HOME RUN

The Capital Area's 10–Year Plan to End Homelessness in the County of Dauphin and the City of Harrisburg

Prepared by: The Blueprint Steering Committee
with contributions from The Capital Area Coalition on Homelessness

November 2006

VISION: That every family and individual in the County of Dauphin has access to safe, affordable housing and the skills and resources necessary to maintain life in that housing.

EXECUTIVE SUMMARY

On any given day, approximately 600 people experience homelessness in the County of Dauphin and the City of Harrisburg. Hundreds more live doubled-up in the homes of family and friends, or are in imminent danger of becoming homeless, living in substandard or overcrowded housing they cannot afford.

Homelessness in the Capital Area is a condition that is rarely, if ever, caused by a single issue. There are usually multiple contributing factors that can create and perpetuate the situation for a variety of families and individuals, including: mental illness, health issues, physical disabilities, disease of substance abuse, domestic violence, family dysfunction, high cost of healthcare, lack of healthcare insurance, lack of affordable housing, lack of a living wage, poor credit history, unemployment, and criminal history.

Home Run: The Capital Area's 10–Year Plan to End Homeless in the County of Dauphin and the City of Harrisburg (Home Run), is the culmination of an eight month planning effort by providers of homeless services, emergency service providers, regional, state and local government leaders, affordable housing providers and developers, community leaders, and homeless people themselves.

Home Run is a long-range, comprehensive plan to help our citizens who are homeless establish healthy and stable lives in permanent housing. Concurrently, it is a long-range plan to prevent families and individuals from becoming homeless. Its recommendations are evidence-based, and draw from the best practices of innovative programs and initiatives throughout the country.

Home Run is intended to end long-term or chronic homelessness. This emphasis reflects a growing body of research demonstrating that members of this group are poorly served by existing efforts even though they use a disproportionate share of emergency services and resources. In Dauphin County and the City of Harrisburg, an estimated 210 people[1] who are chronically homeless use services that cost our community over $3,969,000[2] each year.

Research also shows that the chronic homeless population is best served by utilizing a ***Housing First/Housing Plus Model***. This approach focuses on moving people from homelessness and into housing as quickly as possible. A participant does not have to remain sober or be treated for a mental illness as a requirement or condition to receive the housing. Supportive services are provided in permanent housing to help consumers maintain their residence, so they do not have to wait to complete a treatment protocol before obtaining housing. In this model, it is important to offer non-traditional mental health and substance abuse services. Traditional office-based services offered by appointment only are not effective models to provide services to people experiencing chronic homelessness. Adult "wraparound" services such as those provided in the Dauphin County ***Shelter Plus Care Program***, Catholic Charities' ***Homeless Psychiatric Clinic***, and ***Assertive Community Treatment (ACT) Team*** are examples of providing services with a non-threatening, and consumer-driven approach.

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[1] Source: 2005 Point In Time Survey, CACH

[2] Based on a recent cost analysis in similar sized jurisdiction, where the conservative average cost for chronic homeless population was $18,900 per person, per year.

Housing First/Housing Plus projects across the nation have seen phenomenal results. After 5 years, nearly 90 percent of participants have remained in permanent housing.[3] The success rate of the Dauphin County ***Shelter Plus Care Program*** has been consistent with the national results. The program has had an 86.5 percent retention rate after the first three years of operation. The implementation of the program's Housing with Care Model has resulted in a reduced need for supportive services by consumers as the length of time of their participation increases. The need for rental subsidy has also decreased with the length of enrollment because consumers are becoming more self sufficient and earning income.

Under the leadership of the United States Interagency Council on Homelessness, a national consensus has emerged that all levels of government must focus on improving efforts to house chronically homeless individuals and families. ***Home Run*** is consistent with, and complementary to, the federal government's efforts in this area. Likewise, the Commonwealth of Pennsylvania, through its Interagency Council on Homelessness, is adopting a plan that will coordinate state efforts with federal and local plans. Federal, state, and local plans must complement each other, because each level of government will play an integral part in implementation.

The scope of ***Home Run*** is not limited to chronic homelessness alone. (Longitudinal data collected from service providers in the County of Dauphin from December 2000 through November 2002 demonstrated that the majority of service recipients were episodically homeless, rather than chronically homeless.) When implemented over the next decade, the policy recommendations will address all types of homelessness, including families, youth and single adults who experience episodic or chronic homelessness. Successful implementation will depend on availability of funding at local, state, and federal levels. This plan does not address public funding levels or sources; rather, it lays out facts and an action plan to community leaders and the elected officials who oversee policy and public funding decisions and who charged this committee with creating a plan.

Home Run will reduce or end all types of homelessness over the next decade by investing our resources in a coordinated, sustained effort that addresses the underlying causes of homelessness. We will focus in four areas: **Housing**, **Services**, **Prevention**, and **Partnerships, Leveraging, & Public Awareness**. Our efforts will be to:

- Increase the number of homeless individuals and families placed into permanent housing.
- Provide community based services and supports that prevent homelessness before it happens and diminish opportunities for homelessness to reoccur.
- Increase public/private partnerships, collaborations, and leverage resources by raising public awareness of what is necessary to end homelessness in our area.

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[3] *Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities*, PSYCHIATRIC SERVICES © April 2000 Vol. 51 No. 4

To accomplish these goals, this plan has six strategic elements:

- **Choosing a Blueprint Manager -** An organization to coordinate implementation of the plan, monitor outcomes, and recommend improvements to the plan.
- **Preparing the Field: HMIS:** The Homeless Management Information System, or HMIS, must effectively link all services, screen for program eligibility, and gather data needed to monitor progress of implementation and to enhance client-based products and services.
- **Leadoff Batter: Housing First** - Implementation of a community-wide Housing First program that will include permanent housing for all homeless. (Shelter Plus Care already includes this model and has operated successfully for 3 years.)
- **Getting on Base: Housing Plus** – Necessary services must be provided to ensure that homeless individuals and families placed in permanent housing can remain housed long-term and self-sufficient.
- **Moving the Runner: Partnerships, Leveraging and Public Awareness –** Action must be taken to promote increased awareness and thereby leverage resources to accomplish the plan.
- **Stealing Signs: Prevention –** Interventions must be available to stop individuals and families from becoming homeless and to eliminate the chance that homelessness can recur.

The formula for success:
Healthy Families + Educational Opportunities
+ Living Wage Employment + Affordable & Safe Housing
***= An End to Homelessness*[4]**

[4] This is the primary document to focus the efforts of the County of Dauphin, City of Harrisburg, and Capital Area Coalition on Homelessness (CACH) in striving to deal with the multiple and diverse issues facing the homeless. It is anticipated that there will be subsequent papers prepared as we move to the implementation of this plan.

INTRODUCTION

Located in Dauphin County, Pennsylvania, the City of Harrisburg is the capital of America's sixth largest state and also the seat of the County of Dauphin. Situated on the east shore of the 3,000-foot-wide Susquehanna River in south central Pennsylvania, Harrisburg is the largest city on the main course of the Susquehanna to which its identity is inherently linked. The County and the City are the heart of a major interstate highway network with key interchanges each handling over 100,000 vehicles per day, including a vast number of commercial trucks. They are also the hub of both passenger and freight rail service, and home to a state-of-the-art airport system. Dauphin County and the City of Harrisburg are the center of a metropolitan and geographic region in which over 600,000 people reside.

People throughout central Pennsylvania come to Dauphin County and the City of Harrisburg for access to services, entertainment, cultural activities, and employment. Located here are several large regional medical facilities, psychiatric facilities, a host of social service agencies, institutions of higher education, state and county correctional facilities, a public transportation system, a primary east coast transportation/distribution hub, and federal, state, and local government offices.

In Dauphin County and the City of Harrisburg, on any given day, over 400 adults and 200 children are homeless. What's more, the daily adult homeless population in the Capital Area increased from 364 in 2004 to 446 in 2005 – a 22½ percent increase in one year.

Myth: Most homeless people are the ones you see sleeping on the streets. And they are the same ones day after day.

Fact: In 2005, 82% of the homeless population in the Capital area was short-term temporarily homeless men, women, and children.

Historically, services and shelter for homeless persons have been concentrated in urban centers. As one of the larger cities in Pennsylvania, and centrally located in the state, the City of Harrisburg hosts almost all of the region's homeless service providers and facilities. On any given day, anyone driving by will see abundant activity at Downtown Daily Bread, Christian Churches United HELP Office, YWCA of Greater Harrisburg, Bethesda Mission, DELTA Community, SHALOM House, Christ Lutheran's Health Outreach Clinic, Catholic Charities' Interfaith Shelter for Families, Catholic Charities' Homeless Psychiatric Clinic, Salvation Army, Downtown Clergy Winter Emergency Shelter Program, Goodwill Industries, and many others.

Today, nearly all service and shelter providers in the County of Dauphin and the City of Harrisburg are members of the ***Capital Area Coalition on Homelessness***[5] ***(CACH)***. In 2000, the County of Dauphin, the City of Harrisburg, the United Way of the Capital Region, and The Foundation for Enhancing Communities coordinated the creation of this entity responsible for strategic planning and the development and delivery of a collaborative, coordinated, and inclusive system of high quality services and shelter for homeless persons. These four entities deliver supportive funding and each holds a permanent seat on the Coordinating Committee, CACH's governing body.

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[5] CACH Description and Organizational Structure, Appendix

The human cost of homelessness is immeasurable. However, the financial costs are more easily grasped. Each year, the Capital Area spends over $4.5 million on housing and supportive services for the homeless population[6]. Not included in this figure are the costs of emergency hospital usage, incarceration, or mainstream benefits utilized such as Food Stamps, Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), State Child Health Insurance Plan, and Medical Assistance.

In October 2005, County Commissioners Jeff Haste, Dominic DiFrancesco, George P. Harwick, III, and Harrisburg Mayor Stephen R. Reed came together to appoint a Steering Committee to develop a Blueprint: a 10-Year Plan to End Homelessness in the County of Dauphin and the City of Harrisburg. This Steering Committee, comprised of 18 private, public and non-profit leaders, began meeting in October 2005 and presented this plan to the Dauphin County Commissioners, the Mayor, and Harrisburg City Council in June 2006.

Myth: All homeless people are men.

Fact: Women comprise 43% of the Capital Area's homeless population.

The full committee included:

Carter Nash, Downtown Daily Bread and former Consumer, Co-Chair
Edward Trask, DELTA Community, Co-Chair
Rev. Brenda Alton, Harambee UCC and Interdenominational Ministerial
Rev. James D. Brown, Market Square Presbyterian Church/Downtown Clergy
Rosemary Browne, The Foundation for Enhancing Communities
E. Maria Chianos, MSW, PinnacleHealth
Deborah Clayton, Dauphin County Human Services
Bryan K. Davis, City of Harrisburg, Dept. of Building & Housing Dev., Bureau of Housing
Daniel Eisenhauer, Dauphin County MH/MR Administrator
Richard Evans, former Consumer
David Hietala, PhD, Messiah College, School of Education and Social Sciences
Jacquelyn L. Morrison, SHALOM House
George Payne, YWCA of Greater Harrisburg
Kirk Reider, Catholic Charities, Diocese of Harrisburg
Robert A. Scott, PhD, Penn State University, School of Behavior Sciences and Education
Rev. Jody Silliker, Christ Lutheran's Health Ministry and Holy Spirit Hospital
Mike Weisberg, MSW, LCSW, Pinnacle Health Home Care on contract to Dauphin County Housing Authority
Timothy F. Whelan, MSW, United Way of the Capital Region

Staff support by Sondra Rapp and Linda Garisto was provided by CACH with funding support from the City of Harrisburg, the County of Dauphin, the United Way of the Capital Region, The Foundation for Enhancing Communities, and M & T Bank. Facilitation for writing was provided by Tucker Thompson; and contributing writers were Bryan Davis, George Payne, Mike Weisberg, Carter Nash, Linda Garisto and Jody Silliker. Consultants and facilitators of the December 8, 2005, full-day Strategic Planning Event were Diana T. Myers and Barbara Hodas of Diana T. Myers and Associates. (*Please see the appendix for full list of participants.)*

[6] Human and Financial Costs of Homelessness, Appendix

THE PROBLEM WE FACE

Members of the ***Capital Area Coalition on Homelessness (CACH)*** meet monthly to plan and set priorities around homeless issues. Since 2003, CACH has conducted an annual Point-in-Time survey to document the number of homeless people in the area. These surveys found the total adult population at 440 in 2003, 364 in 2004, and 446 in 2005.

While the layman's definition of homelessness can vary widely, a Kuhn and Culhane study of shelter users in New York City and Philadelphia provides the current industry standard, identifying three clusters or groups of homeless individuals:

Transitionally Homeless - ***comprise 80% of shelter users***; comparatively young, less likely to have mental health, substance abuse or medical problems, and overrepresentation of Whites; ***they have few shelter stays (1-2 days) and are of short duration.***

Episodically Homeless - ***10% of shelter users***; also comparatively young, but more likely to be non-White and high likelihood of having mental health, substance abuse or medical problems; ***they shuttle in and out of shelter, often between prison, hospitalization and rehabilitation programs*** so they have high numbers of episodes of homelessness but of shorter duration than chronically homeless.

Chronically Homeless - ***only 10% of shelter users but use nearly one-half of the shelter days;*** tend to be older, non-White and have high levels of mental health, substance abuse or medical problems; ***use shelters as long term housing***.[7]

By studying these groups, research has shown certain services and products are more effective as they are tailored to a specific population:

Transitionally homeless - Programs should emphasize community-based homeless prevention and transitional services to assist in finding housing and employment or seeking treatment for behavioral health problems.

Episodically homeless - Need structured housing with health and social service supports such as transitional and residential treatment programs.

Chronically homeless - Need supported housing and long-term care options.

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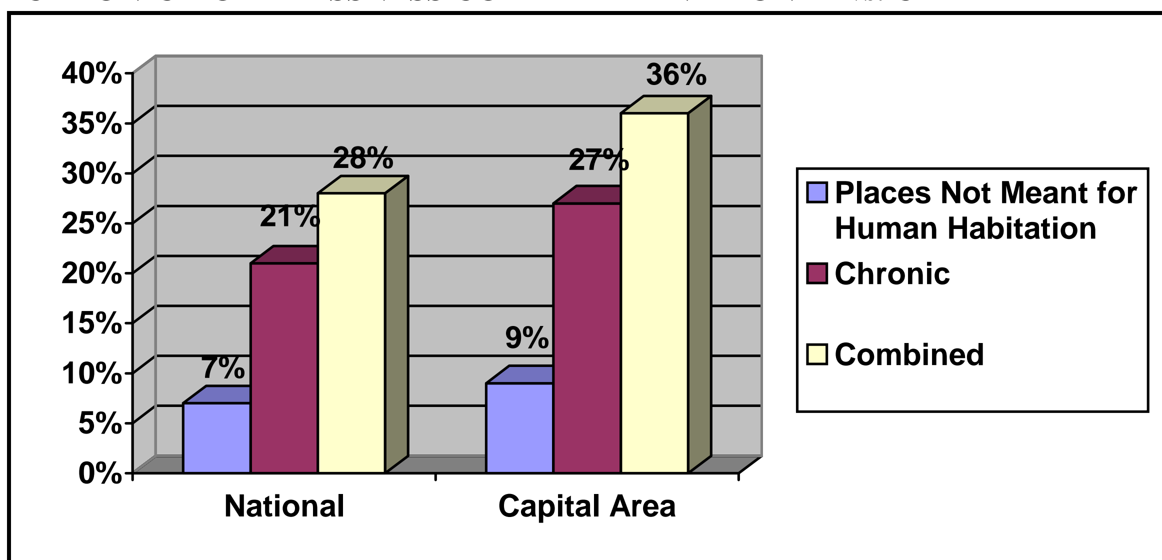
[7] Note: HUD defines chronically homeless as an unaccompanied individual with disabilities who has been continuously homeless for 12 or more months or had 4 or more episodes of homelessness in 3 years.

In the Capital Area, the primary challenges to serving these groups are:

- Outreach and engagement is difficult, especially in rural and suburban areas where homeless are sparsely distributed, and there are few trained outreach teams;
- There is a lack of appropriate housing available once persons are engaged;
- There is a lack of easy and timely access to support services, especially welfare, SSI, SSDI, Medical Assistance, and healthcare services.

Nationally: The medical and hospital costs incurred in one study that tracked 15 chronically homeless persons were $1.6 million in a six month period ($106,667 per person or $583 per person per day).[8]

CHRONIC HOMELESSNESS COMPARED - NATIONAL vs. CAPITAL AREA



Chronic Homeless Nationwide:
21 percent are chronically homeless according to Burt, M.R., Aron, L.Y, Douglas, T., Valente, J., Lee, E., Iwen, B. (1999), *Homelessness: Programs and the People They Serve*.

Chronic Homeless in the Capital Area:
27 percent are chronically homeless by definition.

Therefore, the chronically homeless PLUS all who were dwelling in uninhabitable places totaled 433 adults, or **36 percent of 1,250** unduplicated count in 3 years of Point-in-Time surveys. 73 percent of the homeless population experienced either transitional or episodic homelessness; and nine percent of these persons live in uninhabitable places.

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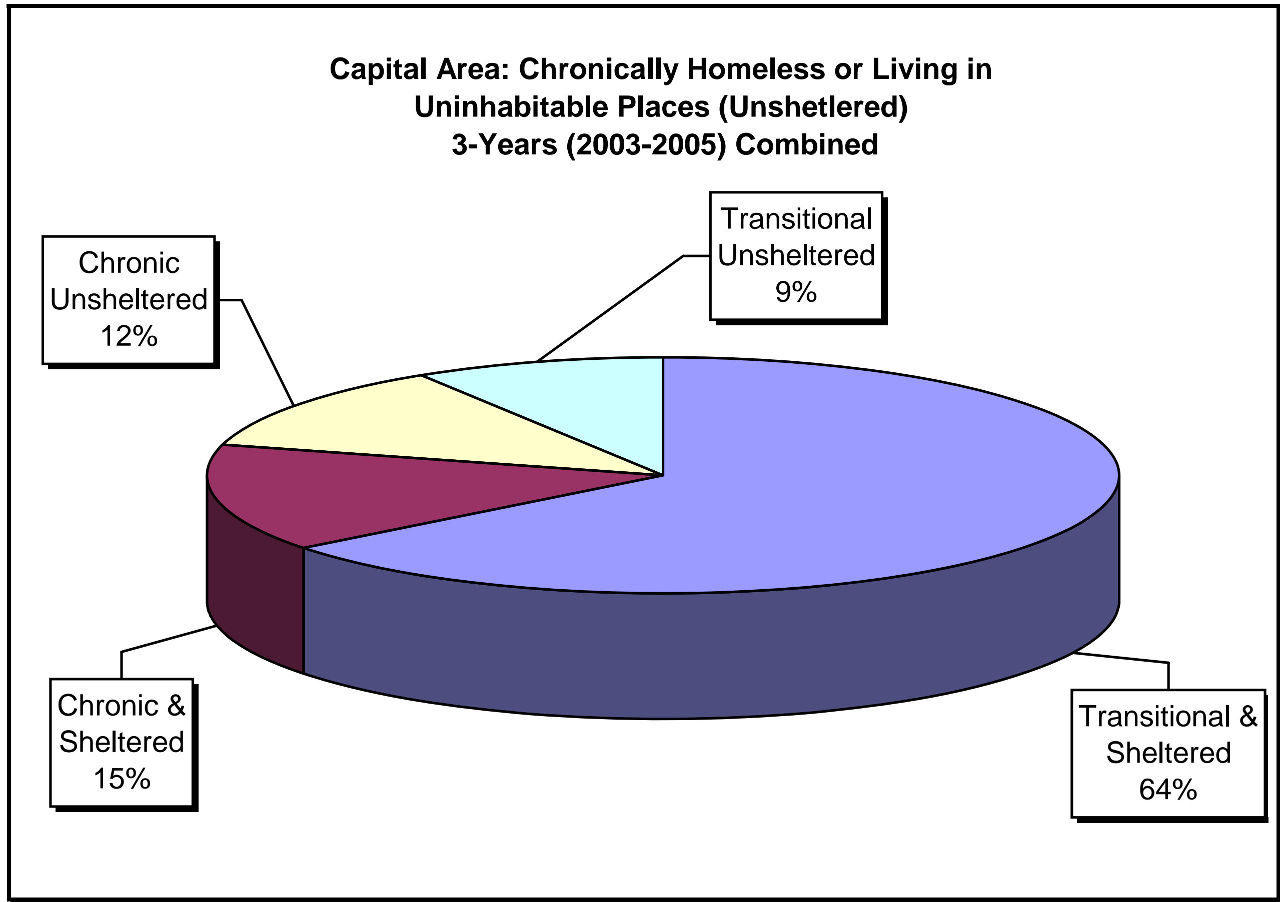
[8] San Diego Homeless Outreach Team Survey, pg. 10, "*The Do it Yourself Cost Study Guide- Accessing Public Costs Before and After Permanent Supportive Housing,- A Guide for State and Local Jurisdictions"* Martha Burt, 2004, Corporation for Supportive Housing.



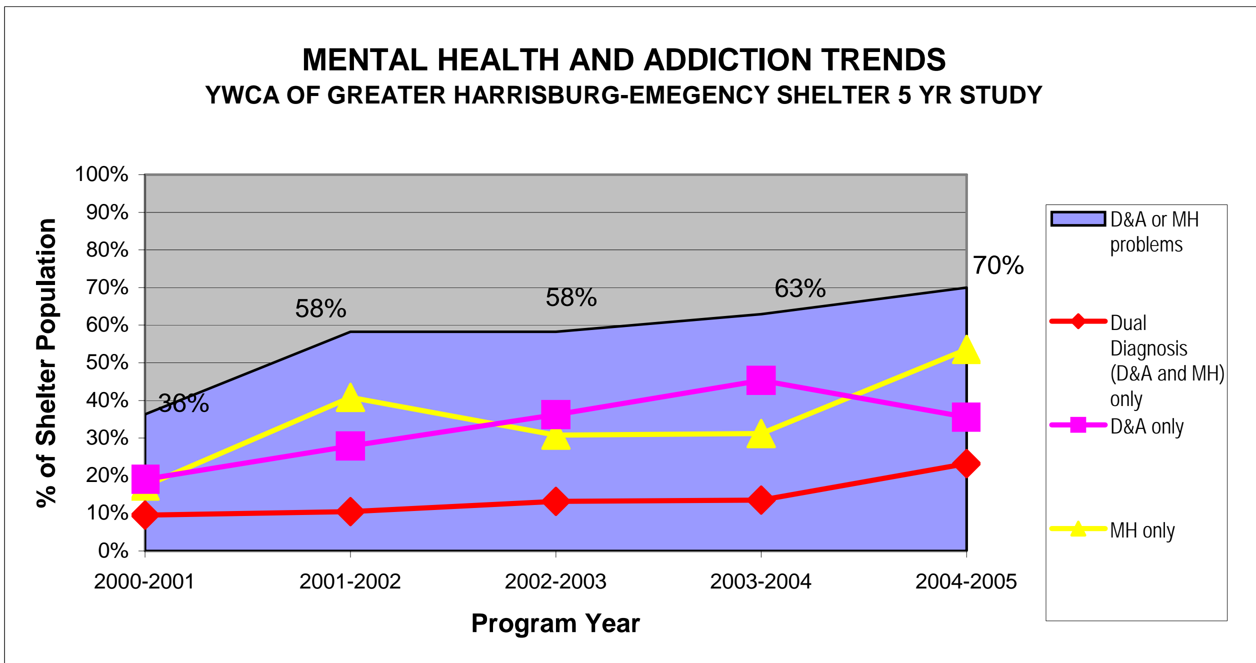
SUMMARY OF EXISTING PROBLEMS:

Our local analysis of the factors impacting homelessness is based on our annual Point-in-Time surveys that provide an overview of the all people who are homeless and who participate in the Point-in-Time survey process. These factors are assessed for homeless people in all categories.

2004 - 2005 Point-in-Time Survey, *Client-Provided* Findings show the following:

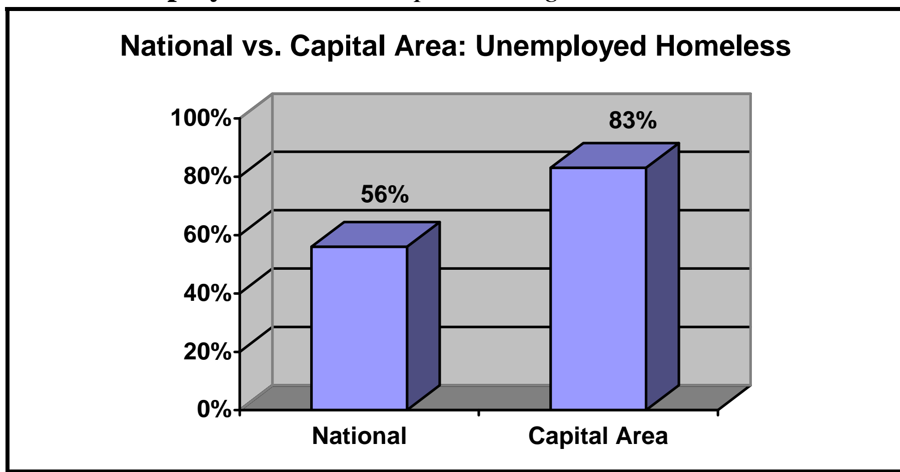
Causes and Needs Related to Homelessness:

- The *highest primary reasons for homelessness over the past two years were the disease of addiction* to drugs or alcohol, followed by *temporary living situation ended* and *mental illness*.
- The *highest secondary reasons for homelessness were job loss, mental illness and money management.*
- The group of *most-used services consisted of: emergency shelter, mental health services, transitional housing, food and clothing.*



UNEMPLOYMENT:

On any give day, on average **83 percent, or 336 of 405, of the Capital Area's homeless population are unemployed**. This is *48 percent higher than the national average.*



CHILDREN IN HOMELESS FAMILIES:

Children in homeless families, not runaways or unaccompanied minors, equal 34 percent of our homeless population. This is 11 percent higher than the national average.

(UN)AFFORDABLE HOUSING:

Unemployment or Low Wage Employment: *Low wages for single family wage earners mean that even federally-subsidized affordable housing units are not affordable to very-low income families*: homeless people, including those with disabilities, generally live on less than $550 a month fixed supplemental security income. Further, *because of*

the short supply of, and the high demand for, affordable housing, owners reject people with poor credit or a criminal history. Public and subsidized housing are no longer available to many people as the nation's housing of last resort.

According to the most recent study of affordable housing in Pennsylvania[9]:

- The Commonwealth had more renters who pay more than 50 percent of their income for housing, 17 percent higher than Massachusetts, which has the highest rent cost in the nation;
- Incomes did not keep pace with rental costs; 44 percent of renters in 2000 and 33 percent of the work force could not afford a 2-bedroom unit;
- Less than 33 percent of households that qualified for housing assistance got it;
- Seventeen percent of households have incomes below $20,000;
- The largest age group owning homes are people 65 and older (28 percent);
- Homes had the lowest median value and second lowest appreciation over the past 5 years; and
- Population and household growth has been the lowest during the past 50 years.

Myth: People who are homeless are dangerous and they break the law.

Fact: In general, people who are homeless are the least threatening group in our society and therefore are more likely to be the victims of crime, than they are the perpetrators. Although they are more likely to commit non-violent and non-destructive crimes, they are less likely to commit crimes against person or property.

THE COST OF HOMELESSNESS

Because people who are homeless have no regular place to stay, they use a variety of public systems in an inefficient and costly way. They are more likely to access costly health care services by using emergency rooms instead of primary care physicians. They also spend more time in jail or prison, often for crimes such as loitering or public drunkenness, which is tremendously expensive. Homelessness causes, and results from, serious health care issues, usually including addictive disorders. Treating this population for drug and alcohol related illness in less than optimal conditions is expensive and ineffective. Substance abuse increases the risk of incarceration and HIV exposure, and it is itself a substantial cost to our medical system.

[9] "The State of Pennsylvania's Housing: A Comparative Analysis of Need, Policy and Funding," www.housingalliancepa.org

In a study of nine cities done by the Lewin Group[10], the shelter and default housing (incarceration or hospitalization) costs per day per homeless person was:

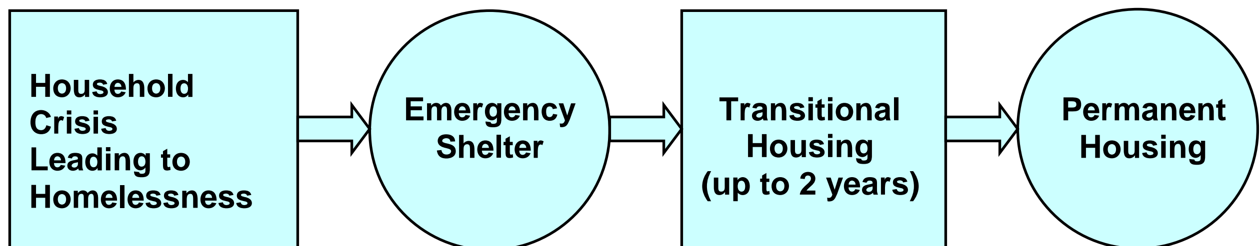
Per-Person Per-Day Cost:

Type of "Housing"	High	**Median**	Low	**Average**
Jail	$ 164.57	**$ 70.00**	$ 45.84	**$ 93.47**
Prison	$ 117.08	**$ 84.74**	$ 59.34	**$ 87.05**
Shelter	$ 154.42	**$ 25.48**	$ 11.00	**$ 63.63**
Mental Health	$ 1,278.00	**$ 607.00**	$ 280.00	**$ 721.67**
Medical Health	$ 2,030.82	**$1,637.00**	$1,185.00	**$ 1,617.61**

THE HOUSING READINESS MODEL

Services and housing delivered to homeless persons are delivered through a Continuum of Care model using a ***Housing Readiness*** approach, where all levels of housing are stretched on a continuum, beginning with emergency shelter and ending with permanent housing. This model has demonstrated effectiveness at serving persons in our community who are episodically or transitionally homeless, and who comprise some 74 percent of the homeless people we serve.

Housing Readiness Model



In the ***Housing Readiness*** approach, people move along the continuum when they are "ready" for a specific type of housing, usually by articulating a desire for change. *People who are chronically homeless do not move along the continuum, because they are never "ready."* The housing readiness model requires compliance with service and treatment plans, and services are only available as long as a person lives at the program site. The mentally ill chronically homeless are focused on surviving from one day to the next, often not aware of their illness or willing to address it. For them, surviving by finding food and shelter consumes their energy and leaves them little or no time to focus on treatment needs. They cannot move along the Continuum, off the street, into transitional

[10] *Costs of Serving Homeless Individuals in Nine Cities*. The Lewin Group, 2004, Corporation for Supportive Housing.

or permanent housing using the traditional components of the Continuum of Care with their high demand for cooperative, goal-oriented, and consistent behaviors. A different approach is required to serve the needs of the chronic homeless population.

LOOKING IN NEW DIRECTIONS

If we are to succeed in ending chronic homelessness, a community-wide paradigm shift is necessary to adopt the ***Housing First/Housing Plus*** *model.*

Results reported in current research, and programs from around the country, indicate that the success rate with a ***Housing First/Housing Plus*** model suggests a promising new direction for homeless persons.

A ***Housing First*** approach is based on the belief that helping people access and sustain permanent, affordable housing should be the central goal, accomplished by providing housing assistance, case management and supportive services that are responsive to individual or family needs (short-term or long-term). This central tenet of the ***Housing First*** approach makes operational the philosophy that social services to enhance individual and family wellbeing can be more effective when people are *first* in their own home. After an individual or family is housed, communities can significantly reduce the time people experience homelessness *and* prevent further episodes of homelessness.

Housing First **programs share critical elements:**

- There is a focus on helping individuals and families access and sustain affordable rental housing as quickly as possible and the housing is not time-limited;
- The greatest amount of assistance services are delivered prior to, and following, a housing placement;
- A variety of services are made available to assist the consumer(s) in finding safe and affordable housing and following the housing placement to promote housing stability and individual wellbeing;
- Length of service availability is not time-limited and can be long-term depending upon individual need;
- Housing is not contingent on compliance with services - instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

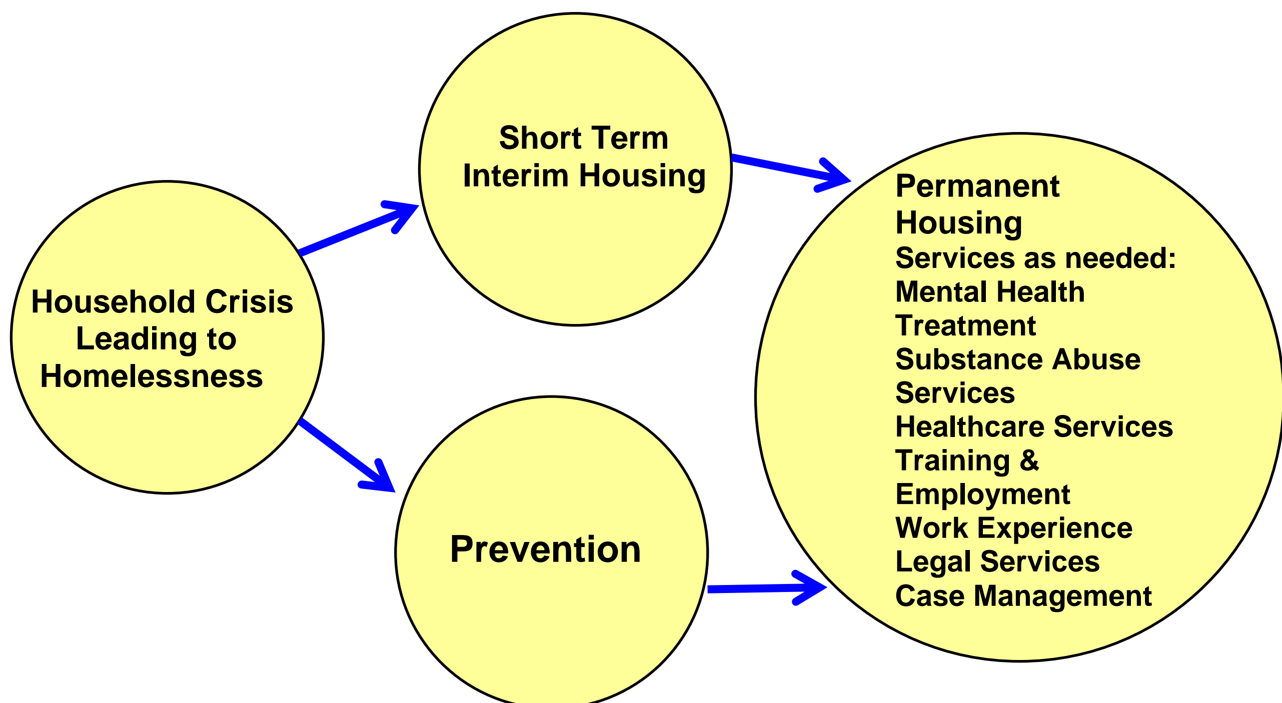
While there are a wide variety of program models, ***Housing First*** **programs all typically include:**

- Assessment-based targeting of ***Housing First*** services;
- Assistance locating rental housing, relationship development with private market landlords, and lease negotiation;
- Housing assistance - ranging from security deposit and one month's rent to provision of a long-term housing subsidy;
- A housing placement that is not time-limited; and

- Case management to coordinate services (time-limited or long-term) that follow a housing placement.

A ***Housing First/Housing Plus*** approach seeks to assist persons to exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services. This approach assumes that the factors that have contributed to a household's homelessness can best be remedied once the household is housed rather than in emergency shelters or transitional settings. *It also accepts that, for some, lifelong support may be required to prevent the reoccurrence of homelessness.* Hence, it seeks to maximize utilization of mainstream resources. This approach also seeks long-term self-sufficiency, promoted through a "wraparound" service philosophy (***Housing Plus***).

Housing First/Housing Plus Model



Within the ***Housing First/Housing Plus*** model, two core principles define permanent housing:

1. Choice regarding the location and type of housing; and
2. No predetermined limit on the length of time that the household can remain in a housing unit.

Accordingly, the form of permanent housing will vary according to the needs and desires of each household. For some, permanent housing will mean a type of service called *Shelter Plus Care Program*, for others a unit in a subsidized multi-family development with on-site supportive services. For others permanent housing will be individualized apartment units with a temporary rent subsidy, monthly case management, and facilitated access to community support services. For many, the type of permanent housing may

change over time. Also non-traditional service approaches must be considered when providing mental illness and substance abuse services to people with serious mental illness and chronic homelessness.

The Dauphin County Housing Authority's ***Shelter Plus Care Program*** (operated in cooperation with Dauphin County Mental Health/Mental Retardation (MH/MR), Catholic Charities' Homeless Psychiatric Clinic, and other agencies) and an Assertive Community Team (ACT) are examples of models to consider for expansion.

General Overview of Shelter Plus Care, Homeless Psychiatric Clinic, & Assertive Community Treatment (ACT)

While many programs focus on treatment needs and in a temporary housing situation, few programs have developed long term goals of permanent living arrangements in the community in an independent living setting. ***Shelter Plus Care Program*** was developed in response to this need to integrate independent living resources, treatment services and other life/domain service needs.

The ***Shelter Plus Care Program*** and related housing programs in Dauphin County are less a service model and more of a philosophy of structured, regular and ongoing service planning that is client-directed and individually tailored from the available resources within the model. Housing is acquired through the use of rental assistance vouchers at either the County of Dauphin Housing Authority or at Harrisburg Housing Authority. Dependent upon the client's needs, the following resources are available to assist in attaining permanency and stability in the community: These services are highly integrated and coordination meetings occur monthly using a multi-disciplinary approach.

- **Supportive Living Housing Acquisition Specialist** - Responsible for assisting the client with locating suitable housing, facilitating landlord/consumer relations and setting up consumer domicile;
- **Supportive Living Adult Daily Living Skill Training** - Assistance in learning skills necessary to maintain residency, including but not limited to meal preparation, budgeting, shopping, cleaning, medication maintenance, shopping, personal hygiene;
- **Individual Mental Health Rehabilitation** - Assistance in integrating into the community with the focus of developing positive living skills and development of a supportive network in their neighborhood independent of the mental health system;
- **Mental Health Treatment** - Psychiatric medication monitoring, outpatient therapy, crisis intervention, partial hospitalization, etc.;
- **Vocational Rehabilitation** - Availability of programs to develop vocational skills to assist the client/consumer in becoming acquainted with a work-ordered day, Supported Employment programs or independent competitive employment; in addition, it would be anticipated that the client/consumer would become less dependent on their need to rely upon public entitlements; and
- **Targeted Case Management** - Acts as a liaison between the client and the multiple number of service providers. Responsible for coordinating and communicating the client's needs and desires with the team to develop a

> comprehensive service plan that assigns responsibilities to all participants in working toward a unified goal. The case manager convenes regularly scheduled meetings with all providers present. In addition, the case manager would be responsible for any psychiatric related issue and act as a point of contact for any emerging/emergent issue and the consumer.

The ***Homeless Psychiatric Clinic*** operated by Catholic Charities serves dual-diagnosed people (mental health and substance abuse) with an integrated treatment team consisting of a psychiatrist, a psychiatric resident, two psychotherapists, a mental health case manager, and a drug and alcohol case manager, and soon a general practice physician. This clinic is not a traditional office based outpatient program, but is instead built on outreach to consumers, including transportation to the clinic for appointments, and is multi-disciplinary.

Portable supportive services are a key strength of a Housing First Model. For people who are mentally ill and chronically homeless, the mobility of an ***Assertive Community Treatment*** (**ACT**) model is another effective service delivery model. There is a significant difference between **ACT** and traditional care:

"Most individuals with severe mental illnesses who are in treatment are involved in a linkage or brokerage case-management program that connects them to services provided by multiple mental health, housing, or rehabilitation agencies or programs in the community. Under this traditional system of care, a person with a mental illness is treated by a group of individual case managers who operate in the context of a case-management program and have primary responsibility only for their own caseloads. In contrast, the ACT multidisciplinary staff works as a team. The ACT team works collaboratively to deliver the majority of treatment, rehabilitation, and support services required by each client to live in the community. A psychiatrist is a member of, not a consultant to, the team. The consumer is a client of the team, not of an individual staff member. Individuals with the most severe mental illnesses are typically not served well by the traditional outpatient model that directs patients to various services that they then must navigate on their own. ACT goes to the consumer whenever and wherever needed. The consumer is not required to adapt to or follow prescriptive rules of a treatment program."

"ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation. The ACT team provides these necessary services 24 hours a day, seven days a week, 365 days a year."[11]

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[11] National Alliance on Mental Illness

Guiding Principles

In developing our plan, we used the following guiding principles:

- Recognition that an increasing number of persons who are homeless and near-homeless is a growing problem, and there exists a shortage of housing affordable to people with extremely low incomes throughout the County, especially in suburban and rural areas.

- Commitment to the belief that more can be done to prevent homelessness and to more effectively provide service to people in need.

- Recognition that the vast majority of homeless people are not so by choice, even though their own actions may have contributed to and perpetuated their homelessness.

- Support for the concept that better coordination among agencies is needed to address the multiple factors that contribute to homelessness, including mental illness, poverty, domestic violence, substance abuse, and lack of education and job skills.

- Agreement that mainstream organizations - not just groups that serve only homeless people - must become more involved to develop an effective community response. People in need will be better served if the justice, mental health and welfare systems, child protective services, employment assistance programs, housing developers and providers, faith-based, neighborhood organizations, universities, and other areas of the public and private sectors do more, individually and collectively, to eliminate homelessness.

- Belief that persons who are homeless and near homeless should become as independent as possible, for their own dignity, to contribute as much as they can to society, and to limit the costs homelessness places on society. To assist them in reaching this goal, people in need should receive appropriate support services.

- Agreement that realistic goals must be set for assisting homeless and near-homeless persons to move out of crisis and toward self-sufficiency. In addition, mechanisms should be established to evaluate progress toward meeting these goals.

- Recognition that the plan we are developing should not become a document gathering dust on a shelf. The Steering Committee will establish recommendations for providing oversight to ensure that the 10-year plan is implemented, evaluated for effectiveness, and adjusted to meet the needs of the consumers.

Our plan has six strategic elements:

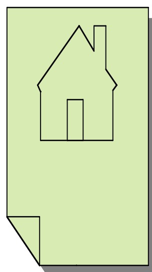
1. ***Choosing a Blueprint Manager***
2. ***Preparing the Field: HMIS***
3. ***Leadoff Batter: Housing First***
4. ***Getting on Base: Housing Plus***
5. ***Moving the Runner: Partnerships & Leveraging & Public Awareness***
6. ***Stealing Signs: Prevention***

PURPOSE AND FOCUS OF HOME RUN

This plan's overall purpose is to develop the major strategic initiatives necessary to end homelessness. It takes into consideration the existing service system and will build on that for greater effectiveness.

The focus will be to supplement existing effective programs with additional evidence based services, resources and funding, and to identify the ideal situation and components to overlay on existing programs. This will include efforts to:

- Develop an effective and coordinated service delivery system;
- Maximize and coordinate community resources (public, private, faith-based);
- Provide a comprehensive analysis and plan to end homelessness to be incorporated into governmental and community planning processes in order to better utilize budgeted resources;
- Develop a plan to educate the public funding sources and community decision makers about the needs of the homeless community;
- Identify the service needs of the homeless and evidence-based effective practices to assist them;
- Identify factors leading to homelessness and resources/services needed for prevention; and
- Develop a plan to mobilize the community (public, private, faith-based) in addressing the need to reduce and prevent homelessness.



CHOOSING A BLUEPRINT MANAGER: Designation of Capital Area Coalition on Homelessness (CACH) as Manager

To ensure progress toward the goal of ending homelessness in the County of Dauphin and the City of Harrisburg, the Blueprint Manager will coordinate implementation of the plan and be accountable to the community, homeless service providers and local government. Capital Area Coalition on Homelessness (CACH) as a non-governmental entity has a proven track record of staff quality, advocacy, institutional accountability and fundraising. Because CACH has established relationships with service providers, funding providers, elected officials, law enforcement agencies, and other stakeholders, and because CACH is community-based, rather than a governmental entity, it will ensure that realization of the plan's goals transcends electoral cycles. And because the Blueprint Manager must have strong board leadership, the Steering Committee recommends CACH as that manager. Funding will be needed for the Blueprint Manager to properly staff needed positions. Staff will need expertise in grant writing, management, homelessness, and mainstream resources. Funding will need to be generated from existing and new sources.

Having CACH as the Blueprint Manager will require the active involvement of all aspects of our community interested in ending homelessness, working together in a concerted and focused effort.

CACH can provide the coordination needed to effectively use limited resources to assist homeless persons. Private, federal, state, county and city resources should be blended and effectiveness must be evaluated on an ongoing basis. The process should also include a system to identify needs and best practice models to address them. Finally, CACH can provide the community the oversight needed to evaluate our progress toward ending homelessness.

Functions of the Blueprint Manager will include:

Identifying and obtaining additional public and private resources including consulting with regional philanthropies and local, state and federal government about gaps in services and funding priorities. Develop a funding collaborative to periodically consider funding needs to implement this plan.

Homeless Management Information System (HMIS): The Blueprint Manager will work with service providers to better coordinate and communicate using HMIS. This will help agencies increase their capacities to implement HMIS. The Blueprint Manager will produce periodic reports and monitor the results of the service providers.

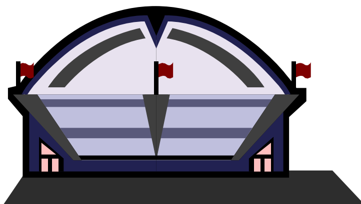
Coordinating service provider agencies and local governments.

Acting as a liaison to local government.

Providing regular progress reports to the community. The Blueprint Manager will evaluate progress toward meeting the goals of this plan, and will research resources and programs appropriate to gaps in services or housing.

Conducting regular, inclusive strategic planning, using HUD's logic model with outputs and outcomes for each goal.

Enhancing service provider participation. The Blueprint Manager will identify ways members can improve their capacity, efficiency and effectiveness.



PREPARING THE FIELD: HMIS

Each locality has been directed by the U.S. Department of Housing and Urban Development (HUD) to begin utilizing a Homeless Management Information System (HMIS). HMIS, at the very least, is a computer software system that collects a variety of information on homeless people and compiles data. Ideally, the system can be used to coordinate services, link resources, centralize intake, and manage housing placement. Several years ago, Dauphin County Human Services, with funds from HUD's Continuum of Care Program, purchased hardware, software, and assigned staff to connect primary service providers to this system. It is the recommendation of the Steering Committee that the entire community of service providers join this HMIS, if the software can be tailored to meet our specific needs.

Strategies to Prepare the Field:

- Develop HMIS to its full potential, and implement community-wide.
- Establish a "no-wrong door" entry into the homeless services network.
- Link all intake forms, service plans, referral protocols, and housing resources with HMIS.
- Use HMIS to screen for program and service eligibility.

LEADOFF BATTER: HOUSING FIRST

Our goal is to provide safe, decent, affordable housing for all homeless families/individuals, and seek to integrate them into the community.

For many of the people who are homeless in the Capital Area, the ***Housing Readiness*** approach (above described) continues to serve exceptionally well. The coordinated, regional planning delivered by the Capital Area Coalition on Homelessness provides continuous opportunity for collaboration and leveraging of resources. The existing system offers varied and quality products and services that are especially tailored to the local needs of this population. Accordingly, the Steering Committee recommends that efforts be made to streamline and enhance the existing system. Further, the Committee recommends that this system produce more ***Housing First/Housing Plus*** products, specifically, and adopt its principles in general.

Housing First/Housing Plus should be utilized for those who are already homeless or for whom homelessness cannot be prevented. For the County of Dauphin and the City of Harrisburg, this approach requires a fundamental shift in our housing strategy, infusing the current system with a model in which short-term housing is provided for the minimum time needed to access permanent housing, with services focused on an immediate and comprehensive needs assessment, resource acquisition, and housing placement. Ideally, individuals and families will be homeless for three months or less. Upon entry into the homeless service system, each individual and family will be assessed for eligibility of mainstream resources. Housing placement and job training services will be provided along with primary health care, mental health and substance abuse services. Case management will be provided as necessary. Any and all of these services will follow the family or individual into permanent housing and will be available as long as necessary, even indefinitely.

As mentioned earlier, Dauphin County has a highly successful ***Shelter Plus Care Program***, which uses the ***Housing First/Housing Plus*** program model. The program is a collaborative partnership between the Housing Authority of the County of Dauphin and Dauphin County Mental Health/Mental Retardation. The permanent housing component includes subsidized housing for 32 persons with chronic mental illness, primarily in suburban communities. Intensive care management services are provided under Dauphin County Mental Health's "Concept for Housing with Care Model". Under the model, service planning is consumer-directed and individually tailored using available resources. During the three years of operation, 86.5 percent of the program participants have maintained their housing arrangement. An analysis of the program results, reveal a direct correlation between the length of stay in the program and a reduction in the utilization of services. Participants have also demonstrated an increase in income during their participation in the program.

Also, within the next 12-18 months, there will be a new ***Housing First/Housing Plus*** program for chronically homeless and mentally ill men at the Susquehanna Harbor Safe

Haven. Susquehanna Harbor, once constructed, will have twenty-five (25) units with 24-hour staff and services. Owned and operated by Christian Churches United, this facility will have a secondary function with additional separate space to serve as overnight shelter during the winter for up to forty (40) people. This will relocate the Downtown Clergy Winter Emergency Shelter program currently housed in the downtown churches.

Strategies and Action Steps for Housing First:

Housing First Strategy #1: **Use the existing housing market by making subsidized housing opportunities more accessible and working cooperatively with landlords to further their acceptance of homeless persons as tenants.**

Action Steps for *Housing First* Strategy #1:

1) **Place additional 100 individuals or families who are homeless into subsidized housing units by improving their access to the program through the use of selection preferences for homeless persons, reduction in occupancy limitations and restrictions and removal of other obstacles.**
2) **Increase utilization of vacant subsidized housing units that are "unavailable" because they fail to meet HUD Housing Quality Standards.**
3) **Identify barriers that prevent subsidized housing tenants from moving to self-sufficiency, and into market-rate housing – including those families that are over-income.**
4) **Create incentives for landlords to accept consumers with poor credit and/or rental histories through funding of deposit and damage guarantees and assistance by community services for problem tenants. In addition, work collaboratively with the Local Housing Options Team and Dauphin County Mental Health to educate landlords about the Landlord Protocol Model that provides landlords with a prompt service response system for tenants with mental health or behavioral problems.**
5) **Create incentives and increase participation in self-sufficiency programs to encourage 100 individuals or families, especially those over-income, to move from subsidized to non-subsidized housing programs in order to make subsidized units available to people who are homeless.**
6) **Combine increased temporary housing time limits with self-sufficiency supportive services to help 100 individuals / families achieve goal in item 1.**
7) **Create 100 new subsidized housing opportunities for homeless individuals or families in primarily suburban and rural areas.**

Housing First Strategy #2: **Provide an adequate range of housing options (Including: Single Room Occupancy, transitional, "Fair Weather Lodge") housing cooperatives, safe havens, and promote regional housing strategy.**

Action Steps for *Housing First* Strategy #2:

1) **Develop 25 permanent housing units and 40 overnight units in the Susquehanna Harbor Safe Haven.**

(continued)

Strategies and Action Steps for Housing First *(concluded)*

(Action Steps for Housing First Strategy #2, continued)

2) **Develop 12 fully accessible units of Section 811 Supportive Housing for Persons with Disabilities in collaboration with Housing Authority of the County of Dauphin, the Center for Independent Living, and the Local Housing Options Team.**
3) **Including units in items 1 and 2, add 80 new Housing First units.**
4) **Increase HMIS participation by service and shelter providers to 100%.**
5) **Create unified selection and application process using HMIS; standardize all data collection procedures to manage assets, measure outputs, measure outcomes, and capture unmet housing needs.**
6) **Increase homeless persons access to project and client-based Section 8 vouchers by providing preferences for their status and removing restrictions in providers' occupancy standards.**
7) **Conduct a study to determine barriers to affordable housing development in suburban and rural municipalities.**
8) **Adopt action steps to remove barriers to affordable housing, in accordance with study results in item 8.**
9) **Work collaboratively with housing developers and local officials to remove zoning and other regulatory barriers preventing the development of subsidized housing in communities throughout the County of Dauphin.**

Housing First Strategy #3: **Improve shelter effectiveness, and where necessary, increase transitional housing time limits to better help clients obtain permanent housing.**

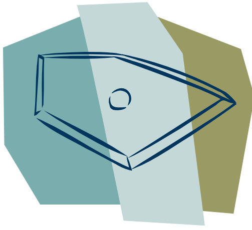
Action Steps for *Housing First* Strategy #3:

1) **Increase capacity by delivering 80 new Housing First units.**
2) **Conduct a study to determine housing need for runaway youth.**
3) **Conduct a study to determine (a) ideal length of stay at shelter and transitional housing for clients to obtain permanent housing and (b) the impact a longer stay will have on respective facilities.**
4) **Develop action steps in accordance with study results in items 2 and 3.**

Housing First Strategy #4: **Develop awareness of, and leverage all available subsidies, and local government incentives to increase affordable housing stock, especially in suburban and rural municipalities.**

Action Steps for *Housing First* Strategy #4:

1) **Identify sources of affordable housing subsidy and actively support developers to obtain and deliver 100 new affordable housing units in all parts of the County of Dauphin.**
2) **Encourage creation of incentives from county and state for local governments to amend planning and zoning options for fair and affordable housing, including density bonuses to stimulate market support for housing options.**
3) **Identify a developer, or spin off a for-profit (revenue generating) entity to develop tax credit housing to subsidize homeless set aside.**
4) **Conduct a study to identify opportunities for employer assisted housing solutions.**
5) **Develop Action Steps in accordance with the study results in item 4.**



GETTING ON BASE: *Housing Plus* (SERVICES)

To provide appropriate, affordable, and easily accessible services to end homelessness and prevent its recurrence

In the County of Dauphin and the City of Harrisburg, homeless supportive services are of high quality, specialized, and affordable. These include: affordable healthcare with mental health and substance abuse services, access to mainstream income supports, education, job training, and childcare for families. While the supply of some services fails to meet demand, the greatest challenge to the effectiveness of our homeless services is certain systemic barriers keeping clients from easy and timely access to these supports. Current state and federal bureaucratic processes, combined with the present referral-based system, obstructs the client's successful access to mainstream resources like Welfare, Food Stamps, Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), State Child Health Insurance Plan, and Medical Assistance. Equally disheartening are barriers to long-term self-sufficiency: clients lose benefits when they obtain minimal employment; services are of limited duration; parochial providers resist knitting services with other providers; and provider pre-requisites to receive service.

Greater access to these services will result from the removal of red tape; an increase in the amount of services to meet demand; continuity of service and case management; creation of a consumer-focused central entry point, and adopting a universal, system-wide "no wrong door" platform to meet client needs from point of entry to permanent housing.

The ***Housing Plus*** model, also known as "wraparound" services, is key to keeping the formerly homeless person or family in housing. The ***Housing Plus*** approach is a comprehensive service provision model that guarantees that any and all services needed by an individual or family are integrated through a cohesive individualized service plan, that guides all service provision. This service approach should be used in all components of the homeless service delivery system.

Currently, service referral is a component of most homeless service provision, but in the absence of more active and integrated case management, referral-based case management often results in fragmented care, and fails altogether when the homeless person does not persist in seeking it. The implementation of a "wraparound" services approach will mean that case managers across agencies must work together to develop one plan of action for each client, with each agency contributing, according to its strengths and resources, to support the individual or family in achieving housing stability and long-term self-sufficiency, with or without the client's active cooperation. Because service intensity is determined upon client need, this may mean that initially an agency provides daily or weekly contacts, which may shift to monthly or on-call assistance for an extended period of time. For some, service will always remain an integral part of the residential environment. For others, this support will be transitional, sufficient to ensure that

employment and community-based resources, such as health care, schools, social services civic organizations, and communities of faith are secured.

Strategies and Action Steps for Housing Plus (Services):

Housing Plus **(Services) Strategy #1: Increase the amount and availability of homeless services by improving access to, and awareness of, services and provider information.**

Action Steps for *Housing Plus* (Services) Strategy #1:

1) **Map Assets: Determine what is currently available by sub-populations.**
2) **Conduct a study to identify gaps and barriers to development and delivery of services, including "provider recruitment staffing" models.**
3) **Adopt a formal ongoing process to identify emerging service needs.**
4) **Adopt a formal ongoing process to evaluate homeless system's capacity (excess and/or shortfall) to deliver services to include recommendations and action steps.**
5) **Adopt a formal ongoing process to identify resources for new facilities or redeployment of resources.**
6) **Study ways to improve service/cost reimbursements.**
7) **Adopt a formal ongoing standard training/education/orientation program for service workers. This should include ongoing orientation of workers to identify policies, identify job descriptions, and needs in the community.**
8) **Conduct a study of delivery of services in languages other than English.**
9) **Develop Action Steps in accordance with study results in items 2, 6, and 8.**

Housing Plus **(Services) Strategy #2: Develop a consumer-centered homeless system.**

Action Steps for *Housing Plus* (Services) Strategy #2:

1) **Conduct a study, through surveys, focus groups, and service provider information to identify customer demand for services.**
2) **Conduct a study on success stories, in order to determine the primary services that most contributed to their success. Study to include recommendations and action steps for homeless system.**
3) **Conduct a study of "Human Sensitivity" in service delivery, evaluating the following: client respect, competence of workers, client accessibility and cultural sensitivity to the client.**
4) **Adopt a standard ongoing process of inter-agency/provider communication in the implementation of this Plan.**
5) **Adopt a formal, ongoing process (to include consumer liaisons) to evaluate service delivery, to assess and monitor benchmark and locally collected data related to homelessness, and to distribute through CACH network.**
6) **Develop action steps in accordance with study results in items 1, 2, and 3.**

(continued)

Strategies and Action Steps for Housing Plus (Services)*(concluded)*

***Housing Plus* (Services) Strategy #3: Provide the appropriate type and level of services needed to assist individuals to break the cycle of addiction Target Population: Chronically Homeless.**

Action Steps for *Housing Plus* (Services) Strategy #3:

1) **Adopt a standard marketing tool to outline homeless resources/services and an ongoing process of regular updates and distribution to clients, providers, and general public.**
2) **Identify and adopt methods to better engage homeless clients with addictions in treatment.**
3) **Adopt a formal process to increase the cultural competency of staff providing addictions treatment.**
4) **Adopt an advocacy strategy to encourage judges to order treatment in lieu of incarceration when allowable/reasonable.**
5) **Conduct a study to assess restrictions on attempts at treatment under government funded programs.**
6) **Conduct a study of the amount of services for dual-diagnosed individuals (mental health and addictions).**
7) **Develop Action Steps in accordance with study results in items 5 and 6.**

***Housing Plus* (Services) Strategy #4: Assure coordination/cooperation of services to maximize timely access to human and supportive services.**

Action Steps for *Housing Plus* (Services) Strategy #4:

1) **Create Consumer Liaison positions(s) to assist in all steps of service delivery, including outcome evaluations and partnership building.**

Moving the Runner: Partnerships, Leveraging, & Public Awareness

To improve public awareness about the issues related to homelessness and to increase funding, linkages, partnerships, housing, and services to persons

Creating a great 10-Year Plan to End Homelessness is fruitless unless there are resources to implement the activities. Identifying and securing resources is a constant challenge, especially when competing for limited dollars. Funding, however, is not the only resource that is needed. Partnerships between individuals, non-profits, faith-based organizations, business, government, universities, healthcare providers, housing developers, landlords, and social services are essential to this effort. A strong sense of community generally carries with it recognition of the individual's responsibility to contribute to the health of the community as a whole. Community engagement can be expressed in volunteering, commitment of financial resources, communication with elected officials, creating collaboration, forming partnerships, and in removing barriers to obtaining stable housing and mainstream resources.

Sufficient and continuing funding and leveraging of resources translates into targeted prevention efforts, an adequate supply of housing, individualized and standardized services to meet the needs of the client, consistent leadership, education, supported employment, and well-trained and long term staff. The appropriate allocation of resources can help drive progressive policy and use of evidence-based best practices, contributing substantially to success in attaining desired outcomes.

In the County of Dauphin and the City of Harrisburg, information about homelessness, although available, is not widely disseminated and therefore many misperceptions exist. This is evident at the personal level where individuals are unaware of resources and strategies available to avert an impending housing crisis. There are also members of social systems that are unaware of societal, program, or regulatory barriers that can contribute to the event, and even the duration, of homelessness.

Cultivating and nourishing an informed citizenry produces partnerships, collaboration, and community effort that focuses limited resources where they can have the greatest effect. For this to occur, information must be regularly collected in a uniform manner, analyzed, and broadly disseminated.

Maximum possible participation and support must be obtained from all public and private sectors. The human and financial costs of homelessness are indiscriminate, and affect private industry, as well as public institutions. Hence, public awareness efforts must be directed to wide, diversified, and specialized audiences.

Strategies and Action Steps for Partnerships, Leveraging, & Public Awareness

Partnerships, Leveraging, & Public Awareness Strategy #1:

Produce quality, factual, motivational materials about homelessness.

Action Steps for Partnerships, Leveraging, & Public Awareness Strategy #1:

1) **Collect available data (including quantified outcomes) from HMIS and other agencies.**
2) **Utilize data for quality, informative messages.**

Partnerships, Leveraging, & Public Awareness Strategy #2:

Develop a Public Relations Plan complete with target audiences, time lines and estimated costs.

Action Steps for Partnerships, Leveraging, & Public Awareness Strategy #2:

1) **Determine the markets and focus of our efforts.**
2) **Design strategies to reach specific target audiences.**
3) **Present the overall plan and drafts of specific items for approval.**
4) **Develop, adopt and implement a formal Public Relations Plan.**

Partnerships, Leveraging, & Public Awareness Strategy #3:

Create Task Force to develop unified homeless message and foster Partnerships, Leveraging, & Public awareness opportunities.

Action Steps for Partnerships, Leveraging, & Public Awareness Strategy #3:

1) **Identify and recruit consumers, local individuals, professionals and others with appropriate knowledge or information about the issues.**
2) **Convene a Task Force to develop vision/mission messages.**
3) **Task Force to adopt a formal process to create, enhance, and nurture long-term partnership & leveraging of resources.**

Stealing Signs: Prevention

To prevent homelessness, and its recurrence, in the Capital Area.

The most humane strategy for addressing homelessness is to prevent its occurrence in the first place. Prevention efforts include strategies such as one-time or short-term rent or mortgage assistance, legal assistance programs, representative payee and direct payment programs, and housing placement services. Concurrently, this includes education, job training, daycare, and mental/physical healthcare services. Prevention also includes more systemic strategies that seek to prevent homelessness by ensuring that people leaving institutions such as jails, prison, or treatment facilities are not discharged to the streets or shelter system, as well as strategies that seek to forestall homelessness in cases of family crises such as domestic violence.

Practical examples of issues that contribute to homelessness include unexpected expenses, conflict in personal relationships, lack of living wage employment, lack of education or employment, sudden job loss, mental or physical illness, addictions, and evictions. Systemically, there are times when individuals fail to access preventative resources because of inflexibility of funding or programs, under-trained front-line workers, cultural/language barriers, lack of affordable housing, lack of discharge planning from institutions, and ineligibility for programs until actually homeless.

Strategies & Action Steps for Prevention

Prevention Strategy #1: Have a unified effort to coordinate prevention activities.

Action Steps for Prevention Strategy #1:
1) Identify and support one lead entity to focus on early intervention and prevention of homelessness.

Prevention Strategy #2: Increase 'housing-centered' intervention products and services to maintain families in their homes.

Action Steps for Prevention Strategy #2:

1) **Establish Housing Courts, to include mediation, in the County of Dauphin, most especially in the City of Harrisburg.**
2) **Increase supply of, and access to housing subsidy (long- or short-term) for very-low income families.**
3) **Increase the availability and access to cash assistance for rent or mortgage arrears.**
4) **Increase supply of, and access to 'wraparound' supportive services coupled with permanent housing.**
5) **Move families from shelter to permanent housing as quickly as possible: Rapid exit from shelter.**

(continued)

Strategies & Action Steps for Prevention (continued)

Prevention Strategy #3: Define the local root causes of homelessness and provide awareness of and facilitate appropriate levels of services needed to help prevent at-risk individuals and families from becoming homeless.

Action Steps for Prevention Strategy #3:

1) **Conduct a study to identify primary local causes of homelessness, including a comparison to similar metropolitan area and best practices, and recommend Action Steps.**
2) **Adopt a system-wide policy on breaking the cycle of poverty/homelessness, to include education, job training, daycare, mental/physical healthcare, and living wage employment**
3) **Adopt a system-wide policy to require client-driven products and services.**

Prevention Strategy #4: Promote 'healthy families' and strong community support networks.

Action Steps for Prevention Strategy #4:

1) **Map 'Healthy Family' Assets: Conduct a study of formal and informal 'healthy family' providers (non-traditional interested parties from the grass roots); identify areas of service need, and recommend Action Steps.**
2) **Conduct a study of 'Healthy Families' best practices (including Search Institute – 40 Assets – Healthy Approach), evaluate practice of using local character-building strong families to be utilized as role models, and recommend Action Steps.**
3) **Conduct a study of elements that differentiate chronic vs. episodic homelessness in order to determine what is needed to intervene in a time appropriate manner, and recommend Action Steps.**
4) **Adopt a process for evaluating product performance and effectiveness.**

Prevention Strategy #5: Create greater awareness of and access to all health care and medication (including Mental Health).

Action Steps for Prevention Strategy #5:

1) **Map Physical/Mental Healthcare and Medication Assets, identify areas of service need, and recommend Action Steps.**

(continued)

Strategies & Action Steps for Prevention (concluded)

Prevention Strategy #6: Create and execute comprehensive, client-centered discharge plans from institutions (foster care, mental health facilities, jails and prisons) for people who are at risk of becoming homeless.

Action Steps for Prevention Strategy #6:

1) **Conduct a study to examine best practices in discharge planning, to include recommendations of Action Steps tailored to our systems/facilities, and recommend Action Steps.**

Prevention Strategy #7: Develop internal programs at institutions to promote education, developing marketable skills, literacy, living wage employment, job placement, life skills and housing services.

Action Steps for Prevention Strategy #7:

1) **Map Assets: Conduct a study to identify existing program resources (job training, life skills, marketable skills, job placement, job counseling, career orientation, education) available to institutions, identify supportive local businesses, identify gaps, and recommend Action Steps.**
2) **Create a directory of available resources related to education and training, and adopt a procedure of regular update and dissemination.**
3) **Conduct a study to examine best practices in developing quality in education, barriers to learning, and recommend Action Steps.**
4) **Develop a Plan of Advocacy for access to quality education for homeless children.**

BRINGING THE RUNNERS HOME

One of the most crucial tasks facing us is oversight, management and evaluation of the process and the assignment for implementation of each strategy. We must carefully marshal and utilize the resources available to us, while at the same time seeking to discover and acquire new ones.

Using HUD's Logic Model, *the Steering Committee recommends the adoption of a 5-Year Consolidated Homeless Plan (5-Year Plan) and Annual Consolidated Homeless Plans (Annual Plan).* Further, it recommends that Dauphin County and the City of Harrisburg establish threshold criteria that requires applicants for public funds to:

1) Meet goals in **Home Run: The Capital Area's 10-Year Plan to End Homelessness (*Home Run*)**;
2) Hold active membership in the Capital Area Coalition on Homelessness; and
3) Not duplicate existing services.

In the 5-Year Plan, the proposed strategies will be such that may require study before included in an Annual Plan. Annual Plans will include time sensitive action steps to achieve specific goals. In some cases there may be entire strategies from ***Home Run*** or particular action steps put on hold for reason. This should be delineated as well as some indication as to when they will be addressed for implementation.

CONCLUSION

Since 2003, the homeless population in the Capital Area has steadily increased. The most common causes of homelessness, its duration, and its recurrence, are mental illness, the disease of addiction, eviction, job loss, domestic violence, and money management. Contributing societal, economic, and systemic factors include high cost of healthcare, lack of healthcare insurance, lack of a living wage, increasing cost of housing, insufficient supply of affordable housing, and difficulties in accessing mainstream services like Food Stamps, Supplemental Security Income, Supplemental Security Disability Income, State Child Health Insurance Plan, and Medical Assistance. Poor credit, lack of work, and a criminal history are significant barriers to obtaining permanent housing.

Home Run takes into account the complexity of these issues. Specifically, it recognizes that while existing homeless supportive services are of high quality, specialized and affordable, the Capital Area homeless system falls short in timely and effective connection of clients to these services; and lacks sufficient ***Housing First/Housing Plus*** programs.

The human and financial costs of homelessness are staggering. Improving outreach and engagement is crucial. Organizations in the Capital Area Coalition on Homelessness

(CACH) network offer excellent products and services. However, the Steering Committee's research clearly revealed that we can and must be doing more.

With the adoption of ***Home Run*** by the County of Dauphin and the City of Harrisburg, and the appointment of CACH as the Blueprint Manager, together we will have set the stage to eliminate homelessness in the Capital Area.

Home Run addresses all three types of homelessness – Transitional, Episodic, and Chronic - over the next decade by investing our resources in a coordinated, sustained effort that focuses on the underlying causes of homelessness. The Steering Committee recommends focus on six strategic elements:

- Choosing a Blueprint Manager
- Prepare the Field: HMIS
- Leadoff Batter: Housing First
- Getting on Base: Housing Plus
- Moving the Runner: Partnerships, Leveraging & Public Awareness
- Stealing Signs: Prevention

The implementation of goals and strategies outlined in this document will significantly move the County of Dauphin and the City of Harrisburg toward ending homelessness in the next 10 years. This potential is greatly increased by the concerted, coordinated and focused member organizations of CACH.

However, for this to occur, *oversight is necessary to monitor and develop effective programs and products in the Annual Consolidated Homeless Plans.* In many ways this is like a construction project with many sub-contractors. As the Blueprint Manager, CACH must perform like a general contractor to provide leadership and act as a functional entity with the sole purpose of overseeing the full scope of work to successfully implement ***Home Run***. This should include monitoring, measuring outcomes, compiling/disseminating system-wide data, identifying new resources, conduct strategic planning, deliver opportunities to enhance member capacity, and manage the Homeless Management Information System (HMIS).

The Steering Committee recommends developing HMIS to its fullest potential, and implementing community-wide. The entire system of homeless housing/service providers should connect to HMIS and tailor the software to meet our specific needs to:

- Establish a 'no wrong door' entry into the network;
- Link all intake forms, service plans, referral protocols, and housing resources;
- Screen for program and service eligibility; and
- Use HMIS as the global tool linking clients to services, measuring outcomes, and delivering statistical data to guide future decisions to improve the Capital Area's homeless housing/service system.

For people who are transitional or episodic homeless, existing products and services (based upon the ***Housing Readiness*** model) continue to serve exceptionally well. The *Steering Committee recommends that efforts be made to streamline and enhance the loosely connected system of providers, especially through better use of HMIS and its customer-centered ideals. Further, the Committee recommends that this system produce more **Housing First** products, specifically, and adopt its principles in general.*

Housing First *should be used for those who are already homeless or for whom homelessness cannot be prevented, especially people who are chronically homeless.* This approach requires a fundamental shift in our housing strategy, infusing the current system with a model in which short-term housing is provided for the minimum time needed to access permanent housing, with services focused on an immediate and comprehensive needs assessment, resource acquisition, and housing placement. Ideally, individuals and families will be homeless for three months or less.

While the supply of some supportive services fails to meet demand, the greatest challenge to our effectiveness is certain systemic barriers to clients. Current state and federal bureaucratic processes, combined with the present referral-based system, obstructs the client's successful access to mainstream resources like Welfare, Food Stamps, Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), State Child Health Insurance Plan, and Medical Assistance. There are barriers to long-term self-sufficiency: clients lose services when they become minimally employed; services are of limited duration; parochial providers resist knitting services with other providers; and provider pre-requisites to receive service.

*All components of Capital Area's homeless delivery system should adopt the **Housing Plus** model, also known as "wraparound" services.* This approach is a comprehensive service provision model that guarantees that any and all services needed are integrated through a cohesive individualized service plan. This is the second fundamental shift in our system, away from referral-based to a consumer-focused delivery of supportive services. This means that case managers across agencies must work together to develop one plan of action for each client, with each agency contributing, to support clients in achieving housing stability and long-term self-sufficiency. Dauphin County's *Shelter Plus Care Program*, Catholic Charities' *Homeless Psychiatric Clinic*, and the *Assertive Community Treatment (ACT) Team* are excellent models of ***Housing Plus***.

Creating a 10-Year Plan to End Homelessness is fruitless unless there are resources to implement the plan. *A formal plan must be in place to increase partnerships, resources, leveraging, and public awareness.* Sufficient and continuing funding, partnerships, and leveraging resources translates into targeted prevention efforts, and adequate supply of housing, individualized and standardized services, consistent leadership, education, supported employment, and well-trained, long-term staff. The appropriate allocation of resources can help drive progressive policy and use of evidence-based best practices, contributing substantially to success in desired outcomes.

Lastly, *the most humane strategy for addressing homelessness is to prevent it in the first place.* Prevention efforts must include strategies such as one-time or short-term rent or mortgage assistance, legal assistance programs, housing placement services, job training, daycare, and discharge planning for people leaving institutions, as well as strategies to forestall homelessness in cases of family crisis such as domestic violence.

Home Run's message is this:

The concerns of the homeless can, and must, be addressed in a more effective and humane manner.

This is an opportunity for cooperation and contribution of all the decision-makers, providers, consumers and the general public to make a significant impact on the lives of thousands of people who need a home, and thousands more who are scared to death of losing the one they have.