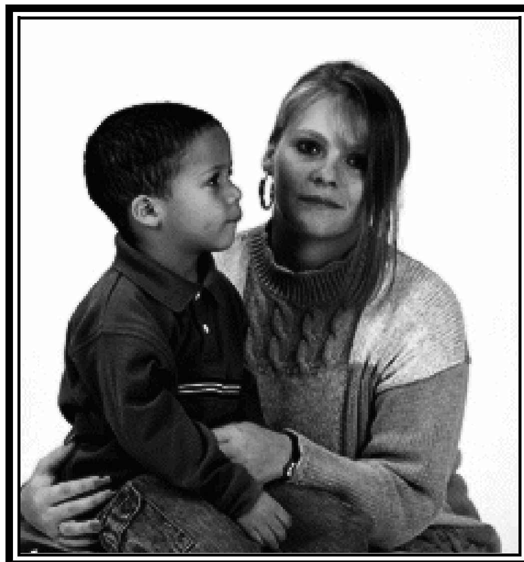
LANCASTER INTERAGENCY COUNCIL FOR THE HOMELESS

2000 REPORT TO THE COMMUNITY ON THE STATE OF HOMELESSNESS IN LANCASTER COUNTY



December 11, 2000

2000 REPORT TO THE COMMUNITY ON THE STATE OF HOMELESSNESS IN LANCASTER COUNTY

By: Lancaster Interagency Council for the Homeless

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I. 2000 STATE OF HOMELESSNESS REPORT

THE PROBLEM

HOMELESSNESS IN THE UNITED STATES is a widespread and complex problem. According to the National Alliance to End Homelessness, approximately 750,000 Americans are homeless on any given night. Over the course of a year, as many as 2 million people experience homelessness for some period of time.

Contrary to popular belief, single adults are only part of the homeless population. The fastest growing group of homeless people consists of families with children. Today, families make up about 36% of people who become homeless nation-wide according to the National Alliance to End Homelessness. On October 19, 2000, a **One-Day Count of Lancaster's homeless population** was conducted. Lancaster County emergency shelters and transitional housing facilities reported **433** persons residing in their facilities. 30% of the homeless in Lancaster were children. Of the adults, 53% were women and 47% were men.

The One-Day Count of Lancaster's homeless population did not include persons who lived "on the street" or in their cars which is estimated to be at least 20-30 individuals and families nor did it include those at on the verge of becoming homeless.

Further, the One-Day count did not include those that were doubled-up or tripled-up with family or friends. The School District of Lancaster's Homeless Student Program, Tabor Community Services and CAP's Head Start Program identified 159 people, including 108 children, as doubled up or nesting with family or friends.

Why are people homeless? People are homeless because of a lack of affordable **housing**; **incomes** that are too low to pay for basic living expenses; and a lack of **services** to help people overcome personal challenges.

THE SOLUTION

<u>Housing</u>

Clearly, people that are homeless need housing. Twenty years ago, there were twice as many affordable housing units available as there were low-income households in America. Today, there are almost twice as many low-income households as there are affordable housing units. Market rents are rising faster than incomes of poor people and the number of affordable units continues to decline. During the last three years, the Consumer Price Index rose 6.1 percent, while rents rose 9.9 percent and housing prices rose 16 percent. Using the U.S. Department of Housing and Urban Development's (HUD) Fair Market Rent calculation for Lancaster, a person would need to be employed full-time at a rate of $10.88 per hour in order to afford a one-bedroom

apartment in Lancaster (assuming 30% of income for rent). The National Low Income Housing Coalition estimates that 34% of renters are unable to afford the fair market rent for a one-bedroom apartment in Lancaster and that 41% of all renters are unable to afford the fair market rent for a two-bedroom apartment in Lancaster. As a result, many are forced to enter homeless shelters.

It costs an average of $8,170 to house one person in a homeless shelter for a year. It costs an average of $4,200 for a Section 8 rental subsidy voucher in Lancaster for a year. Even with a Section 8 certificate, many households have increasing difficulty finding a unit to rent in Lancaster County. This is due to record low vacancy rates, combined with the fact that landlords are not required to accept a Section 8 certificate. As a result, it is necessary for our community to build more affordable housing units both for households with and without Section 8 rental assistance. Why can't we just build more affordable units? This is a complex issue. First is the issue of money to build new units. Low-income housing developments require a variety of funding sources from the federal, state and local government. These funding sources are competitive, complex and time consuming to obtain. Few developers want to bother with affordable housing, choosing to focus on the upper income housing stock. Additionally, few people welcome affordable housing in their neighborhood due to myths about "those people" in their neighborhood.

Income

Another way to address homelessness is to ensure that people's incomes are adequate to support themselves and their families. Although over half of the homeless in Lancaster are employed, their wages are often insufficient to afford housing. Incomes can be increased through increased education, job readiness skills, job training, and job development. Also, more jobs that pay living wages are needed.

Additionally, for those unable to work, public benefits must be expanded. The maximum Supplemental Security Income benefit for non-working persons with disabilities is $6,473 annually or $539.40 monthly, which translates to a maximum affordable housing cost per month of $161. Units renting for this amount are almost nonexistent in Lancaster.

Services

As noted by the National Alliance to End Homelessness, even if there were enough affordable housing and all homeless people had sufficient incomes, many homeless people would still need help to overcome the personal challenges which could cause homelessness. An estimated 25% to 40% of all homeless nationally require assistance with substance abuse issues. As many as 30% of homeless nationwide require mental health treatment. Many lack the network of family and friends for necessary support. Issues such as child care, transportation and legal assistance also contribute to homelessness.

LOCAL EFFORTS TO ADDRESS HOMELESSNESS

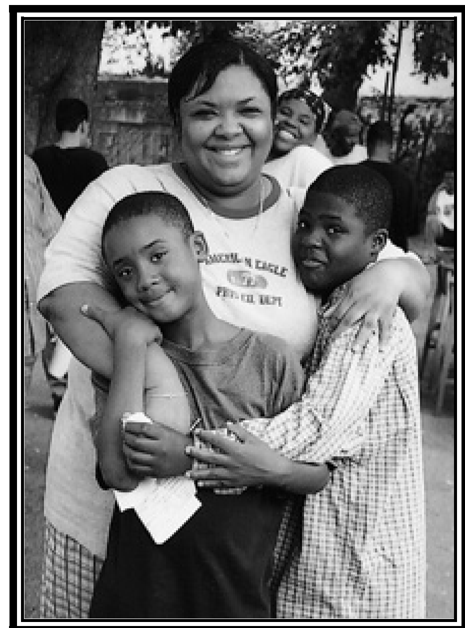
A wide range of local, state and federal agencies, as well as nonprofit organizations, provide shelter and services to homeless people in America. Most of the federal government's programs targeted to homeless people are administered by the United States Department of Housing and Urban Development (HUD) pursuant to a strategy know as the Continuum of Care. Under this strategy, a community based planning process helps identify the needs of homeless people and develops a comprehensive system, or Acontinuum of care" to meet those needs. The strategy is intended to incorporate a wide array of resources and activities including homelessness prevention, outreach and assessment, emergency shelter, transitional and permanent housing and supportive services such as job training, substance abuse treatment and mental health services into the system that serves homeless people.

Lancaster has been recognized by HUD as having a model Continuum of Care Plan and coordinated support system for the homeless. Lancaster's Plan prepared by the Lancaster Interagency Council for the Homeless in 1997 and updated each year since, has been adopted by Lancaster City Council and the Lancaster County Commissioners. Our Continuum of Care Plan has been key to HUD funding five local initiatives of organizations over the past three years to improve services to homeless persons in Lancaster. Yet despite these efforts, homelessness continues to be a serious problem in Lancaster and across the country.

WHAT IS "THE" SOLUTION?

ONE ANSWER

One answer is a plan proposed by the National Alliance to End Homelessness (NAEH). We would commend to your review, NAEH's **Ten Year Plan to End Homelessness**, attached in the Appendix to this report. Such an ambitious effort would require the agreement and cooperation of many "players in the mainstream" social service provider community, the public and private housing development community, the homeless assistance community, and City, County and State government.



It is our hope that each of these players step forward and begin talking to each other and working together (as is being done in other communities) to plan and implement appropriate ways for Lancaster to end homelessness in 10 years <u>or less</u>.

II. Interagency Council for the Homeless 2000 Accomplishments

The Lancaster Interagency Council for the Homeless (ICH) is a coalition of organizations addressing the needs of the homeless in Lancaster County. Created in 1994, there are currently 34 member organizations. The mission is to maximize the cooperation of individual service providers, in partnership with the people they serve, thereby encouraging and empowering individuals and families toward greater self-sufficiency and reintegration into the community. Providers of shelter and transitional housing for the homeless individuals and families in Lancaster County and organizations which provide supportive services to such persons are members of the ICH.

ICH members are all volunteers, with no paid staff, who meet monthly and have established committees charged with responsibility for implementing an annual work plan. Please visit our website at http://www.lanccounty.com/community/homeless to obtain up to date information on the ICH.

In 2000, some of the accomplishments of the ICH through its committees were:

The Continuum of Care Subcommittee

1. Completed the 2000 one day needs and gaps analysis of all the shelters and homeless providers in the community.

2 Used the information from the above research to revise the gaps analysis for Lancaster's Continuum of Care Plan.

3 Completely updated and revised the Continuum of Care for the Homeless Plan, following the new format designed by HUD.

4. Pro-actively supported the application of four proposals to HUD for Continuum of Care Funding: Tabor's Shelter to Independent Living Program, Tabor's Jubilee House Program, Mid-Penn Legal Services Community Outreach Program, and Clare House's Day Care Program. All four programs are designed to meet gaps identified in the Continuum of Care Plan for the Homeless of Lancaster County.

5. Implemented the review committees for projects requesting City and County ESG Funds and State Department of Community & Economic Development (DCED) funds, and for the Continuum of Care Proposals. The committees were responsible for reviewing proposals and making recommendations to the funders.

Improved Service Delivery Subcommittee:

1. In the area of Mental Health Services, met with and encouraged social work liaisons from the Lancaster area hospitals to include in their discharge plans for homeless consumers who suffer from mental health problems, the need for transportation, housing and sufficient medications to last until the next appointment.

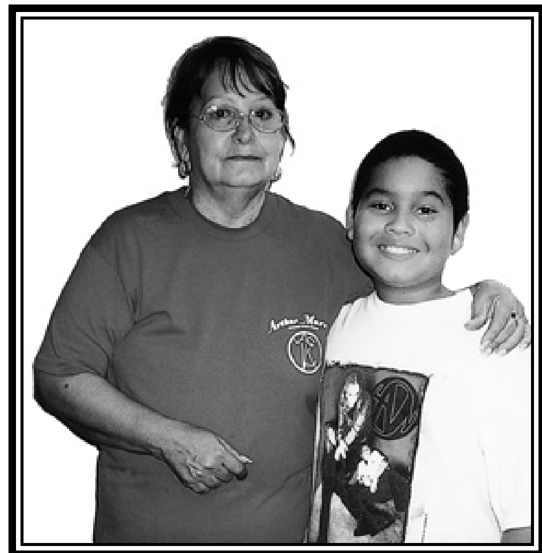
2. In the area of Drug and Alcohol Services, met with the Case Management Supervisor for the Drug and Alcohol Commission who arranged for a series of training sessions designed to educate staff from local shelters and transitional housing facilities concerning relapse prevention and gaining access to Drug and Alcohol detoxification, rehabilitation and after-care services for residents. A series of similar training events for residents is being planned.

3. In the area of Child Care Services, co-sponsored a forum with the United Way of Lancaster to discuss difficulties in the provision of high quality child care services by licensed providers. A comprehensive report is awaiting release.

4. Solicited local organizations to determine interest in submitting a funding proposal to HUD under the Continuum of Care for the Homeless program for the development and operation of a Single Room Occupancy (SRO) facility, with supportive services, for individuals with serious mental illness.

State of Homelessness Report Subcommittee:

1. In coordination with the Single Point of Entry committee of the County System Reform effort, participated in reviews of several data collection systems in an effort to implement an effective system for collecting, analyzing, and reporting of the composition of Lancaster's homeless population. A web-based system is expected to be implemented in 2001.



2. Conducted a one day count of homeless persons and prepared this report for 2000 on The State of Homelessness in Lancaster, for distribution to the public, media, and community leaders.

III. Who are Lancaster's Homeless?

Monthly reporting forms are submitted by shelters and transitional housing facilities. In this report, a 12-month study from July 1, 1999 through June 30, 2000, was performed to discover whom, demographically, the homeless facilities are serving. Each facility is provided a questionnaire form that must be filled out for every resident by the shelter staff.

The One Day Count of the Homeless occurred on October 19, 2000. All Lancaster County facilities were provided with a survey to complete indicating the number of homeless individuals it served on that day. A complete list of the facilities, and figures from the count, is included in the Appendix. For purposes of understanding the distinction between some of the facilities, emergency shelters provide primarily short term housing (typically 30 days), with some exceptions and transitional housing generally provides persons longer term housing (up to 24 months), often after coming from an emergency shelter. Additionally, an attempt was made to identify families who were doubled up with friends or relatives. This information was obtained from the School District of Lancaster's Homeless Student Program and from Community Action Program's Head Start Program.

Results of the One Day Count of the Homeless

On October 19, 2000, there were at least 433 men, women, and children in Lancaster County who were homeless. Of this number, 132 or 30% were children. Of the 301 adults, 47% were men and 53% were women. The total number is higher than the one day count that occurred in 1999 but many of the facilities were operating at less than full capacity in 1999.

In addition to the One Day Count the School District of Lancaster's Homeless Student Program, Tabor Community Services and CAP's Head Start Program identified 159 people, including 108 children, as doubled up or nesting with family or friends.

Results from Monthly Reporting Forms for
Shelter and Transitional Housing Residents (July 1, 1999 through June 30, 2000)

Race/Ethnicity	38% Caucasian 42% African-American 16% Latino/Hispanic
Educational Status	51% High School Grad/GED 35% Less than High School 12% Attended College/College Graduate
Current Source of Income	54% Employed *(up from 45% last year)* 31% Government Assistance/Benefits 4% None
How long have they been homeless?	54% Less than one month 24% Less than six months 11 % Less than one year 7% One year or more
Where did they stay the night before they went to the shelter?	33% Family or Friends 20% Treatment Facility 10% Rental Facility 17% Another Shelter/Transitional Housing 10% Street/Car
Lived in the following homeless circumstances in the past 2 years (Individuals may have selected more than one of these choices)	26% Rehabilitation/Hospitalization 33% Family/Friends 16% On street or car 18% Another Shelter
Factors which contributed to homelessness	12% D & A/ Mental disorders/sickness 16% Domestic Violence/ Disruption 10% Employment Loss/ Underemployment
Age of homeless mother at birth of first child	39% Under 18 35% 19-21
Ages of homeless children	40% were under age 5

V. Fast Housing Facts & Figures

What are Fair Market Rents in Lancaster County?

HUD establishes Fair Market Rents for rental units in communities across America. These rents represent an average moderately priced rental unit in each community based on a survey conducted by HUD and updated annually. They are used in the Section 8 rental assistance program and in affordable housing programs. These monthly rents are based on unit size and for the Lancaster area are as follows:

Efficiency	$384
One Bedroom	$470
Two Bedroom	$586
Three Bedroom	$765
Four Bedroom	$823

What Proportion of Income Should be Spent on Housing Costs?

- According to HUD, a family should spend no more than 30% of its gross income on housing costs (rent plus utilities).
- For a family of four earning the median income for Lancaster County of $49,500, this translates to $1,237 monthly for rent and utilities and seems very feasible considering the above fair market rent for a three bedroom unit is $752.
- However, a single person whose sole income is from Supplemental Security Income (SSI) Disability benefits receives $6,473 per year or $539.40 per month. Applying the 30% of income for housing cost formula, this person should pay no more than $162 each month for rent and utilities. Considering that the Fair Market Rent for an efficiency is $377, the problem is apparent.

What Does it Takes to Afford Housing in Lancaster?

Fair Market Rent	Minimum Affordable Housing Wage*
1-Bedroom Unit: $470/month	40-hour week: $9.04/hour, $18,800/year (At $7/ hour, must work 56 hours/week)
2-Bedroom Unit:$586/month	40-hour week: $11.27/hour, $23,440/year (At $7/ hour, must work 70 hours/week)
3-Bedroom Unit:$765/month	40-hour week: $14.72/hour, $30,600/year (At $7/ hour, must work 91 hours/week)

* Occupancy Standard: No more than two people per bedroom; Fair Market Rents includes utilities.

VI. The Faces of Homelessness

Thomas Thomas was born in 1950 in Washington, DC; an only child raised primarily by his grandmother in a safe, middle-class neighborhood. At the age of 21, Thomas started drinking and experimenting with different drugs, including crack cocaine. As his addiction grew, Thomas lost the trust of his family, and eventually moved out of his home and into friends' houses, shelters and even lived on the streets. He got into many fights, and almost died as a result of one. After serving four years in the Air Force, his use of drugs and alcohol increased, and Thomas tried to commit suicide so he could end the pain.

After almost 30 years of drug addiction, rehabs and homelessness, he figured out that drugs are just an easy way out with a lot of consequences. After his last suicide attempt, Thomas called a drug hotline. In February 2000, he ended up at Perry Point, Maryland, where he spent four months in rehab. From there he came to HARB-ADULT, bringing with him a positive attitude, and a drive for self-sufficiency. While working with Charlotte Toney at Tabor Community Services, and taking classes and workshops at HARB-ADULT, Thomas was able to move into his own apartment within three months. He has now been clean for 10 months, and attends NA and AA meetings regularly.

Thomas stated that he loved being at HARB-ADULT, and being involved with other agencies. He learned to get along with others, and found strengths, comfort and support in new friends and staff members. He feels good about himself now, physically and emotionally, and finds that his self-esteem is coming back. He is eager to give back to the community of Lancaster, who helped and supported him, and is seeking volunteer opportunities to help empower others to choose a healthy lifestyle, and become strong and self-sufficient, and drug and alcohol free.

Sue Sue had no choice. A single mother with three children (ages 1, 10 and 12), she moved her family to a local shelter when they were evicted from their home three years ago. Living in the shelter was hard. But while there, Sue learned about Bridge of Hope, "the staff talked about how the program could help us, as well as what they expected from us," she explains. She decided that Bridge of Hope was for her.

Bridge of Hope staff introduced Sue to a mentoring group of eight people from a church in Lancaster City, who helped her register for computer training classes and find an apartment. The mentoring group donated furniture and showed up to move the family from the shelter to their new home. When Sue became sick and was hospitalized several months later, the mentoring group took care of the children and took her meals while she recovered. "My Bridge of Hope mentoring group really came through for me,"

Sue says. “I never had anybody that did things like that for me in my life. They were incredible.”

Sue completed her classes in spring of 1999 and sent out her resumes. Tody she continues to work at a good job that pays well enough for her to support herself and her three children. “I wouldn”t be where I am today without Bridge of Hope and my mentors. They helped me get though so much,” says Sue. “I also give myself a big pat on the back! I accomplished a lot.”

Michael Michael and his nine siblings were raised by an alcoholic mother who was physically and verbally abusive, and a member of a street gang. Michael’s father left the family when the children were very young, and his mother would leave home for four or five days at a time, leaving him to care for himself and his brothers and sisters. His family was always transient, moving every two or three months, because his mother spent the rent money on alcohol. His mother repeatedly told him that she never loved him, and he would never amount to anything.

As a young man, Michael was violent and aggressive, wanting to inflict the pain that he was feeling onto anyone who crossed him. He joined the Army when he was seventeen, but after an honorable discharge, started on the path of drugs, alcohol, violence and homelessness. Michael did find a sense of safety and peace in attending college, and a job as a long distance truck driver, which he did for 32 years. A marriage that produced a child with whom he lost contact, ended as a result of domestic violence. Michael was also committed to prison for two years for a violent physical act, and for 13 months for Driving Under the Influence (DUI.)

In April of 2000 at 56 years of age, Michael came to HARB-ADULT from the Coatesville VA. He lived at HARB-ADULT for five months attending classes and workshops, and working with the VA and various agencies to try to deal with his problems and become self-sufficient. AA and NA meetings became a big part of his life, and he began to learn to trust people, and deal with his anger in a non-violent way. With the help of Tabor, Michael moved into his own apartment.

Darryl Darryl is a 50 year old Vietnam veteran who has Post Traumatic Stress Syndrome as well as a physical disability. He was living on the streets on and off for the last 12 years. During his stay at Crispus Attucks, he obtained VA benefits, and Social Security Disability benefits and was connected to the Lodge Supportive Housing and Outreach Program to help him manage his money and find permanent housing. He is now an active participant at the Interagency Council for the Homeless meetings and a member of the Pennsylvania Coalition to End Homelessness. Darryl recently gave a presentation at the State Conference on Homelessness in Harrisburg.

Frank Frank was homeless and living at the Water Street Rescue Mission. The Lodge Supported Housing and Outreach Program (SHOP) assisted Frank to find permanent, affordable housing, obtaining furniture, budgeting and other supports. As a result of working with SHOP. Frank went from living in a homeless shelter to maintaining his own apartment independently.

Adolescents: a growing problem?

There is another group that is important to consider yet cannot easily be measured: homeless adolescents. These are teens who may be fleeing unsafe homes where they have been physically or sexually abused; suffering addiction, or being affected by a parent's drug and alcohol abuse; pregnant or parenting; struggling with their own or their parents mental health problems. These are also teens who have been abandoned by parent who've left the area without them, or have "aged out" of the foster care system.

Megan is an 18-year old woman who came to the shelter at Crispus Attucks Community Center after her parents had told her that she was no longer welcome in their home. She is learning disabled and was in her senior year of high school. She was connected with the School District of Lancaster's Homeless Student Task Force which provided her with support and also provided bus tickets so that she could continue her education and graduate with the rest of her classmates.

Lisa's adopted parents put her out of the house at age 18 after many years of conflict and acting out behaviors. Lisa's caseworker from MH/MH got her placed in a foster care home where she started her senior year in another school district. After making threats to hurt the parents and herself, she was hospitalized. No foster home placement was available upon her discharge, and by default, she was referred to a homeless shelter. Her age and mental health struggles made her vulnerable, but there was nowhere else for her to go.

Sam is a 17-year old on probation for committing a sexual offense. His mother called his treatment program stating she had been having many behavioral problems over the past few weeks and would like to "kick" her son out of the house. Sam does not have an appropriate place to stay but the situation at home is becoming volatile and has potential to become violent.

There are few shelters that can house these adolescents who routinely show up on their doorsteps. HARB-ADULT, Water Street Rescue Mission, Clare House, Crispus Attucks, Lancaster Shelter for Abused Women, YWCA and Tabor Community Services reported that an estimated 58 adolescents requested shelter in 2000. Family Service convened a team of community representatives in 1998 to study the need for respite and shelter for at-risk adolescents. In a survey conducted by this group, schools, county agencies and human service agencies were asked how many adolescents they encountered in a one-month period in need of a short-term respite or long-term residential program. It was estimated that approximately 400 children between the ages of 12 and 18 were in need.

The need greatly overwhelms existing services. Unserved adolescents end up in the streets, correctional facilities, or living without adequate supervision. Intervention is necessary to prevent these adolescents from a life-long struggle with homelessness.

VII. What Can You Do?

The following is an excerpt from the National Alliance to End Homelessness web site (www.naeh.org).

Each day, a wide array of effective steps toward ending homelessness are taken by organizations and individuals like yourself. But until our common goal of ending homelessness is reached, the need for more people to add their energy and talents to the cause exits. Here are some suggestions for how you can make a difference in the fight to end homelessness.

EDUCATE . . . yourself, your family, friends, colleagues, and community on the causes, statistics, and solutions to homelessness. Sharing books, videos, and websites -- and conversations with homeless service providers -- are all excellent ways to help us all learn more and take action.

ADVOCATE . . . for policies and programs that effectively serve homeless people on the local, state, and federal levels. Support plans that will create more affordable housing. Discuss current issues with housing and homeless advocacy groups. Share your concerns with public officials -- tell them that you too want homelessness to be ended. These are valuable methods for focusing community attention on solutions to homelessness.

ASK . . . when you donate goods and services. Find out what homeless people and service providers could really use. Don't assume that the familiar general categories of donations represent a one-size-fits-all solution to homelessness -- every human being has individual personal and professional needs that, when met, will direct them on the road to success. Donate with such thoughts in mind: consider giving clothing that individuals could wear to a job interview, home furnishings that could help a family transition into permanent housing, age-appropriate learning materials for children entering their local school system. Call permanent housing organizations and other homeless service agencies for their respective wish lists, and encourage your family and community to help make those wishes come true.

VOLUNTEER . . . your time and ideas to programs within your community -- and beyond. We recommend:

- Plan activities for homeless families and children.
- Train homeless individuals for employment.
- Work at a nearby housing organization.
- Register homeless people to vote
- Organize fundraising drives for local service agencies.
- Teach music, art, and other hobbies.
- Work at a shelter.
- Recruit others to join your efforts and to think of other creative projects.

VIII. Appendix

A. Facilities Providing Shelter for the Homeless in Lancaster

Water Street Rescue Mission 210 S. Prince Street P.O. Box 7267 Lancaster, PA 17604-7267 393-7709	The WSRM provides emergency shelter beds for 70 women and children and 140 beds for single adults. This is a private facility with a Christian orientation.
Crispus Attucks Community Center 407 Howard Avenue P.O. Box 894 Lancaster, PA 17608-0894 295-7909	Crispus Attucks provides 20 emergency shelter beds for single adults and families.
Lancaster Shelter for Abused Women P.O. Box 359 Lancaster, PA 17608 299-1249	The Shelter for Abused Women, run by the Community Action Program (CAP), offers 40 beds for women and children who are victims of domestic violence. CAP also operates a 10-unit Bridge Housing facility for women and children leaving the Shelter for Abused Women.
Milagro House 320 South Christian Street Lancaster, PA 17602 392-1101	Milagro House offers 35 shelter beds for women and their children.
HARB-ADULT 105 East King Street Lancaster, PA 17602 397-0156	HARB-ADULT provides approximately 43 transitional housing beds for women and children and approximately 33 beds for single adults.
YWCA 110 North Lime Street Lancaster, PA 17602 393-1735	YWCA is a single room occupancy facility for women and children offering 48 beds.
Hope House 1509 Crescent Avenue Lancaster, PA 17601 293-9089	Hope House is a personal care facility for six homeless persons with AIDS/HIV disease.
Clare House 342 East Chestnut Street Lancaster, PA 17602 291-8967	Clare House is a transitional housing facility offering 15 beds to women and their children.

Veteran's Place 221 Church Street Ephrata, PA 733-1053	Veterans Place provides 5 beds for homeless veterans.
United Veteran's Beacon House 130 S. Ninth Street Akron, PA 17501	Beacon House offers 8 beds for homeless veterans coming out of a Veteran's Administration Center treatment facility.
Beth Shalom 47 N. Lime Street Lancaster, PA 17602 299-0460	Beth Shalom offers 10 beds to homeless women and their children.
Manheim Ministerium c/o CAP 630 Rockland Street P.O. Box 599 Lancaster, PA 17608-0599	Manheim Ministerium provides one house for homeless families to transition into permanent housing
Mount Joy Transitional Housing c/o CAP 630 Rockland Street P.O. Box 599 Lancaster, PA 17608-0599	Mount Joy Transitional Housing Facility offers 2 units for homeless families

B. Organizations Providing Services to the Homeless

Organization	Services
AIDS Community Alliance 121 State Street Harrisburg, PA 17101 1-800-867-1550	ACA offers case management and supportive services to persons with HIV/AIDS disease.
Betty Finney House Corporation 40 W. Orange Street Lancaster, PA 17603 396-8689	Betty Finney House provides case management and supportive services to persons with HIV/AIDS disease.
Bridge of Hope 24 East James Street Lancaster, PA 17602 394-7707	Bridge of Hope provides mentoring and rent assistance for homeless women and their children.
MidPenn Legal Services 10 S. Prince Street Lancaster, PA 17603 299-0971	MidPenn Legal Services provides legal services and advocacy.
Lancaster County Children & Youth Agency 900 East King Street Lancaster, Pa 17602 295-5988	CYA provides case management services for abused and neglected children.
Community Action Program of Lancaster 630 Rockland Street P.O. Box 599 Lancaster, PA 17608-0599 299-7301	CAP provides rent and fuel assistance and case management services.
Lancaster County Council of Churches 134 E. King Street Lancaster, PA 17602 291-2261	The Council of Churches provides counseling, material assistance, emergency food and clothing.
Department of Veteran's Affairs 1700 S. Lincoln Avenue Lebanon, PA 17042 272-6621	The VA funds a staff position in a multiple county area to provide outreach to homeless veterans.
Lancaster Co. Drug & Alcohol Commission 50 N. Duke Street Lancaster, PA 17602 299-8023	The Drug & Alcohol Commission offers substance abuse assessment and treatment through contracted providers.

The Lodge, Inc. Supported Housing and Outreach Program 401 W. Orange Street Lancaster, PA 17603 392-0257	SHOP offers assessment and case management services to homeless persons with mental illness.
Lancaster County MH/MR 50 N. Duke Street Lancaster, PA 17602 299-8021	MH/MR offers case management and supportive services for the mentally ill.
Salvation Army 131 S. Queen Street Lancaster, PA 17603 397-7565	The Salvation Army provides rent and fuel assistance and case management services.
School District of Lancaster - Homeless Student Project 251 S. Prince Street/ 4th Floor Lancaster, PA 17603	SDOL's Homeless Student project provides supportive services and assistance with academics to homeless students in the district.
Tabor Community Services 439 East King Street Lancaster, PA 17602 397-5182	Tabor provides housing and budget counseling.
United Way LINC 630 Janet Avenue Lancaster, Pa 17601 299-2821	LINC provides information and referral services.

C. One Day Count of Homeless Facilities, October 19, 2000

Facility	Men	Women	Children	Total
Emergency Shelter				
Water Street Rescue Mission	87	36	29	152
Crispus Attucks Community Center	14	10	7	31
Lancaster Shelter for Abused	0	12	15	27
Milagro House	0	19	27	46
Transitional Housing				
Abuse Shelter - Bridge Housing	0	9	13	22
HARB-ADULT	26	22	16	64
Clare House	0	5	5	10
YWCA	0	34	13	47
United Veterans Beacon House	7	0	0	7
Hope House	2	3	0	5
Shelter + Care	5	10	7	22
Totals	141	160	132	433

D. For More Information

If you are interested in learning more about homelessness, please seek out the following resources.

Reports:

A Status Report on Hunger and Homelessness in America's Cities: 1997, U.S. Conference of Mayors, December 1997.

Homelessness: A Problems We Can Solve, National Alliance to End Homelessness.

Homeless Families Today: Our Challenge Tomorrow, a report of Home for the Homeless and Columbia University's Graduate Program in Public Policy and Administration, February 1998.

Homelessness: Barriers to Using Mainstream Programs, U.S. General Accounting Office, Report to Congressional Requesters, July 2000.

Ten Cities: A Snapshot of Family Homelessness Across America, 1997-1998, Homes for the Homeless & The Institute for Children and Poverty.

Out of Reach: The Gap Between Housing Costs and Income of Poor People in the United States, National Low Income Housing Coalition, September 1999.

Websites:

National Alliance to End Homelessness http://www.naeh.org

U.S. Department of Housing and Urban Development http://www.hud.gov

Beyond Shelter http://www.beyondshelter.org

Center for Urban Community Services http://www.cucs.org

Homes for the Homeless/Institute for Children & Poverty
http://www.homesforthehomeless.com

National Low Income Housing Coalition http://www.nlihc.org

National Alliance to End Homelessness

The Ten Year Plan to End Homelessness

The National Alliance to End Homelessness had developed a groundbreaking and ambitious new campaign to combat homelessness in America. The campaign is the result of a year-long collaborative planning process involving the Alliance's staff, member organizations, and Board, as well as noted national experts on the issue of homelessness. Its goal is nothing less than to end the crisis of homelessness in America within the next ten years. While the Alliance realizes that we cannot eliminate homelessness on our own, we believe the time has come for our nation to re-commit itself to the necessity of ending homelessness, and to begin to take more effective, pro-active steps to generating solutions, rather than finding ways of merely living with the problem.

A Plan: Not A Dream
How to End Homelessness in Ten Years

Executive Summary

Twenty years ago there was not wide-spread homelessness in America. Tonight nearly a million people will be homeless, despite a two billion dollar a year infrastructure designed to deal with the problem. Can homelessness be ended?

While the seeds of homelessness were planted in the 1960s and 1970s with deinstitutionalization of mentally ill people and loss of affordable housing stock, wide-spread homelessness did not emerge until the 1980s. Several factors have affected its growth over the last two decades. Housing has become scarcer for those with little money. Earnings from employment and from benefits have not kept pace with the cost of housing for low income and poor people. Services that every family needs for support and stability have become harder for very poor people to afford or find.

In addition to these systemic causes, social changes have exacerbated the personal problems of many poor Americans, leading to them to be more vulnerable to homelessness. These social trends have included new kinds of illegal drugs, more single parent and teen-headed households with low earning power, and thinning support networks.

These causes of homelessness must be addressed. People who are homeless must be helped, and the current system does this reasonably well for many of those who become homeless. But the homeless assistance system can neither prevent people from becoming homeless nor change the overall availability of housing, income and services that will truly end homelessness.

Mainstream social programs, on the other hand, do have the ability to prevent and end homelessness. These are programs like welfare, health care, mental health care,

substance abuse treatment, veterans assistance and so on. These programs, however, are over-subscribed. Perversely, the very existence of the homeless assistance system encourages these mainstream systems to shift the cost and responsibility for helping the most vulnerable people to the homeless assistance system. This dysfunctional situation is becoming more and more institutionalized. Can nothing be done?

Ending Homelessness in Ten Years

The Board of Directors of the National Alliance to End Homelessness believes that, in fact, ending homelessness is well within the nation's grasp. We can reverse the incentives in mainstream systems so that rather than causing homelessness, they are preventing it. And we can make the homeless assistance system more outcome-driven by tailoring solution-oriented approaches more directly to the needs of the various sub-populations of the homeless population. In this way, homelessness can be ended within ten years.

To end homelessness in ten years, the following four steps should be taken, simultaneously.

Plan for Outcomes

Today most American communities plan how to manage homelessness - not how to end it. In fact, new data has shown that most localities could help homeless people much more effectively by changing the mix of assistance they provide. A first step in accomplishing this is to collect much better data at the local level. A second step is to create a planning process that focuses on the outcome of ending homelessness- and then brings to the table not just the homeless assistance providers, but the mainstream state and local agencies and organizations whose clients are homeless.

Close the Front Door

The homeless assistance system ends homelessness for thousands of people every day, but they are quickly replaced by others. People who become homeless are almost always clients of public systems of care and assistance. These include the mental health system, the public health system, the welfare system, and the veterans system, as well as the criminal justice and the child protective service systems (including foster care). The more effective the homeless assistance system is in caring for people, the less incentive these other systems have to deal with the most troubled people - and the more incentive they have to shift the cost of serving them to the homeless assistance system.

This situation must be reversed. The flow of incentives can favor helping the people with the most complex problems. As in many other social areas, investment in prevention holds the promise of saving money on expensive systems of remedial care.

Open the Back Door

Most people who become homeless enter and exit homelessness relatively quickly. Although there is a housing shortage, they accommodate this shortage and find housing. There is a much smaller group of people which spends more time in the system. The latter group – the majority of whom are chronically homeless and chronically ill - virtually lives in the shelter system and is a heavy user of other expensive public systems such as hospitals and jails.

People should be helped to exit homelessness as quickly as possible through a housing first approach. For the chronically homeless, this means permanent supportive housing (housing with services) - a solution that will save money as it reduces the use of other public systems. For families and less disabled single adults it means getting people very quickly into permanent housing and linking them with services. People should not spend years in homeless systems, either in shelter or in transitional housing.

Build the Infrastructure

While the systems can be changed to prevent homelessness and shorten the experience of
homelessness, ultimately people will continue to be threatened with instability until the supply of affordable housing is increased; incomes of the poor are adequate to pay for necessities such as food, shelter and health care; and disadvantaged people can receive the services they need. Attempts to change the homeless assistance system must take place with the context of larger efforts to help very poor people.

Taking these steps will change the dynamic of homelessness. While it will not stop people from losing their housing, it will alter the way in which housing crises are dealt with. While it will not end poverty, it will require that housing stability be a measure of success for those who assist poor people. The National Alliance to End Homelessness believes that these adjustments are necessary to avoid the complete institutionalization of homelessness. If implemented over time, they can lead to an end to homelessness within ten years.

Planning for Outcomes

Since the demographics of homelessness, and therefore its solutions, vary in every locality, ending homelessness will require the development of local plans to systematically and quickly re-house those who lose their housing. The replacement housing should be permanent --having no artificial limits on how long a person can stay. If an individual or family requires some type of temporary housing such as residential treatment (for illness) or residential separation (for victims of domestic violence, for chronically homeless people, for people in recovery) such interim housing should be firmly linked to eventual placement in permanent housing.

In order to develop local systems that do not tolerate homelessness, two things must happen. Accurate administrative data must be developed to understand the nature of homelessness and its solutions, and long range planning must take place with the goal of ending homelessness (defined as getting people into permanent housing).

DATA

Every jurisdiction needs solid information on who is homeless, why they became homeless, what homeless and mainstream assistance they receive and what is effective in ending their homelessness. This information is needed on a city- or state-wide basis, not just a program-by-program basis. This allows trends to be monitored to determine what is causing homelessness, to assess what types of assistance are available to address homelessness, and to fill the resulting gaps.

Questions that can be answered with such data include:

- With what mainstream public systems have homeless people interacted, and did this interaction result in homelessness (example: poor discharge planning, inadequate after-care, etc.)?
- How many units of supportive housing are needed to eliminate chronic homelessness?
- For those who enter and exit the system fairly quickly, what assistance is most effective in facilitating their re-housing?
- What mainstream services do families need after they are housed so that they do not become homeless again?

> Columbus, Ohio faced the need to relocate two downtown shelters due to a redevelopment effort. The Community Shelter Board had developed a jurisdiction-wide data collection system which showed that some 300 men more or less lived in these shelters - the chronically homeless. Rather than relocate these individuals to new shelters, Columbus will create permanent supportive housing (housing with services) to house them. This will reduce the need for replacement shelter

Surprisingly, very few places have this kind of fundamental data upon which to base decisions. Accordingly, the approach to homelessness is more often intuitive and general than strategic and outcome driven.

Planning

At present, there is very little local planning to end homelessness, utilizing the full range of resources that is available at the local and state levels. A first step toward such an effort, the Continuum of Care process of applying for funds from the U.S. Department of Housing and Urban Development, has succeeded in increasing the level of cooperation and analysis at the local level. But genuine planning efforts are still rare.

Local planning should go beyond the effort to create a full spectrum homeless assistance system which manages people's experience of homelessness. Local jurisdictions should develop long term plans whose goal is to immediately re-house anyone who becomes homeless. Such a system will involve agencies and programs far beyond the scope of the homeless assistance providers. The following agencies should be involved in local (and state) planning to end homelessness.

State/local mental health department
Mental health providers
State/local public health department
Health care providers
State/local corrections department
State/local veterans affairs department
State/local labor or employment department
Employment services providers
Employers
State/local substance abuse department
Substance abuse providers
Homeless assistance providers
Governor's/Mayor's office
County official(s)
State/local public assistance department
State/local housing department
Nonprofit housing developers/operators
For-profit housing developers/operators

The San Francisco/Oakland Bay Area has undertaken a major planning effort to coordinate the response to homelessness. Mental health, public health, housing and other agencies - both public and nonprofit sector - have been involved. An integrated strategy for addressing homelessness has resulted.

The Homeless Assistance Centers (HACs) in Miami/Dade County, Florida are replacing the area's shelter system. All homeless people go through intake and assessment in these large centers. Their immediate needs are met, but the goal is to assess and evaluate overall needs and re-house people immediately in either permanent housing or a residential service program - to reduce the length of their homeless experience.

Closing the Front Door

The majority of people who enter the homeless assistance system receive help and exit the system relatively quickly. But no sooner do people successfully exit the system than they are replaced by others. This is why the number of homeless people does not go down. If we are going to end homelessness we must prevent people from

becoming homeless - we must close the front door to homelessness.

In the past, homelessness prevention focused primarily on stopping eviction or planning for discharge from institutions like jail or mental hospitals. These are important, but we must take a more comprehensive view.

Most homeless people are clients of a host of public social support systems, often called the "safety net." Others are the wards of programs in the criminal justice system or the child welfare system (foster care). Together these programs and systems are called the mainstream system. In a way, homelessness is a litmus test - it can show whether the outcomes of the mainstream system are positive or negative. Insofar as their clients or wards end up homeless, the programs have bad outcomes.

Generally speaking, these mainstream systems, while large in terms of scope and funding, are over-subscribed and under-funded relative to their responsibilities. It is not surprising, therefore, that they are quick to shift responsibilities and costs elsewhere, when they are able.

The homeless assistance system provides one such opportunity. To the degree that homeless programs take responsibility for a whole host of very poor people, the mainstream system does not have to. However, the homeless system is not large and well-funded. It can meet immediate needs, but it cannot prevent people becoming homeless, and it cannot address their fundamental need for housing, income and services. Only the mainstream system has the resources to do this. To end homelessness, the mainstream programs must prevent people from becoming homeless. A sample of the major programs that could be expected to help prevent homelessness follows:[1]

Temporary Assistance for Needy Families (TANF)
Mental Health Performance Partnership Block Grants
Social Services Block Grant
State Children's Health Insurance Program
Substance Abuse Prevention and Treatment Block Grant
Community Health Centers
Community Services Block Grants
Medicaid
Community Development Block Grant
HOME Investment Partnerships Program (HOME)
Public and Indian Housing
Section 8 Rental Certificate and Voucher Programs
Section 811 Supportive Housing for Persons with Disabilities Program
Job Training for Disadvantaged Adults
Welfare to Work Grants to States and Localities
Supplemental Security Income
Veterans Benefits
Veterans Medical Centers

Youth Employment and Training Program
Job Training for Disadvantaged Youth
Veterans Employment Program

Others with which poor people also interact, but which have a lesser impact are:

Ryan White Care Act
Emergency Food Assistance Program
Food Stamp Program
Special Supplemental Nutrition Program for Women, Infants, and Children(WIC)
Maternal and Child Health Services Block Grant
Housing Opportunities for People With AIDS (HOPWA)

In order to Close the Front Door to Homelessness, we must prevent homelessness. This can be done in two ways. The first is to demonstrate that although shifting responsibility for homeless people to the homeless system may seem to be cost efficient, it is actually more costly over all. For example, sending parolees to shelters rather than half-way houses may seem cost efficient. However, it can increase recidivism, and result in use of other costly systems such as hospital emergency rooms.

> The Illinois Department of Corrections has invested funds in housing for parolees under the theory such stabilizing housing is less costly than recidivism.

Second, we can reward systems for improving their outcomes, as measured by homelessness. This could be done by providing incentives to programs which reduce the number of their clients or wards who become homeless. Conversely, it could be accomplished by penalizing these systems when a client becomes homeless.

> The State Legislature of the Commonwealth of Massachusetts adjusted the contract of the State's managed care provider to require a reduction in discharges to shelters. Failure to reduce such discharges will result in financial penalties in the reimbursement scheme. Hospital social workers now seek housing for those being discharged from the hospital.

[1] Homelessness: Coordination and Evaluation of Programs Are Essential. Report to Congressional Committees, United States General Accounting Office, February, 1999.

Opening the Back Door

A key step in ending homelessness is to quickly re-house everyone who becomes homeless open the back door out of homelessness. Different subpopulations of homeless people require different housing strategies. The two major groups to consider are homeless families and homeless single adults. Both groups face

system-based barriers to "getting out the back door."

Chronically Homeless People

The first and most important group to address when seeking to end homelessness is the group that lives in the shelter system - the chronically homeless. They represent 10% of the single homeless population, which itself represents approximately 50% of homeless people, over time. Applied to a national yearly estimate of 3 million homeless people , there are thought to be some 150,000 chronically homeless people in the nation. Few people in this chronic group are likely to ever generate significant earnings through wages. While they may have some income from wages and/or public benefits, they will require long term subsidization of both housing and services because of their disabilities.

Permanent supportive housing -- housing with appropriate and available services and supports -- is highly successful in stabilizing this population. To end homelessness for chronically homeless people would take 150,000 units of permanent supportive housing. We estimate the cost of creating and sustaining 150,000 units of permanent supportive housing to be $1.3 billion per year at the end of ten years. It is important to consider this cost on the context of savings that will be generated in spending on homeless services, Medicaid, incarceration and the like.

Episodically Homeless Group

The people who use shelter repeatedly, often called the episodically homeless group, constitute approximately 9% of the homeless single population or around 135,000 people. This group is has a high public cost when housed in shelter because its members seem frequently to interact with other very costly public systems, particularly jails and prisons and hospitals. Many are active users of substances. They are young relative to the chronically homeless group.

This group requires a flexible strategy that addresses both their housing needs (both when in treatment and in relapse) and their need for treatment. When they are in treatment, or compliant with treatment regimens (i.e., clean and sober), supportive housing or private sector housing are good options. When they are unable to find acceptable treatment, or unwilling to partake in treatment or treatment regimens, other housing options must be found. Current policies in which episodically homeless people sleep in the street, in shelters, hospitals and penal institutions jeopardize public safety (primarily for them) and/or have high public costs.

There are different views about how best to address episodic homelessness. There are those who believe that many episodically homeless people are those currently unwilling to engage in treatment for addiction disorders. Therefore they believe that it is necessary to create a type of housing that recognizes the addiction, makes services available, but does not require sobriety. Models of so-called "low demand" housing exist, and it has further been suggested that low cost hostel or dormitory type housing

with daily or weekly rental terms be developed. Others believe that most available treatment for addiction disorders is not appropriate for this group (too short term, no follow-up recovery or sober housing) and that the solution for the episodic group is a sufficient supply of appropriate treatment. Both options are probably needed, but further examination of this problem will be required before the most appropriate mix is identified.

Transitionally Homeless

Those who have relatively short stays in the homeless assistance system, exit it and return infrequently if at all have been called by Culhane the "transitionally" homeless . The majority of families and single adults who become homeless fall into this category. They have had a housing crisis that has resulted in their homelessness. Despite the near universal shortage of affordable housing for poor people, they will find a way to house themselves. Since the homeless system is unable to address the real cause of their problem - the overall national shortage of affordable housing - its best course of action is to facilitate their accommodation to this shortage and help them make it more quickly.

The Alliance recommends a HOUSING FIRST approach for most families. The focus is upon getting families very quickly back into housing and linking them with appropriate mainstream services - reducing their stay in housing to an absolute minimum. The components of such a plan are:

- Housing services: to clear barriers such as poor tenant history or poor credit history;to identify landlords; to negotiate with landlord; etc.
- Case management services: to ensure families are receiving public benefits; to identify service needs; to connect tenants with community-based services.
- Follow-Up: To work with tenants after they are in housing to avert crises that threaten housing stability and to problem-solve.

There are exceptions to this strategy for which an interim type of housing is necessary prior to placement in permanent housing. Families in which the head of household has a chronic and longstanding illness such as alcohol or substance abuse disorder or mental illness may require treatment, with housing for family members, followed by an intermediate level of supportive housing that has appropriate services attached. This would follow the model described above for chronically homeless, chronically ill single people.

For families fleeing an immediate domestic violence situation, a Housing First approach is also unlikely to be effective. Such families typically need a period of from four to six months in a sheltered and secure environment in order to sever ties with the batterer. A major component of this transition, however, must be the identification of housing available at its completion.

Similarly for transitionally homeless single adults, the emphasis should be placed upon facilitating their move to permanent housing. Housing services, case management services and follow-up services can be effectively utilized to maximize housing stability.

> California's Homeless Assistance Program (HAP) provided 30 days of hotel accommodation plus move-in costs (rent deposits) for newly homeless families which were receiving welfare income support. The philosophy of the program was to prevent families experiencing a housing crisis from entering the shelter by giving them the financial resources to get quickly back into housing. Accordingly, virtually no services or referrals were provided. The cost was low - about $700 per family, but more than 60% of families were stabilized after six months.[1]

Dealing differently with these major components of the homeless population will drastically change the dynamic of homelessness.

The current orientation is to keep people in the system for long periods of time, either because there is no place for them to go (chronically and episodically homeless), or because it is assumed that people are homeless because of some set of personal problems that can be "fixed" by the homeless system (families, transitionally homeless single adults). To end homelessness, a different approach can be taken. People should be placed in housing as rapidly as possible and linked to available services.

Building Infrastructure

A primary reason that wide-scale homelessness did not exist twenty-five years ago is that the infrastructure of housing, income and services that supports poor people has changed. Remedies to homelessness must take place within the context of re-building this infrastructure. Although we can stop people who lose their housing from spending lengthy periods of time homeless, ultimately we will not be able to stop people from having housing emergencies until we address their housing, income and service needs.

Housing

Most poor people rent housing, and a great many poor renter households are at an extremely high risk of homelessness. This is because so many of them, 12.3 million individuals or 5.4 million families[i] have a housing affordability crisis. They pay more than half of their income for rent, and therefore have no buffer to deal with unforeseen expenses such as car breakdowns, the need to leave a job to care for a sick child, or school costs. Should such economic crises arise, they are vulnerable to losing their housing and becoming homeless.

Part of this problem is income-related, but there is also an extreme and growing shortage of affordable housing units in the country. In 1995, the number of low-income renters exceeded the number of low-cost units by 4.4 million.[ii] This problem is getting worse. While the number of households needing housing support has increased, the number of units affordable to them has decreased. 370,000 unsubsidized units affordable to extremely low income renters were lost between 1991 and 1997[iii] Federal housing subsidy can help address the problem, but here again supply does not keep up with demand. The number of units receiving direct federal subsidies has dropped by 65,000 in the past four years.[iv] Even where housing subsidy is available, it does not always solve housing problems. According to HUD, 1.3 million households that receive some sort of housing assistance still have a severe rent burden.[v]

In short, housing is a serious problem for lower income Americans including those who work. Yet stable housing is essential to achieve national goals of improved education, safety, health care and employment. There are existing housing programs to address these issues, but they are not adequate. Of those people who are eligible for housing assistance (based on income or status), as many do NOT receive assistance as DO receive it, because of inadequate funding.

People become homeless because of the lack of affordable housing. The supply of housing that is affordable and available to low income people should be increased. In addition, subsidies that allow people to achieve stability in decent housing should be regarded as good investments in a productive society.

Income

Work does not pay for housing. According to the National Low Income Housing Coalition, there is no community in the nation in which a person working at minimum wage can afford (using the federal standard of affordability) to rent a one-bedroom unit. Averaging across the nation, a full-time worker would have to make $11.08 per hour (215% of the minimum wage) in order to afford a two-bedroom rental unit. Alternatively, a person could work at minimum wage for an average of 86 hours per week [vi].

For the poorest Americans, reduced incomes are part of a long-term trend. Wages for the lowest-paid workers have gone down substantially in real terms over the past 20 years. The wage for a worker at the tenth percentile (i.e. with wages that were higher than ten percent of workers, and lower than 90 percent) was $6.52 per hour (in 1998 dollars) in 1979. By 1998 it had declined to $5.84, up from a low of $5.37 in 1996. This drop mirrors a drop in the purchasing power of the minimum wage, which declined from $6.29 in 1979 (1997 dollars) to $5.15 in 1997, where it has remained. [vii]

The decline in real wages has gone along with an even greater deterioration in the availability and purchasing power of public benefits for the poorest and most afflicted people. In 1995, Congress amended the Supplemental Security Income program so that drug and alcohol addiction could not be considered grounds for disability. As a

result, approximately 140,000 people, whose addictions and other disabilities were so severe that they made it impossible to work, lost benefits immediately. From the mid-1980s through the mid-1990s, many states eliminated programs of "General Assistance" or "General Relief," that provided minimal benefits to unemployed people who were not eligible for any other benefit program. Then, in 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act, which affected food stamp allocations for many people, eliminated SSI eligibility for some children, and turned the administration of welfare programs for families over to the states, through the Temporary Assistance for Needy Families program.

While there has been much controversy about the overall impact of welfare reform, one fact that all concerned seem to agree on is that incomes of the very poorest families have gone down. Despite a superbly healthy economy, for example, the income of the poorest 20% of female headed families with children (six million people) fell $580 per family between 1995 and 1997. [viii] The erosion of income was caused largely by sharp reductions in government cash and food assistance for poor families.

The rising tide of the strong economy is indeed lifting boats. However, poor people are experiencing far less benefit than those of higher incomes. Most importantly, any benefit they may experience is not adequate to meet the increasing cost of housing. We must continue to support efforts to create a wage and benefits that allow households to pay for basic expenses, including housing, food and health care.

Services

People often need services, and low-income people must turn to public systems to secure the services they need. Some need services in order to work and earn the money to pay rent. Others need services, regardless of their income, in order to meet their basic responsibilities as a tenant and remain in housing.

Mental health treatment is essential so that people with mental illness can earn money and pay rent, and for those with the most severe illnesses, so they can meet other responsibilities as tenants. A great deal of current chronic homelessness can be traced to the lack of a system of community treatment, linked with housing, to replace the system of state hospitals that have been closed in large numbers in recent decades. The National Association of State Mental Health Program Directors estimated that 57,000 people were cared for in state psychiatric hospitals in 1997, down 37% from that number in 1990. This decline is part of a long-term trend that began in the 1950s. Community-based mental health treatment has not kept up with this decline.

The substance abuse treatment system is facing a severe treatment gap. The National Association of State Alcohol and Drug Abuse Directors indicates that 50% of those who need treatment receive it. [ix] Waiting times for treatment at publicly-funded clinics preclude effective help for those without stable housing.

Child care is another important service. As welfare becomes less relevant to low-income communities, single parents must work in order to stay housed. Public child care is especially important for those at risk of homelessness - homeless parents are less likely to have functioning networks of social supports, such as family members or friends who could care for their children, than are poor parents in general. Nationally, however, only one out of ten children who is eligible for child care assistance under federal law receives any help. [x]

Everyone uses services. Those with the lowest incomes rely on public systems to supply medical care, job training, education, mental health treatment, child care, substance abuse treatment, transportation and many other services. Those systems are almost uniformly overburdened, and in many cases are not keeping up with new demands. These public systems require realistic funding and good policies to address new challenges.

[i]"Rental Housing Assistance - The Worsening Crisis: A Report to Congress on Worst Case Housing Needs." U.S. Department of Housing and Urban Development, Office of Policy Development and Research, March 2000.
[ii] In Search of Shelter: The Growing Shortage of Affordable Rental Housing. Center on Budget and Policy Priorities, Washington, DC. June 1998/
[iii] Ibid.
[iv] "The State of the Nation's Housing." Joint Center for Housing Studies of Harvard University, 1999.
[v] "Rental Housing Assistance - the Worsening Crisis," op cit.
[vi] Dolbeare, Cushing, "Out of Reach: The Gap Between Housing Costs and Income of Poor People in the United States." National Low Income Housing Coalition, Washington, DC, September, 1999.
[vii] All statistics are from analysis by the Economic Policy Institute of Census Bureau Data. Available through the Economic Policy Institute web site at www.epinet.org.
[viii] "Average Incomes of Very Poor Families Fell During Early Years of Welfare Reform, Study Finds." Press Release, Center on Budget and Policy Priorities, August 22, 1999. The study cited counts food stamps, housing subsidies, Earned Income Tax Credit and other such benefits as income, as well as conventional earnings.
[ix] Robert Anderson, National Association of State Alcohol and Drug Abuse Directors, Testimony before the Subcommittee on Health and the Environment, Committee on Commerce, U.S. House of Representatives, August, 1999.
[x] U.S. Department of Health and Human Services, Administration for Children and Families, Access to Child Care for Low-Income Working Families (Washington, D.C.: U.S. DHHS, October 19, 1999).