Homelessness in Pennsylvania and ensuring that its goals and objectives are accomplished;
   - serving as a liaison to stakeholders and practitioners at the local level, including staffing a formal committee composed of local homeless program administrators and providers from all Commonwealth Continuums of Care to discuss common policy and program implementation issues, share best practices and identify their technical assistance and training needs and resources;
- making recommendations on how and to whom the Department of Human Services (DHS) dispenses its Homeless Assistance Program (HAP) funds and the Department of Community and Economic Development (DCED) dispenses its Emergency Solutions Grant (ESG) funds to counties;
- releasing annual homeless assessment reports for each of Pennsylvania counties and Continuums of Care.

DATA RECOMMENDATIONS

The Commonwealth must incorporate best practices in data gathering in addressing homelessness. It is recommended that the Commonwealth:

1. Create an integrated data system that links records across all homeless, justice, healthcare, social service, public and private subsidized housing systems that is user-friendly and produces regular reports on progress in ending homelessness that are made available to state agencies and other interested stakeholders.
2. Pilot integrated data systems in strategic locations (urban, rural, suburban) in order to test the impact on public policy and ultimately, program outcomes.
3. Implement a validated data model such as the Actionable Intelligence Social Policy so as to identify heavy services users and provide them with intensive services that facilitate better outcomes and generate net cost savings.
4. Encourage all the major state agencies that compare and manage data to agree to a shared definition of terms (such as “homeless,” “at risk for homelessness,” and “service”), or, when not feasible, to the clear indication of the scope of their definition, and to core methodological practices in order to allow for analyses that cross datasets and for seamless data integration.
5. Improve collection of statewide data on the number, characteristics, and needs of elderly homeless in anticipation of projected increases in elderly homelessness (due both to the aging of long-term homeless and to seniors falling into homelessness).
6. Take actions to increase dialogue between data collection organizations and homeless service providers.
7. Educate service providers about the value of high-quality data.
8. Review state policies, rules, and regulations regarding data release, data privacy, and data sharing.

HOMELESSNESS PREVENTION

Homelessness prevention efforts must be a key component of the Commonwealth’s strategies to end homelessness.
It is recommended that the Commonwealth

1. Aggressively assess and upgrade its discharge planning policies in order to prevent exit from institutions into homelessness
2. Establish and empower separate ad hoc committees to formulate effective discharge policies for each of the following at-risk subpopulations; these committees should include members of the targeted subpopulation as well as other as other key stakeholders:
   a. Youth exiting child welfare and juvenile justice systems;
   b. Individuals exiting from federal, state, and local correctional institutions;
   c. Individuals being discharged from state hospitals; and
   d. Individuals being discharged from community hospitals and substance abuse treatment programs.
3. Review all state-administered sources of prevention funding (ESG, HAP, PHARE, ESA, PATH, et cetera) and assign priority to the above “feeder” systems based on the effective policies formulated.
4. Take into consideration local market conditions in formulating state policies, specifically, consider modification of state ESG allocation criteria to permit communities affected by factors restricting the availability of affordable rental housing to increase the percentage of ESG dollars devoted to prevention as opposed to Rapid Rehousing.
5. Encourage innovative approaches to preventing homelessness such as creative case management and colocation of services.

STATE HOUSING POLICY

It is critical that Pennsylvania homeless programs and activities be guided by clear goals, objectives, and policies for ending homelessness. Therefore, it is recommended that the Commonwealth adopt policies that

1. Establish needs-based priorities and employ data-driven best practices and techniques such as set-asides for the use of state housing resources to benefit homeless families and individuals, especially those who are frequent users of public resources. This should include funds both for the production of affordable rental housing and for rental assistance. Policies should apply to at least the following resources:
   a. State and federal housing trust funds;
   b. Low Income Housing Tax Credits (LIHTC);
   c. Home Investment Partnerships Programs (HOME) funds; and
   d. Section 811 vouchers through the Pennsylvania Housing Finance Agency for non-elderly in non-LIHTC projects serving homeless individuals and families with disabilities.
2. Develop and support a comprehensive range of both traditional and non-traditional affordable housing options for various subpopulation groups. This will require a review of current state and local policies and regulations in order to remove obstacles that might prevent viable implementation of these options.
3. Ensure adequate resources for combatting homelessness.
4. Increase and sustain funds for permanent and permanent supportive housing, including resources for services for people in permanent supportive housing.
5. Designate pilot funding and operating subsidies for smaller projects for defined population groups.
6. Provide administrative fees and other incentives to local public housing authorities that establish preferences in their public housing and housing choice voucher programs for homeless families and individuals. This should include both tenant-based vouchers and project-based vouchers dedicated to housing developments using LIHTC and other state-and federal-funded programs.
7. Create incentives for state-funded homeless providers to coordinate formally on the local level with other homeless providers (i.e., integrate HAP, ESG, and other state-funded homeless programs with PATH and HUD CoC programs and resources).
8. Establish a statewide cross-system initiative to develop policies, protocols, and programs to address the unique permanent supportive housing needs of the elderly who are homeless or at-risk of homelessness.
9. Create a bridge program to provide for basic needs of those individuals that have applied for SSDI but are waiting for a decision.
10. Develop public awareness campaigns at the state and local levels to facilitate better understanding of homelessness as a social and economic phenomenon in general and to address specific concerns local communities may have regarding special housing or local policies.
11. Continuously review and measure outcomes of the programs used.

BEST PRACTICES INTERVENTIONS

Communities throughout Pennsylvania and the nation have identified best practices for preventing and ending homelessness. It is recommended that the Commonwealth continue to support the testing and expansion of best practices and innovative approaches to ending homelessness in Pennsylvania and

1. Increase the use of Critical Time Intervention practices for individuals with serious mental illness, co-occurring disorders, and ex-offenders as well as other homeless populations.
2. Evaluate the TANF-funded Rapid Rehousing Demonstration program in Philadelphia and, if it demonstrates positive outcomes, make necessary modifications to expand it to other parts of the state.
3. Consider re-establishment of the Homeless Liaison positions in each county assistance office.
4. Examine the possibility of the PA Medicaid expansion to provide services to people experiencing homelessness.
5. Maximize local discretion and flexibility in the use of state and federal funds to address homelessness in communities (for example, for building modifications to make them accessible for the disabled or the elderly, for providing transportation that would enable a homeless person to get to work, et cetera).
6. Utilize innovative, creative case management and person-centered approaches.
7. Encourage all communities to identify a lead agency to administer SOAR that will receive SOAR training and provide SOAR services.
8. Expand employment programs and services for homeless individuals including the following:
   a. PA Workforce Development Boards that should specifically target homeless persons for services, including skill development programs;
   b. Increase in job training programs for homeless;
   c. Establishment of workforce programs for TANF recipients who are homeless, including public service employment programs.
9. Incorporate a trauma-informed approach for adults and children experiencing homelessness as a result of domestic violence as well as other populations who have been subjected to trauma.
10. Utilize Housing First approach for specific populations such as the chronically homeless.
11. Implement coordinated entry in order to facilitate services, avoid duplication, and maximize use of funds.

SUBPOPULATIONS

There are a number of homeless subpopulations in Pennsylvania that were studied for this report and that can benefit from the implementation of the following recommendations.

VICTIMS OF DOMESTIC VIOLENCE

1. Ensure a full continuum of care for victims of domestic violence who are experiencing homelessness with services and supports uniquely matched to their safety and housing needs.
2. Explore a tiered model that provides longer/greater assistance to families experiencing multiple/significant barriers.
3. In prioritizing services, recognize that for domestic violence victims that are still in danger, safety comes first and long-term housing is secondary.
4. Establish close collaboration between domestic violence victims’ advocates and homeless shelters’ personnel. Where feasible, implement a domestic violence specialist co-location with mainstream systems/community institutions to provide universal screening, cross-training and intervention to prevent homelessness and address the root issue (in this case, family violence).
5. Increase emphasis on client-driven care, including client-driven goal-setting and housing placement based on client needs/safety assessments, and flexible financial assistance (allowing advocates to address victims’ self-identified needs, including transportation, child care, et cetera).
6. When appropriate, recognize the potential and enhance the possibility for victims to stay in their homes while their abuser leaves.
7. Examine and improve long-term outcomes for domestic violence victims by going beyond immediate homelessness to housing instability.

8. Review and adjust current housing policies that may inadvertently make it more difficult for victims of domestic violence to secure stable housing after leaving an abusive partner.

9. Focus on violence prevention as a strategy for ending homelessness for women and children as a result of domestic violence (both locally and on the state level).

**FORMER INMATES**

1. Strengthen the partnerships between the Department of Corrections (DOC) Bureau of Reentry, the Pennsylvania Board of Probation and Parole (PBPP), county probation and parole, and housing providers throughout the Commonwealth.

2. Expand the number of effective Reentry Management Organizations throughout the Commonwealth that bring together government agencies, faith community, and business representatives with criminal justice, mental health, housing and human service agencies to address reentry on the local level.

3. Legislate reforms in criminal justice systems, including the revision of the “get tough” statutes and related policies to take into account the need for supervised release.

4. Increase pre-release activities to facilitate obtaining and maintaining stable housing, including the following:
   a. Encourage DOC and county jails to provide pre-release housing training that would include the application and appeal process for applying to PHAs and other subsidized housing providers;
   b. Enhance collaboration between PBPP and local CoCs in order to optimize the use of funds available for reentry housing;
   c. Facilitate access to public benefits at the county level immediately upon release.

5. Make housing a key component of streamlined reentry. Facilitate the availability of various housing options to ex-offenders by:
   a. Providing education to dispel myths about restrictions to public and Section 8 housing;
   b. Providing incentives such as increased administrative fees for PHAs that flex their policies with regard to admission of individuals with criminal histories, including unification with families living in public housing and other assisted units;
   c. Providing incentives (for example, rent vouchers or tax credits) to landlords who house formerly incarcerated or ex-offenders;
   d. Combining housing with supportive services when necessary;
   e. Modifying one-strike housing regulations so discretion is not used to target ex-offenders with minor offenses or offenses that occurred far in the past.

6. Focus on a limited group of persons who demonstrate a history of unstable housing and/or are frequent users of public services including jails, emergency shelters, state hospitals, and community hospital emergency rooms.

7. Increase DOC and county jail coordination with the Social Security Administration and employment initiatives.
INDIVIDUALS WITH MENTAL HEALTH AND/OR SUBSTANCE USE DISORDERS
1. Expand cross-training of staff in the behavioral health, housing, and criminal justice systems.
2. Promote housing stability as it is a key to long-term recovery.
3. Expand permanent supportive housing for individuals who need it utilizing all available resources including Health Choices reinvestment funds.
4. Provide housing with access to treatment and recovery support services to reduce relapse and improve outcomes.
5. Facilitate access to the disability income benefit programs administered by the Social Security Administration for eligible adults who are homeless or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.
6. Enhance employment training and employment opportunities for individuals with serious mental illness and co-occurring disorders.
7. Utilize certified peer specialists and other peer supports and peer navigation to assist persons who experience homelessness with substance use disorders or co-occurring substance use and mental health disorders.
8. Implement evidence-based models of providing comprehensive and flexible treatment and support to individuals who live with serious mental illness such as Assertive Community Treatment (ACT).
9. Increase collaboration and coordination between providers of mental health/substance abuse services, housing authorities, the DHS Office of Mental Health and Substance Abuse, CoCs, and homeless advocacy projects under the leadership of the Department of Drug and Alcohol Programs.
10. At the county level, increase collaboration between county behavioral health personnel and CoCs in various areas, including the use of funds.
11. Develop a network of Recovery Community Centers, ensuring a proper accreditation system and supervision.

RURAL HOMELESSNESS
1. Improve the methodology for the identification of homeless families and individuals in rural areas, and increase the ability to accurately identify and quantify the population.
2. Create a unified, comprehensive system that addresses the needs of the unsheltered and those in danger of losing their homes. Combine funding and programming under one roof to allow for a more comprehensive, preventative approach.
3. Recognize and address the special problems of addressing homelessness in rural communities such as low population density, levels of perceived visibility, unique local dynamics, limited availability of resources, and lack of public transportation.
4. Examine the special relationship between health and homelessness in rural areas; explore various ways of broadening access to physical and mental health care, including via telemedicine and regional conglomerates.

5. Provide funding for advanced dental care realizing that oral health has a significant impact on the ability to secure housing and employment.

6. Develop a comprehensive employment program for homeless in rural areas that would include training, physical, and behavioral health supports, and transportation.

7. Introduce financial incentives for communities that want to bring the services together that address the needs of the identified population, for example, tax incentives to purchase abandoned, foreclosed, or economically feasible buildings to retrofit for homeless services such as agencies, emergency shelter, job training, et cetera, under one roof or on one campus.

CHILbREN AND YOUTH

Families
1. Emphasize family preservation. Prevent children’s placement into foster care due solely to homelessness or unstable housing by providing housing assistance to families, in addition to intensive wraparound services such as income supports, job training, health care, trauma-specific services, parental supports, programs for children.

2. Prioritize families with young children and pregnant women for housing placement as it has been shown that the younger and longer a child experiences homelessness, the greater the cumulative toll of negative health outcomes, which can have lifelong effects on the child, the family and the community.

3. Ensure that pregnant women experiencing homelessness have access to early and consistent prenatal care.

4. Explore and pursue various ways of increasing access to physical and mental health care for children experiencing homelessness.

5. Expand cross-training opportunities for homeless service providers and early childhood agencies/providers.

6. Take steps to reduce overall risk levels for children who face homelessness, in addition to boosting resources and adaptive capacity.

7. Increase support for children in supported housing.

8. Offer parental support and training to homeless parents so that they could be emotionally responsive and supportive of their children even in the midst of adversity and/or transient and stressful living environments.

9. As shelter and street youth are at much higher risk of having been pregnant than housed youth, provide them with comprehensive services, including pregnancy prevention, family planning, and prenatal and parenting services.

10. Connect all infants and toddlers experiencing homelessness to evidence-based early childhood home visiting programs and parenting interventions that promote positive early parent-child relationships, such as those funded through the Maternal, Infant, and Early Childhood Home Visiting Program.
11. Ensure that all HUD-funded family shelters are safe environments for young children, that they provide appropriate play spaces designed specifically for young children, and that they fully implement the new Early Childhood Self-Assessment Tool for Family Shelters.
12. Ensure that all HUD-funded family shelters meet HUD prohibition against family separation, keeping children below eighteen years of age with their families.
13. Continuously assess all programs’ outcomes for both parents and children.

**Education**

1. Continue and improve the Educating Children and Youth Experiencing Homelessness (ECYEH) program, with specific attention to identification and outreach as well as to academic achievement.
2. Educate teachers about the signs of homelessness and homeless students’ rights and instruct them to refer homeless students to the ECYEH office for services.
3. Prioritize access and increase outreach to expand the high-quality early learning opportunities available to young children experiencing homelessness.
4. Head Start, Early Head Start and Pre-K Counts should “save slots” for children who are homeless and should not be penalized when a child moves out of the program.
5. Consistently apply Act 143 requirements that children who are homeless be automatically screened and, if appropriate, evaluated for Early Intervention (EI) services. Homelessness has been added to the list of “automatic qualifiers” for screening.
6. Quality early learning programs should be strategically located to serve at-risk children and offer expanded hours and transportation. Not only should high-quality learning centers be located in close proximity to shelters and transitional housing, but shelters themselves and transitional housing programs should offer learning opportunities on site.
7. In order to expand access to early education programs, allow the mother’s GED training as well as working to be considered a qualifying criterion.
8. Offer resources to encourage Head Start grantees and housing service providers to work together to expand services for children experiencing homelessness or at-risk for homelessness.
9. Provide cross-training opportunities for homeless service providers and early childhood agencies/providers.
10. Connect all infants and toddlers with the national universal developmental screening system and ensure all infants and toddlers with identified needs receive services according to the federal Individuals with Disabilities Education Act (IDEA), Part C system.
11. Encourage secondary schools to explore opportunities for teaching financial literacy.

**Child Care**

1. Modify Child Care Information Services (CCIS) eligibility criteria for homeless families, including waiver of child care co-payments and other expenses for those families.
2. Prioritize homeless families’ access to subsidized child care.
3. Eliminate bureaucratic barriers in part by designating a CCIS representative at TANF offices to assist families applying for CCIS subsidies.
4. Offer higher reimbursement rates to providers who serve homeless children.
5. Train child care staff on the impact of trauma and trauma-informed care to improve outcomes for children.

**Unaccompanied Youth**
1. Use special, innovative practices to facilitate identification and engagement of homeless youth:
   a. Engage youth service providers
   b. Engage LGBTQ partners
   c. Involve youth as outreach workers, as advisers on the survey design, and as guides to find homeless youth
   d. Hold magnet events
   e. Use social media to raise awareness and outreach
2. Explore the feasibility of opening a drop-in center for youth in/near downtown, or open shelters during the day to serve as drop-in centers. A drop-in center for youth would combine many of the services and supports that youth need, under one roof, including
   a. a service coordinator who knows about resources and can help young people access them;
   b. a place where a young person who is without a home can come to take a shower, have some food, use a phone or a computer with Internet access, receive mail, do his or her laundry, get bus tickets to key destinations, et cetera;
   c. It could also serve as a house base where nurses, employers, schools, and job training agencies can come to engage young people.
3. Initiate a pilot project with CoCs collaborating with federal, state and local governments, private agencies, and with homeless and formerly homeless youth. The lead agency could be the Department of Human Services Office of Children, Youth and Families, with project activities consisting of
   a. Identification and engagement of homeless youth
   b. Homeless prevention, including
      i. Transition and life skills
      ii. Discharge planning from child welfare and juvenile justice institutions
      iii. Counseling for family and “kin” reunification
   c. Services for homeless youth including
      i. Emergency/short term interventions
      ii. Models for longer-term housing and supports
      iii. Public education and awareness
STATUTORY RECOMMENDATIONS

1. To amend Act 153 of 2012 by adding a homelessness component.

Act 153 provides for the establishment of “land banks.” Under this proposal, where a land bank is established, if there is residential reuse, a certain percentage of the properties it acquires should be made available for housing of homeless and formerly homeless persons. This could be accomplished by the land bank conveying the properties to a non-profit development corporation under the stipulation that such properties will be rehabbed for use by homeless persons.

2. To amend Act 49 of 2005 (Appendix C).

The proposed amendments allow counties, at their option, to increase the amount of money collected for the county’s Optional Affordable Housing Fund. The amendments specifically allow use of the funds for programs or projects to prevent or reduce homelessness. The funds may also be used to expand the availability of affordable homes, including permanent rental homes and supportive housing, which will help Pennsylvanians experiencing homelessness to find stable, affordable places to live.

This summary was prepared by the People’s Emergency Center (PEC). For more information, contact PEC at policy@pec-cares.org