

Allentown's Plan to End Chronic Homelessness by 2017

First Lady's Commission to End Chronic Homelessness

Commission Report

June 4, 2007



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Allentown’s Plan to End Chronic Homelessness by 2017

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Executive Summary

In January of 2006, representatives of the City of Allentown and the Lehigh County Conference of Churches met to discuss the city's unsheltered homeless. Of particular concern were the unsanitary conditions for the homeless persons living underneath the city's Eighth Street Bridge. In order to address these concerns, Allentown Mayor Ed Pawlowski appointed a First Lady's Commission to End Chronic Homelessness charged with developing a ten-year plan to end chronic homelessness in the City.

On June 27, 2006, First Lady Lisa Pawlowski and The Reverend Dr. Christine L. Nelson convened a meeting of elected officials and community stakeholders from the City, Lehigh County, social service agencies, churches, and hospitals to begin the planning process. Since that time, a total of 53 Commission members met regularly from July of 2006 to May of 2007 as part of four working committees and a steering committee. The final plan was presented to Commission members on May 1, 2007, for approval. Allentown's Plan to End Chronic Homelessness by 2017 was presented to the public on June 4, 2007, at Allentown City Hall.

Allentown's Plan to End Chronic Homelessness by 2017 consists of three primary strategies: Prevention, Intervention, and Infrastructure. **Prevention** strategies address the root causes of chronic homelessness through the provision of eviction prevention services, tenant education, rental assistance, job/vocational training, employment services, intensive case management services, and specialized services designed to address the unique needs of women and children who are homeless. **Intervention** strategies include the closure of all homeless camps and addressing the gaps and barriers in the service delivery system by identifying the chronically homeless, developing affordable housing, and improving access to services that will enable chronically homeless persons to obtain and remain in permanent housing. **Infrastructure** strategies include advocating for services, programs, and policies at the local, state, and national levels that enable chronically homeless persons to live as independently as possible in the community.

Allentown's ten-year plan consists of an evaluation process that includes a Data Collection Process Evaluation and a Planning Process Evaluation. The **Data Collection Process Evaluation** involves the creation of a database, the collection of data, and the development of annual data reports that will document the progress towards the goal of ending chronic homelessness. The **Planning Process Evaluation** will aid the implementation of the Commission's plan by serving as a feedback loop and a measuring tool for the completion of action steps and interventions.

An important, final element of the Plan includes Phase II. **Phase II** outlines the strategy for implementation of the ten-year Plan through the creation of an Allentown Commission on Chronic Homelessness supported by Implementation Working Teams. The **Allentown Commission on Chronic Homelessness** will be composed of local shapers and movers in government, social services, churches and non-profit organizations who will be charged with promoting the Plan, providing oversight to implementation of the Plan, and expanding the Plan to address the needs of chronically homeless person throughout the region. The **Implementation Working Teams** will be composed of professionals representing organizations that provide

services to persons who are chronically homeless. These teams will be responsible to implement the plan, consolidate findings and make recommendations to the Commission, and form a coordinated continuum of care to address the needs of persons who are chronically homeless.

The First Lady's Commission to End Chronic Homelessness *envisions a city where there are no chronically homeless individuals or families.* Our mission is to ensure that *every formerly chronically homeless person will have the support services, health care, and employment opportunities needed to live as independently as possible in safe, sanitary, accessible, and affordable permanent housing of his or her choice.*

Introduction

While the exact number of people living without a home is not known, it is estimated that as many as 13.5 million people living in the United States have experienced an episode of homelessness in their lifetime. The Stewart B. McKinney Homeless Assistance Act of 1994 defines homelessness as:

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

A national rate of homelessness that includes people who may not meet the federal criteria for homelessness but who “double up” with friends or family after losing housing would increase the lifetime prevalence of homelessness to 26 million Americans.

Approximately half of the homeless experience one episode of homelessness in their lifetime but 22 percent of the homeless report having experienced four or more homeless episodes. Research suggests that almost 20 percent of single people using publicly funded shelters are episodically or chronically homeless. The definition of “Chronic Homelessness” as determined by the U.S. Department of Housing and Urban Development is:

An unaccompanied homeless individual with a disabling condition who has either been continually homeless for a year or more, or has had at least four episodes of homelessness in the past three years. The chronically homeless are people living with a severe mental illness, substance abuse disorder, physical disability, or medical problem such as HIV/AIDS.

In 2000, the National Alliance to End Homelessness announced a plan to end homelessness in ten years and specified the need for policy makers and service providers to make the chronically homeless a priority population. Since that time President Bush identified “ending chronic homelessness in the next decade a top objective” in his Fiscal Year 2003 Budget and the U.S. Congress authorized a directive to give preferential status to applicants who prioritize services for the chronically homeless in the awarding of federal homeless assistance grants. As a result, providers of services to the homeless are developing programs targeted at this priority population.

Previously established approaches and systems created to combat homelessness have not reduced the number of homeless. Providers of services for the homeless most commonly cite disabled chronically homeless people as the most difficult to serve. The chronically homeless frequently use emergency shelters, are frequent consumers of drug and alcohol services, and have had contact with the mental health system. Most of the chronically homeless “fail” at conventional services because of rigid program structure, unreasonable expectations for client progress, or

because of requirements for consumers to abstain from drugs and alcohol in order to receive services. Emergency shelters and other traditional temporary housing programs for the homeless do not succeed in moving the chronically homeless out of homelessness. Communities and service providers must develop successful approaches to better serve this “hard to serve” population.

Why should we focus our efforts on ending chronic homelessness?

- Individuals experiencing chronic homelessness consume a disproportionate amount of resources. Approximately ten percent of the chronic homeless population consumes over fifty percent of the resources. They are heavy users of costly public resources, including emergency medical services, psychiatric treatment, detoxification facilities, shelters, and law enforcement/corrections.
- Chronic homelessness has a visible impact on a community’s safety and attractiveness.
- Effective new methodologies exist to engage and house this population.
- Addressing the needs of this group will free up resources for other homeless groups, including youth and families.
- It is a finite problem that can be solved.
- This group is in great need of assistance and special services.

Why should we focus on chronic homelessness now?

- New methodologies exist to move people off the streets and keep them housed.
- Solution-oriented strategies offer alternatives to expensive police/court interventions.
- Federal funding focused on the chronically homeless.

Agenda for Ending Homelessness in Pennsylvania

In May 2003, Pennsylvania was one of ten states selected to participate in the HUD Policy Academy in Chicago entitled, “Improving Access to mainstream Services for People Experiencing Chronic Homelessness”. Subsequent to participation in the Policy Academy, Pennsylvania developed the plan, “Agenda for Ending Homelessness in Pennsylvania” and created the Pennsylvania Interagency Council on Homelessness responsible for oversight of the plan. The Council includes the Governor’s Housing Cabinet, Executive Director of the PA Housing Finance Agency, Secretary of the Dept. of Corrections, and Chair of the Pennsylvania Board of Probation and Parole.

In 2003, over \$110,690,000 federal, state, and private dollars were spent in Pennsylvania on housing and programs for homeless persons. According to the statewide Point-In-Time survey conducted on January 26, 2005, a total of 15,353 persons were homeless. Of these persons, a total of 589 persons were identified in the Allentown/Northeast Region. In addition, there were 129 homeless families, 214 homeless individuals, and 109 persons were chronically homeless.

In June 2004, the Pennsylvania Interagency Council on Homelessness adopted the following vision for the future of Pennsylvanians:

Pennsylvania envisions a state where there are not homeless individuals or families. Each person will have the support services needed to live as independently as possible in permanent housing of his or her choice. The mainstream services will be adequate, well-coordinated, consumer driven, and recovery-oriented. All housing and services will be offered with dignity and respect, and will provide hope.

The Commonwealth also adopted a set of principles to fulfill this vision:

1. Provide and assure access to a continuum of housing and supportive services.
2. Nurture and expand creative use of resources.
3. Develop an administrative structure and delivery mechanisms to effectively implement this plan.

The Agenda for Ending Homelessness in Pennsylvania is based on three state-driven strategies to end homelessness throughout Pennsylvania. These strategies include:

1. To improve coordination between state agencies and promote targeting of resources consistent with the state vision and guiding principles.
2. To foster and support local efforts to ending homelessness.
3. To promote “recovery-oriented housing” and services for chronically homeless individuals.

Chronic Homelessness in Allentown

For the past ten years the Lehigh County Conference of Churches located in Allentown, Pennsylvania, has provided a variety of services for persons who are homeless - street outreach, representative payee services, housing case management, and adult drop-in care. For the past two years, the Conference of Churches has coordinated an effort to target, engage and provide intensive case management services to persons who are chronically homeless. A total of 1,350 unduplicated homeless persons received services from the Lehigh County Conference of Churches. Of these persons, 724 were male, 626 were female, 421 were children, 263 were disabled, 43 were military veterans, and 189 were chronically homeless.

In January 2005, The Lehigh County Conference of Churches conducted the first Point-In-Time survey of the unsheltered homeless in Allentown. The purpose of the Point-In-Time survey is to collect data on the number, characteristics, and service needs of the unsheltered homeless; conduct outreach and engagement with the unsheltered homeless; and educate the community about homelessness. During that first year, a total of 13 unsheltered homeless were identified. Additional Point-In-Time surveys have been conducted since then. In September 2005, a total of 26 people were identified as unsheltered homeless; on January 26, 2006, a total of 33 unsheltered homeless individuals were identified; and on January 25, 2007, the Conference of Churches identified 28 homeless persons and of those, 15 persons were identified as chronically homeless.

In April 2005, Stephanie Barnett of the Lehigh County Conference of Churches conducted a study of the chronically homeless in Allentown, Pennsylvania. The study utilized a qualitative design to explore the life experiences of persons who were chronically homeless through narratives. The chronically homeless interviewed were predominately white, male, divorced or never married, and had either a substance use disorder or mental illness. The majority of men in this population reported some sort of legal involvement and frequently reported histories of child abuse. Smaller numbers of the chronically homeless were women who also had a mental illness, substance use disorder or both. The women had histories of victimization through domestic abuse, sexual assault, or childhood abuse. This population tends to reside together in small communities either in the woods or under several bridges in the area. They infrequently use public shelters and other transitional housing programs, viewing them as uncaring, rigid, and unbeneficial.

Common themes and experiences identified by the chronically homeless persons who were interviewed by Ms. Barnett included childhood abuse and neglect, frequent relocation, parental substance abuse, placement outside the home, poor peer relationships, strained family relationships, community isolation, maladaptive coping skills, substance abuse, aggression and violence, criminal activity, running away, dropping out of school, spirituality and survival, military experience, hopelessness, survival, financial problems, difficulty navigating the system, avoidance of shelters, and barriers to housing.

Studies of the region's homelessness have also been conducted by the Lehigh Valley Coalition on Affordable Housing (LVCoAH). Started in 1984, the LVCoAH is a broadly based organization of local government officials, lawyers, lenders, developers, social service workers, clergy, and other civic leaders whose mission is to ensure that every household in the Lehigh

Valley is secure in affordable, safe, sanitary, and appropriate housing. The Coalition publishes the annual Lehigh Valley Shelter Census, conducts an appeal to all Lehigh County and Northampton County municipalities for funding to support the area's ten shelters, educates the community and elected officials about housing issues, and monitors legislation affecting homelessness and affordable housing. According to the LVCoAH, in 2005 there were a total of 2,591 men, women, and children who were housed in the region's nine emergency and short-term shelters. Over 50% of those persons were living in Allentown before seeking shelter and 70.3% reported Allentown as a place of former residence. The primary reason for leaving their place of former residence was non-payment of rent.

The lack of available housing is a significant barrier faced by the chronically homeless who have no income or are extremely low-income and are dependent on housing subsidies. In Allentown, the poverty rate increased from 12.9% in 1990 to 18.5% in 2000; the Allentown Housing Authority's Section 8 waiting list has been closed for several years (but just recently opened); and the price of housing is significantly outpacing income, with the HUD Fair Market Rent for a 1-bedroom unit costing \$668. Homelessness may be reduced by modest supply policies combined with housing assistance directed to those for whom housing costs consume a large share of their income.

The combination of survey data and the life experiences of the chronically homeless may provide a lens through which the true realities of those experiencing chronic homelessness may be viewed. Policies and services that are guided by the strengths and adaptive strategies of homeless persons, as well as the economic and systems barriers experienced by the chronically homeless may help to end the "chronic" or cyclical nature of homelessness.

Current organizations such as social service agencies, hospitals, prisons, drug and alcohol rehabilitation agencies, police, veterans groups, governmental entities, mental health agencies and shelters have regular contact with the chronically homeless but there is no coordinated effort to count or identify the specific needs and barriers that have kept these persons in the revolving door of chronic homelessness. The first step in intervention is to count the number of unduplicated chronic homeless in the Lehigh Valley, know them by name, and identify their needs by soliciting their opinions as to what would assist them in staying housed.

Simultaneously, as many possible forms of affordable, accessible permanent housing units should be created to be matched to the number of chronically homeless as well as adding capacity in emergency and transitional housing, and shortening of waiting time before placement. Increased housing subsidies are also necessary, especially as the cost of housing in the Lehigh Valley skyrockets.

Related services to assist individuals in establishing eligibility for medical assistance or social security in order to facilitate access to medical, mental health, drug and alcohol, dental, and prescription services, as well as ensuring that clear referral paths from treatment services to all first point of contact community agencies providing food and shelter to the homeless are strong. Most have experienced trauma such as abandonment, abuse, war, neglect both physical and emotional, which has kept them from learning appropriate socialization, and need appropriate counseling. Additional after-care supports for people leaving structured settings are needed as

are longer stays at shelters in order to ensure better outcomes. Employment and transportation are additional factors that should be addressed.

Involvement of the private sector and government entities are vital in providing the means, both financial and the will, to address chronic homelessness in our community. Community resources may need to be reallocated in both the private and public sectors, public policy altered, and public resistance addressed if we are to provide the housing and services necessary to end chronic homelessness.

Development of Ten-Year Plan

In January 2006, representatives of the City of Allentown and the Lehigh County Conference of Churches met to discuss the city's unsheltered homeless. Of particular concern were the unsanitary conditions for the homeless persons living under the city's Eighth Street Bridge. In order to address these concerns, Allentown Mayor Ed Pawlowski appointed a First Lady's Commission to End Chronic Homelessness charged with the development of a ten-year plan to end chronic homelessness in the city.

On June 27, 2006, First Lady Lisa Pawlowski and The Reverend Dr. Christine L. Nelson convened a meeting of elected officials and community stakeholders from the City, County, social service agencies, churches, and hospitals to begin the planning process. A Steering Committee and four sub-committees were established to develop the ten-year work plan – Prevention Committee, Intervention 'A' Committee, Intervention 'B' Committee, and an Infrastructure Committee.

The Steering Committee, consisting of First Lady Lisa Pawlowski, The Reverend Dr. Christine L. Nelson, and the chairs of the four sub-committees, was charged with oversight of the entire planning process. The Prevention Committee was given the task of writing a plan to "Close the Front Door" by utilizing mainstream resources in order to prevent homelessness. The Intervention Committees were advised to develop strategies to "Open the Back Door" by increasing access to services and housing so that persons can remain in housing. The Infrastructure Committee was charged with creating a plan to increase the supply of supportive, affordable housing and developing an advocacy and educational strategy to reduce homelessness.

From July through October of 2006, the committees met regularly to develop their piece of the ten-year plan and the Steering Committee met to provide guidance and feedback regarding the process. On November 13, 2006, the first draft of the ten-year plan was reviewed and next steps were discussed. In addition, Lea Dougherty, Director of Community Services of United Neighborhood Centers, spoke about lessons learned in the development and implementation of the Scranton/Lackawanna County Ten-Year Plan to End Chronic Homelessness developed in 2004. On February 28, 2007, the first draft of the ten-year work plan was presented to all committee members for review. The final draft of the ten-year work plan was presented to Allentown Mayor Ed Pawlowski and committee members for final approval on May 1, 2007. Allentown's Plan to End Chronic Homelessness by 2017 was released to the public on June 4, 2007, at City Hall.

Commission Recommendations and Objectives

Vision Statement

We envision a city where there are no chronically homeless individuals or families.

Mission Statement

By 2017, every formerly chronically homeless person will have the support services, health care, and employment opportunities needed to live as independently as possible in safe, sanitary, accessible, and affordable permanent housing of his or her choice.

I. PREVENTION: “Close the Front Door”

A combination of personal characteristics and societal or structural issues create vulnerabilities for homelessness. Emergency services including soup kitchens, shelters and other supportive services for the homeless are often the first step in assisting homeless people. While emergency services are necessary, emphasis will be on strategies with the best long-term solutions such as, but not limited to data collection, chronic homeless advocacy for housing, jobs and employment-related services, and intelligent use of rental assistance providers in a coordinated fashion.

Purpose:

In order to “close the front door” a strategy needs to be developed to address the root cause of homelessness, chronic homelessness and better meet the needs of homeless women and children in Allentown. Existing resources will be used in a more coordinated manner in order to maintain and encourage residential stability, link housing and support services, and strengthen existing services. Access to income is essential to secure and maintain housing and to live independently. Chronically homeless persons need assistance with job/vocational training and job placement opportunities.

Current challenges:

1. From 2001 through 2006, the Allentown School District documented in excess of 600 homeless students annually. Research studies indicate that chronically homeless adults experienced homelessness as children.
2. In 2004 and 2005, the number of chronically homeless persons in Allentown was 40% higher than predicted.
3. At risk and homeless women and children in Allentown face the reality of insufficient emergency and transitional shelter beds in Allentown.

4. Chronically homeless persons require assistance with job/vocational training and job placement opportunities.

GOAL:

Assuming a population of 150 chronically homeless persons, the percentage of chronically homeless persons who remain housed after 18 months will be 40% in 2009 and will increase 8% each year, resulting in 100% of chronically homeless persons housed by 2017.

Objective 1: Prevent homelessness through the provision of eviction prevention services.

Action Steps:

- Year 1:** Plan and develop an eviction prevention program with district justices.
- Year 2-3:** Implement program with a total of 4 district justices participating in the eviction program.
- Year 4-10:** Implement program with a total of 10 district justices participating in the eviction program.

Potential Partners:

- 1) Rental assistance agencies
- 2) Landlords
- 3) Shelter providers
- 4) District Justices
- 5) Human Relations Office, City of Allentown
- 6) Allentown School District
- 7) Communities in Schools
- 8) Lehigh County Children and Youth
- 9) Community Action Committee of the Lehigh Valley
- 10) United Way of the Greater Lehigh Valley
- 11) Lehigh County Conference of Churches

Objective 2: Prevent homelessness through the provision of rental education services and rental assistance.

Action Steps:

- Year 1:** Plan and develop a rental education program utilizing best practices in renter self-advocacy. Rental education program will also address the issue of sub-standard units and code-violators.
- Year 2-10:** Provide comprehensive staff training to rental assistance agencies and housing providers.

- Year 2-10:** Provide tenant and landlord education/mediations services to tenants and landlords.
- Year 2-10:** Provide rental assistance funds to 500 households annually resulting in the prevention of 2,500 evictions.

Potential Partners:

- 1) Rental Assistance Agencies
- 2) Landlords
- 3) Lehigh Valley Center for Independent Living
- 4) City Rental Inspection Program
- 5) Self-Determination Housing Project of Pennsylvania
- 6) Penn State Cooperative Extension
- 7) Community Action Committee of the Lehigh Valley
- 8) Pennsylvania State Finance Agency
- 9) United Way of the Greater Lehigh Valley

Objective 3: Prevent homelessness through the provision of job/vocational training and employment services.

Action Steps:

- Year 1:** Develop a plan to link chronically homeless persons and other persons at risk for homelessness (persons with disabilities, underemployed, undereducated) with job/vocational and employment services.
- Year 2:** Implement employment plan for at-risk and chronically homeless persons.
- Year 2-5:** Link 50 at-risk and chronically homeless persons with job/vocational and employment services.
- Year 5-10:** Link 100 at-risk and chronically homeless persons with job/vocational and employment services.

Potential Partners:

- 1) CareerLink
- 2) Bureau of Employer and Career Services
- 3) Department of Public Welfare
- 4) Pennsylvania Dept. of Education
- 5) Center for Workforce Information and Analysis
- 6) Office of Vocational Rehabilitation
- 7) Veterans Employment and Training Service
- 8) Good Shepherd Rehabilitation Network
- 9) The Perfect Fit
- 10) City of Allentown Weed and Seed Employment Counseling Program

Objective 4: Prevent homelessness through the provision of intensive case management services.

Action Steps:

Year 1: Identify persons who are chronically homeless and link persons to appropriate services.

Year 1-2: Provide intensive case management services to 50 chronically homeless persons who will remain in permanent housing for 18 months.

Year 3-5: Provide intensive case management services to 75 chronically homeless persons who will remain in permanent housing for 18 months.

Year 6-10: Provide intensive case management services to 150 chronically homeless persons who will remain in permanent housing for 18 months.

Potential Partners:

- 1) Coordinated by Lehigh County Conference of Churches
- 2) Lehigh County MH/MR
- 3) Other mental health providers

Objective 5: Prevent homelessness of women and children by developing appropriate services designed for this population.

Action Steps:

Year 1: Collect data on the reasons for homelessness.

Year 2: Develop a strategy that includes a community response to the needs of homeless women and children.

Year 3-10: Implement strategy to prevent homelessness of women and children.

Potential Partners:

- 1) Area shelters serving women and children
- 2) Valley Youth House
- 3) Allentown School District
- 4) Catholic Charities
- 5) Hispanic American Organization
- 6) Lehigh County Conference of Churches
- 7) Program for Women and Families

II. INTERVENTION: “Open the Back Door”

No one is certain of the number, identity, or breadth of needs of the chronically homeless. We need to “open the front door,” sit face to face, know and be known by them. Not until we truly understand the barriers they experience every day, can the road to a new life be paved.

The chronically homeless are people living in encampments, cars, under bridges, and who are leery of social services and shelters. They are heavy users of expensive public systems such as hospitals, emergency rooms, rehabilitation, and jails.

Though a community-wide integrated and coordinated system of services and housing possibilities for the homeless population exists in the Lehigh Valley, there are gaps and barriers in the system that especially affect the chronically homeless whose long term homelessness may require unique interventions. Chronically homeless persons are 10% of the homeless population nationally, but use 50% of the available resources. Identifying their number and addressing their needs now in order to move them out of homelessness should eventually make more community dollars available in the future, with the goal of intervention before a person’s homelessness reaches the chronic stage. The current provider system should be enhanced and expanded, not replicated, to avoid creating yet another bureaucracy.

People should be helped to exit homelessness as quickly as possible. 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.

Purpose:

One of the first steps in addressing the needs of the City’s chronically homeless persons, particularly those living in encampments and the “invisible chronically homeless”, is:

- Identification of chronically homeless persons.
- Identification of their needs and match to service coordination.
- Access to and placement in appropriate permanent housing.
- Homeless encampment closures, cleanup, and on-going monitoring of sites.

A second step is reduction of the many barriers which prevent chronically homeless persons from obtaining permanent housing, including but not limited to the following:

- Increasing access to subsidized housing.
- Increasing access to drug and alcohol treatment.
- Increasing access to mental health services.
- Increasing access to employment and vocational rehabilitation opportunities.
- Increasing access to forms of identification (birth records, social security cards, etc).
- Increasing access to medical and dental care, and prescriptions.

Current challenges:

1. In 2005, 189 chronically homeless persons were identified over a two-year period in Allentown.
2. As of January, 2007, a total of 48 persons are living in 9 homeless encampments that exist in the City. Many are located on private property. Permanent structures have also been built on two sites. Encampments are located at the following sites:
 - Linden/Hamilton Bridge, Jordan Creek (7 males)
 - Sewage Treatment Plant (5 males, 1 female)
 - Tilghman Street Bridge (3 males, 2 females)
 - K-Mart (2 males, 1 female) [recently evicted]
 - Eighth Street Bridge (4 males, 3 females)
 - Parkway (1 male)
 - Twelfth Street and Martin Luther King (5 males, 2 female)
 - Fourth Street and Priscilla (1 male, 1 female)
 - Unknown (9 males, 1 female)
3. There is a lack of coordinated services in Allentown designed to address the multitude of needs for persons who are chronically homeless.

GOAL:

By year ten, all current City encampments will close and remain closed and no chronically homeless persons will live in any new encampments established within the City.

Objective 1: Prevent homelessness through the elimination of City encampments and connecting homeless persons with supportive services and permanent housing.

Action Steps:

- Year 1:** Develop a plan to eliminate City encampments and provide appropriate services and permanent housing for its residents.
- Year 2:** Implement plan to eliminate encampments and relocate residents.
- Year 3:** Close all encampments.
- Year 4-10:** All encampments will remain closed and no new encampments will open.

Potential Partners:

- 1) Lehigh County Conference of Churches Supportive Services and Linkage Street Ministry
- 2) Shelter providers
- 3) EMS providers
- 4) Allentown Police Dept.
- 5) Allentown Health Bureau
- 6) Allentown Bureau of Parks

- 7) Allentown Bureau of Solid Waste and Recycling
- 8) Allentown Fire Dept.
- 9) Allentown Public Works
- 10) Allentown Bureau of Building Standards
- 11) Allentown Bureau of Zoning
- 12) Allentown Dept. of Community Development

GOAL:

Every chronically homeless person will be known by name, their needs defined, and matched to appropriate providers via a database of the chronically homeless and referral sources available to all chronically homeless service providers in the Lehigh Valley

Objective 1: Create and maintain a database of chronically homeless persons and referral sources in the Lehigh Valley which is available to all chronically homeless service providers with the goal of matching the needs of persons who are chronically homeless with appropriate providers.

Action Steps:

Year 1:

Identify an agency to create and maintain the database utilizing HMIS and PIT survey data.
Identify all agencies who serve persons who are chronically homeless.
Obtain commitment from such agencies to support the initiative.
Build the database by identifying name, need, and services received.

Year 2:

Establish format for annual community report on number, demographics and services needed.

Year 3-10:

Provide annual report/count of CH and services needed
Develop community PR.

Potential Partners:

- 1) All Lehigh Valley annual Homeless Shelter Census and PIT participants
- 2) City Police Department
- 3) Hospital ERs and Social Service Departments
- 4) Welfare Office
- 5) Allentown School System

GOAL:

A minimum of 15 permanent housing units will be made available every year for a total of 150 units by year 10 so that the pool of available, affordable housing options is equal to the number of chronic homeless persons in the Lehigh Valley.

Objective 1: Develop a pool of available, affordable housing options equal to the number of chronically homeless persons identified in the Lehigh Valley.

Action Steps:

Year 1: Identify and prioritize the various local housing programs or types to match the needs of the Chronically Homeless population of the Lehigh Valley; e.g. Housing First, Safe Haven, subsidized, private or public partnerships, DPW, DCED, etc.

Year 2: Develop relationships and resources necessary to obtain/access/means with Housing Authorities, Bi-County Affordable Housing Plan, government entities, grants, legislators, CACLV, Lehigh Valley Planning Commission, etc.

Years 1-10: Make 15 permanent housing units available every year for a total of 150 permanent housing units at the end of 10 years.

Potential Partners:

- 1) Housing Authorities
- 2) Valley Housing Development Corporation
- 3) Allentown Rescue Mission
- 4) Community Action Committee of the Lehigh Valley
- 5) Victory House of Lehigh Valley
- 6) City of Allentown
- 7) Alliance for Building Communities
- 8) Housing Association Development Corporation
- 9) Private businesses – construction companies
- 10) Private housing consultant

GOAL:

Every chronically homeless person will have access to appropriate permanent housing, to gaining forms of identification, mental health services, drug and alcohol services, medical/dental services, pharmaceuticals, employment and vocational rehabilitation opportunities resulting in 80% of chronically homeless persons receiving services and 100% of chronically homeless persons obtaining and remaining in permanent housing by year ten.

Objective 1: Barriers to obtaining permanent housing will be reduced, resulting in 100% chronically homeless persons obtaining permanent housing by year 10.

Action Steps:

Year 1:

- a. Identify and convene a committee to complete an inventory of resources available to CH persons, specifically identifying regulations, capacity of programs, and protocols which would prevent CH persons from receiving services.
- b. The committee is to identify specific barriers to CH persons to receive permanent housing across the spectrum of available options.
- c. Develop an outreach plan targeting CH individuals and action plans for placement into permanent housing.

Year 2:

- a. Use Data Base developed by the Task Force to identify and problem solve actual barriers experienced by the CH in partnership with community organizations and agencies that assist individuals in accessing permanent housing.
- b. Use identified information to place 5 individuals into permanent housing.

Years 3-10:

- a. Continue to maintain and refine knowledgebase and partnerships within the community.
- b. Use Data Base of CH and growing knowledgebase of how to overcome actual barriers to housing to place 50 CH persons in permanent housing by year 10.

Potential Partners:

- 1) All parties listed in the objectives below

Objective 2: Every chronically homeless person will have access to gaining forms of identification (birth records, social security cards, photo ID, driver's license, etc), which will give them tools to obtain and remain in permanent housing.

Action Steps:

Year 1: Convene current local agency representatives that assist people to obtain forms of identification.

Identify resources needed to obtain identification and barriers which prevent. Devise a plan to remove barriers and create a community system to assist chronically homeless persons in obtaining identification.

Year 2: Build a relationship with the County prison with the aim of bringing them into the community system with the goal that no prisoner will be released without appropriate identification.

Years 3-10: Maintain and improve the community system so that each year 80% of CH persons who seek a form of identification will obtain it. 50 CH persons will obtain identification by year 10.

Potential Partners:

- 1) Legislators
- 2) Lehigh County Prison
- 3) Lehigh County Conference of Churches
- 4) County Director of Veterans Affairs
- 5) County Records Office
- 6) Allentown VA Clinic
- 7) Bureau of Vital Records
- 8) Social Security Administration
- 9) PennDOT Drivers License Center

Objective 3: Every chronically homeless person will have access to appropriate mental health services, which will give them the tools to obtain and remain in permanent housing.

Action Steps:

- Year 1:** Complete an inventory of resources available to chronically homeless persons, specifically identifying regulations, capacity of programs, and protocols that would prevent chronically homeless persons from receiving services. Create a list of responsible parties. Identify specific barriers to chronically homeless persons to receive mental health services. Develop an outreach plan targeting chronically homeless mentally ill persons.
- Year 2:** Partner with community organizations and agencies that provide mental health services to create standardized and/or streamlined process for CH mentally ill persons to access services. Using database, reduce barriers for 5 CH mentally ill persons to access mental health services.
- Years 3-10:** Continue to maintain and refine partnerships in the community. Each year, 80% of chronically homeless persons who need mental health services will have access to them.

Potential Partners:

- 1) Transitional Living Center of Lehigh Valley Hospital
- 2) Step by Step
- 3) Wilkes-Barre VAMC
- 4) Sacred Heart Hospital Mental Health, Adult Psychiatric Unit
- 5) Lehigh County MH/MR
- 6) Clubhouse of Lehigh County
- 7) Crisis Intervention Center
- 8) Haven House
- 9) Lehigh County Conference of Churches Daybreak Drop-in Center
- 10) Older Adult Behavioral Mental Center (OABMC)
- 11) Lehigh Valley Hospital Seventeenth and Chew Mental Health Clinic
- 12) Allentown VA Outpatient Clinic

Objective 4: Every chronically homeless person will have access to appropriate drug and alcohol services, which will give them the tools to obtain and remain in permanent housing.

Action Steps:

Year 1: Identify and convene a committee to complete an inventory of resources available to chronically homeless persons, specifically identifying regulations, capacity of programs, and protocols which would prevent chronically homeless persons from receiving appropriate drug and alcohol services. The committee is to identify specific barriers to chronically homeless persons to receive appropriate drug and alcohol services across the spectrum of available resources. Develop an outreach plan targeting chronically homeless individuals and action plans for the use of appropriate drug and alcohol services in assisting the chronically homeless persons into permanent housing.

Year 2: Use database developed by the Task Force to identify and problem solve actual barriers experienced by chronically homeless persons in accessing appropriate drug and alcohol services in partnership with community organizations and agencies. Use identified information to place 5 individuals into permanent housing.

Years 3-10: Continue to maintain and refine knowledge base and partnerships within the community. Use database of chronically homeless persons and growing knowledge base of how to overcome actual barriers to appropriate drug and alcohol services to place 50 chronically homeless persons in permanent housing by year 10.

Potential Partners:

- 1) Transitional Living Center of Lehigh Valley Hospital
- 2) Step by Step
- 3) Wilkes-Barre VAMC
- 4) Lehigh County & Northampton County Service Directories
- 5) Allentown VA Clinic, Veterans Center
- 6) Crisis Intervention Center
- 7) Keenan House Treatment Trends
- 8) Haven House
- 9) Alcoholics Anonymous
- 10) Halfway Home of the Lehigh Valley
- 11) Lehigh Valley Intake Unit

Objective 5: Every chronically homeless person will have access to appropriate medical/dental services and pharmaceuticals, which will give them the tools to obtain and remain in permanent housing.

Year 1: Complete an inventory of resources available to chronically homeless persons, specifically identifying regulations, capacity of programs, and protocols that would prevent chronically homeless persons from receiving services. Create a list of responsible parties. Identify specific barriers to chronically homeless persons to receive medical/dental services and pharmaceuticals. Develop an outreach plan targeting chronically homeless persons to persuade them to accept services. Review discharge policies of local institutions (hospitals, jails, mental health facilities, substance abuse treatment programs, etc.) and identify policies that allow discharge to homelessness. Work with local institutions to provide alternatives to discharge to homelessness, in coordination with local shelters and housing agencies.

Year 2: Partner with local healthcare providers and agencies that offer medical/dental services to create standardized and/or streamlined process for chronically homeless persons to access services. Medical/dental services will be coordinated with mental health services and social services. Reduce barriers for 10 chronically homeless persons to access medical/dental services and pharmaceuticals if necessary. Assign case manager to coordinate services. Identified chronically homeless persons will apply for health insurance. Local institutions will implement a zero tolerance policy for discharge to homelessness. They will partner with shelters and housing agencies to assure that everyone has a place to go.

Years 3-10: Continue to maintain and refine partnerships in the community. Each year, 80% of chronically homeless persons will have access to medical/dental services and pharmaceuticals if necessary.

Potential Partners:

- 1) Transitional Living Center of Lehigh Valley Hospital
- 2) Step by Step
- 3) Wilkes-Barre VAMC
- 4) Allentown VA Clinic
- 5) Northampton VA Clinic
- 6) Department of Public Welfare
- 7) Lehigh County Aging and Adult Services
- 8) All area hospitals: discharge units, emergency rooms, pharmacies
- 9) Sacred Heart Parish Nurses
- 10) Lehigh County Conference of Churches Pharmaceutical Program
- 11) Health insurance companies
- 12) Government insurance
- 13) Pharmaceutical companies

Objective 6: Every chronically homeless person will have access to appropriate employment and vocational rehabilitation opportunities, which will give them the tools to obtain and remain in permanent housing.

Year 1: Create an inventory of resources available to chronically homeless persons, specifically identifying regulations, capacity of programs, and protocols that would prevent chronically homeless persons from receiving services. Create a list of responsible parties. Identify specific barriers chronically homeless persons experience in trying to obtain employment and vocational rehabilitation.

Develop an outreach plan targeting chronically homeless persons to persuade them to accept services.

Year 2: Partner with local employment and vocational rehabilitation agencies that offer services to create/streamline a process for chronically homeless to access services. Reduce barriers for 10 chronically homeless persons to access employment and vocational rehabilitation services.

Years 3-10: Continue to maintain and refine partnerships in the community to reduce employment and vocational rehabilitation barriers. Use database of CH persons and growing knowledge base of how to overcome barriers to place 150 chronically homeless in permanent housing by year 10.

Potential Partners:

- 1) Good Shepherd Workservices
- 2) Clubhouse of the Lehigh Valley
- 3) CareerLink
- 4) PA Industrial Council: Transportation Specialist
- 5) Dept of Labor and Industry Veterans Employment Representative (Allentown, Bethlehem, Easton)
- 6) VA Wilkes Barre Hospital: Compensated Work Therapy, Transitional Work Employment
- 7) Philadelphia VA Vocational Rehabilitation and Employment Service

III. 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.

Challenges:

The Lehigh Valley Planning Commission has just completed an affordable housing assessment of the Lehigh Valley titled, “An Affordable Housing Assessment of the Lehigh Valley in Pennsylvania, April, 2007”. The Planning Commission hired the firm of Mullin and Lonergan and Associates to conduct this assessment in response to the affordable housing crisis that is affecting the region. The affordable housing assessment identifies the following housing issues facing the Lehigh Valley that impact the chronically homeless population:

- A total of 26,348 renters in the Lehigh Valley are Very Low Income (having less than 50% of the median annual income - \$24,478 in Lehigh County and \$26,847 in Northampton County). Of these, 66.2% or 17,452 renters are cost burdened (paying more than 30% of gross monthly income on housing). A total of 14,440 renters are Low Income (having household annual income that is between 50% and 80% of the median annual income - \$24,479-\$39,165 in Lehigh County and \$26,848-\$42,956 in Northampton County). Of these, 25.9% or 8,950 renters are cost burdened. In other words: 26,402 renters are cost burdened.
- The demand for subsidized housing exceeds the supply. The five public housing authorities have a total of 6,024 applicants on their waiting lists for Section 8 vouchers and public housing units. Development projects underway by public and private non-profit sectors will result in a reduction in the number of affordable housing units. The 616 units planned for construction by the Allentown and Easton Housing Authorities under the HOPE VI program will result in a permanent net loss of 43 affordable housing units. (While the two HOPE VI projects will also provide 591 Section 8 vouchers, the vouchers will not add new affordable housing units to the region’s inventory.
- A total of 688 rental units financed through Low Income Housing Tax Credits may be converted to market rate housing before the end of 2007. An additional 577 units may be converted to market rate units between 2008 and 2012.

GOAL:

Create systems reform that will enable formerly chronically homeless persons to live as independently as possible in the community and prevent future individuals from experiencing homelessness.

Objective 1: Advocate for services, programs, and policies at the local and state levels that improve the lives of persons who are chronically homeless and that end chronic homelessness – increased revenues in the region’s Municipal Fund Appeal, access to funding for chronically homeless persons from Lehigh and Northampton Counties’ affordable housing trust funds, creation of a local Fair Housing Program, and increased access to state health care.

Action Steps:

Year 1-10: a) Collect monthly data on persons housed in the emergency shelters in the Lehigh Valley. Publish annual Lehigh Valley Shelter Census.

b) Conduct regional Point-In-Time Survey that includes a count of all homeless persons in the Lehigh Valley including persons housed in emergency shelters, transitional shelters, permanent supportive housing, and persons living on the street, car, etc. Publish results of Point-In-Time Survey.

c) Encourage our mayors and county executives to exercise leadership by fostering interagency collaboration of key government actors in order to meet the housing needs in the community. This collaboration should include taxing entities; zoning and planning boards, building departments, and other agencies involved in the zoning, planning, or permitting processes; city and state housing finance agencies and community development departments; state and local legislatures; and state and local housing authorities. Other agencies also may need to be involved – school systems, public hospitals, community colleges, and municipal courts. Include the business community in the development of housing policy that provides incentives for the private sector to develop affordable housing.

d) Support the development of a regional Fair Housing Initiatives Program.

e) Support housing bond issues. General obligation bonds for affordable homes can provide an indispensable form of equity to help create affordable housing. Because these bonds are repaid out of general revenue (or in some cases, a small increment on existing property or sales taxes), rather than from specific projects being financed, these bonds can provide an indispensable source of gap financing between the costs of projects and the financing they can support through expected rents or home sales.

f) Educate the public, municipal officials, and elected representatives about persons who are chronically homeless and engage in advocacy efforts resulting in services, programs, and policies that improve the lives of persons who are chronically homeless and end chronic homelessness.

Potential Partners:

- 1) Lehigh Valley Coalition on Affordable Housing
- 2) Bi-County Affordable Housing Advisory Board
- 3) Community Action Committee of the Lehigh Valley
- 4) Children’s Coalition of the Lehigh Valley
- 5) Valley Youth House
- 6) Allentown’s Weed and Seed initiative

Objective 2: Advocate for services, programs, and policies at the national level that improve the lives of persons who are chronically homeless and that end chronic homelessness – national health care, annual increase in HUD funding, annual increase in CDBG funding, passage of National Housing Trust Fund legislation, and passage of a national minimum wage increase.

Year 1-10: Participate in state and national efforts that are working to end homelessness by advocating for national health care, increased HUD funding, increased CDBG funding, creation of national housing trust fund, and increase in the federal minimum wage.

Potential Partners:

- 1) Lehigh Valley Coalition on Affordable Housing
- 2) Community Action Committee of the Lehigh Valley
- 3) Children’s Coalition of the Lehigh Valley
- 4) Valley Youth House
- 5) Allentown’s Weed and Seed initiative
- 6) Housing Alliance of Pennsylvania
- 7) National Low Income Housing Coalition
- 8) National Alliance to End Homelessness
- 9) VA Challenge Group

Proposal: A Regional Approach to End Chronic Homelessness

Chronic homelessness has no borders. The City of Allentown must work together with its neighboring communities in order to be successful in ending chronic homelessness. To that end, the First Lady's Commission to End Chronic Homelessness recommends a regional approach to ending chronic homelessness that would involve Lehigh and Northampton counties and the cities of Bethlehem and Easton. In addition, the region's municipalities should also be encouraged to become partners in this effort. Persons who find themselves homeless travel to the cities where the services are located, placing an undue burden on the cities to provide services for the region's homeless.

A regional approach to solving the needs of the community is being undertaken by a variety of entities:

1. A Bi-County Affordable Housing Advisory Board has been created by County Executives Don Cunningham and John Stoffa to develop a regional strategic housing plan to address the affordable housing crisis in the Valley. These recommendations will be advisory and will be used to help establish budget and policy decisions. The plan will be completed in May, 2007.
2. A Council of Governments (COG) was convened by Lehigh County Executive Don Cunningham to look at ways the municipalities and the County can work together to develop regional solutions to community problems.
3. Renew Lehigh Valley (Renew LV) is a campaign to transform the Lehigh Valley into a more vibrant, economically growing community with strong cities and boroughs that retains its young people while preserving open space. A diverse coalition of business, agriculture, environmentalists, urban, suburban and rural government officials, education and other civic leaders was formed to advance a policy agenda that would reverse the troubling trends of the past several decades. Renew Lehigh Valley embraces a "smart growth" agenda that is exploring a variety of public policy solutions that might include functional consolidations among municipalities, tax-base and/or revenue sharing, progressive land use planning at the county level, and even municipal consolidations or mergers.

Current initiatives include: 1) the development of a study to explore the feasibility of regionalizing the valley's water/wastewater systems; 2) implementation of a campaign to explore the development of transit opportunities, including passenger rail; 3) conducting a campaign that will result in a bi-county public health department; 4) implementing the recommendations of the State Planning Board regarding governance on a regional level; and 5) developing position statements that will be used to inform the public and elected officials about such issues as affordable housing, education, transportation, governance, open space preservation, land use development, economic competitiveness, and urban revitalization.

Evaluation

A. Data Collection Process Evaluation

Today most American communities plan how to manage homelessness—not how to end it. In fact, new data has shown that most communities 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.

Data collected will result in annual data reports for each year from 2007-2017. Progress will be documented by collecting, at a minimum, the following information:

- 1) Changes in the number of persons found on the street from year to year with data derived from consistently administered and analyzed street counts.
- 2) Increases in the percentage of chronically homeless persons who move directly from street to permanent housing, or other combinations of services that lead to permanent housing in the community.
- 3) Increases in the percentage of chronically homeless persons who receive other combinations of services that lead to permanent housing in the community.
- 4) Costs avoided by reducing inefficient utilization by homeless people of health, mental health, shelter, and law enforcement services.
- 5) Reductions in undesirable outcomes for homeless persons, i.e. days homeless, hospitalized, or incarcerated.
- 6) Increases in receipt by homeless persons of entitlement public benefits.
- 7) No reappearance in the homeless service system documented through HMIS.

In addition, data will specifically be collected in order to assess the reasons for homelessness among women and children. Data will also be collected regarding the number and location of encampments, number of persons residing at encampments, progress of encampment closures over ten years, and the outcomes for those persons relocated from encampments.

Creating and maintaining a database of Lehigh Valley chronically homeless and referral services available to them, accessible to all chronically homeless providers with the goal of matching chronically homeless persons to their needs and appropriate providers is important. Providing an annual community report on the number, demographics and services needed by chronically homeless persons, combined with an annual list of available, affordable housing, placed in the hands of a knowledgeable, networked provider system will eradicate chronic homelessness in the region. Simultaneously, the existing provider network shall be examined for holes, gaps, and communication lapses; and a census of existing, affordable, accessible, housing stock appropriate for the chronically homeless shall be taken. Availability in relation to need shall be evaluated and effectiveness of services assessed. Current available HMIS software and Point in Time (PIT) Surveys should be utilized and expanded.

B. Planning Process Evaluation

The Alert Partnership will conduct the Planning Process Evaluation. The evaluation to be developed is intended to aid the implementation of the commission's plan by serving as a feedback loop and a measuring tool for the completion of actions steps and interventions. This evaluation will not involve the collection of homelessness data, which will be done separately, but will serve to chronicle the activities of the commission within the community.

The evaluation will be utilized to:

- Measure completion of steps.
- Adapt approaches when needed.
- Chart progress on a yearly basis.
- Identify barriers to successful implementation of action steps or planned interventions.
- Identify local, regional and state trends or events that impact on homelessness.
- Cite changes in the local environment that enhances or diminishes the commission's efforts to achieve an end to homelessness over a 10 year period.

Evaluation tools to be utilized will include:

- Task timelines.
- Completion charts.
- Personnel list.
- Meeting minutes and notes.
- News accounts and all information relevant to the completion of the project.

The evaluation will be overseen by a steering committee that will meet regularly (quarterly or semi-annually). This steering committee will review progress reports, assess completion, discuss implementation issues, and approve all quarterly semi-annually and yearly reports.

Phase II

In seeking to answer the question, “What will it truly take to end chronic homelessness in Allentown in ten years?”, we conclude, the whole village known as the Lehigh Valley and every segment of the community. “No man is an island,” said John Donne. Ending chronic homelessness crosses every boundary in our community: geographic, economic, disciplines, governmental, etc. It is an enormous undertaking, but movement forward begins with a single step and a determination to keep moving toward the ultimate goal.

To move us forward in this process the members of the first phase of the First Lady’s Commission to End Chronic Homelessness suggest the following plan and organizational networking for Phase II:

An Allentown Commission on Chronic Homelessness Supported by Implementation Working Teams

1. Allentown Commission on Chronic Homelessness

- a. The Commission is to be composed of local shapers and movers in government, business, social services, churches, and non-profit organizations conversant in, and with the power to plan change, promote cooperation among community entities, develop funding plans, and engage the public in solving community problems.
- b. The primary tasks of the Commission are to promote the plan to the broader community, obtain necessary buy-ins and participation, and expand the plan from a city effort to a regional effort.
- c. Other Commission responsibilities:
 1. Oversee implementation of the plan, developing a process/mechanism that provides ongoing oversight of the efforts.
 2. Collect data from service providers, government entities, etc.
 3. Incorporate findings from local and national research studies on chronic homelessness.
 4. Establish/continue working groups to evaluate data, develop project recommendations, and prepare information and strategies for the Commission’s consideration.
 5. Design framework for practical, fundable solutions.
 6. Present recommendations to Mayors, County Executives, County Commissioners, and municipal officials.
 7. Evaluate progress and take appropriate action.

2. The Ten-Year Plan will address the following components:

- a. Describe specific actions to be taken.
- b. Assign responsibility for each action.
- c. Suggest the timing by which key actions (benchmarks) are to be taken and completed.
- d. Define anticipated outcomes and results of successful efforts.
- e. Identify the level and proposed sources of funding and resources needed to implement each action.

3. Implementation Working Teams

The Implementation Working Teams are to be composed of people from organizations who are doing the field work with persons who are chronic homeless. These teams will:

- a. Implement the actions described in the plan.
- b. Consolidate findings, needs and recommendations and send them on to the Allentown Commission on End Chronic Homelessness.
- c. Form a coordinated continuum of care to address the needs of persons who are chronically homeless.

Concluding Comments by First Lady Lisa Pawlowski

Homelessness is an issue that affects everyone, whether they know it or not. Of course it affects the individuals who find they can't, for whatever reason, live within the standards and structures of society. It affects their present and their future, and if you look into their past, you'll find a story of tragedy. The concern branches out to their families as well, many of whom have children. There may be tragedy in those stories too. The community certainly feels the consequences of these lives. Certainly health and helping agencies feel the effects of trying to care for the homeless. Underfunded and overworked, they are running dry. The city as a whole is affected. When the homeless or their camps are seen, it perpetuates an image of the city as dirty, unsafe, and undesirable. This has extensive negative economic and quality of life outcomes, and is extremely difficult to overcome.

Until recently, we have been attacking the issue of chronic homelessness as various agencies, faith communities, and individuals. This approach has helped some individuals. Other individuals have been given band-aid solutions. But it has not solved the problem in a significant way. We need a new way.

This new way needs to be coordinated, cooperative, systematic, and holistic. The First Lady's Commission to End Chronic Homelessness is an attempt to create this new approach. It is a plan, sometimes general, desiring to find the ways that the City of Allentown, then hopefully Lehigh and Northampton Counties, as well as the entire region, can deal with this issue. It might call on agencies to change the way they do things. It might ask public officials, businesses, and community people to take a look at this issue in a new way, and challenge their perceptions. It will require the cooperation of all involved to an extent that we have not seen before.

The Mayor and I are so very grateful to all the individuals who have tirelessly worked on this Ten-Year Plan to End Chronic Homelessness. Thank you for serving this community in this important way. If this venture is successful, it will impact our region, counties, cities, communities and families. I ask you to begin to imagine a city and region that has ended Chronic Homelessness.

Lisa Pawlowski, LSW
First Lady of the City of Allentown