



North Penn Housing/Homeless
Providers Network

Situational Analysis Report 2008

Prepared by:

Capacity for Change, LLC

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North Penn Housing/Homeless Providers Network

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Executive Summary

Introduction

The North Penn Housing/Homeless Providers Network Situational Analysis Report 2008 presents data and analysis related to the current state of the North Penn regional housing system. The purpose of the report is to provide the Network's Steering Committee, comprised of five member agencies and the North Penn Community Health Foundation, with the necessary information to make critical decisions for the development of a consumer-driven, outcomes-based and coordinated housing system that best addresses each aspect of the housing and homelessness continuum of care in the region.

Key findings from the situational analysis suggest that the successful creation and implementation of a coordinated housing system that is able to provide a comprehensive continuum of care for North Penn residents is dependent on six critical factors:

- Building the internal leadership, fundraising, technology, and staffing capacity of individual member agencies
- Creating meaningful partnerships with other housing and homeless providers and advocacy groups, faith-based organizations, and mental and behavioral health care providers in the region
- Closing gaps in the region's continuum of care, especially in terms of centralized information and referral systems and homeless prevention
- Instituting a coordinated evaluation system to assess the Network's collective impact and responsiveness to individual consumer needs
- Increasing the availability of high-quality, affordable housing, both permanent and permanent supportive
- Improving the region's public transportation system to provide access to approximately 500 health and human service non-profit organizations in Montgomery County that serve the Network's constituents

The Network is in a strong position to develop a coordinated regional housing system that overcomes these challenges due to four important strengths. The participating member agencies have a collective will and shared vision. Each member agency has earned trust and support in their local community. The Network's member agencies demonstrate capacity in building strategic partnerships and fostering collaborative relationships to further their missions and core programs. Finally, the Network has critical support from the region's key philanthropic and government institutions.

About the Network

The North Penn Housing/Homeless Providers Network (the Network) is comprised of five housing and homeless provider organizations in the North Penn area of Montgomery County, Pennsylvania. These five member agencies include:

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Community Housing Services, Lansdale, PA

Gloria Echols, Executive Director

Indian Valley Housing Corporation, Souderton, PA

Karen Hosler Kispert, Executive Director

Indian Valley Opportunity Center, Souderton, PA

Jim Holton, Executive Director

Inter-Faith Housing Alliance, Ambler, PA

Barbara Silbert, Interim Executive Director

Manna, Lansdale, PA

Tom Allebach, Executive Director

With support provided by the North Penn Community Health Foundation, the Network's member agencies have been working together since 2007 to develop a coordinated housing system that addresses each aspect of the housing and homelessness continuum of care in the region. In 2008, the Network retained Capacity for Change, LLC, a public interest consulting group, to facilitate a formal vision, comprehensive model and strategic implementation plan for a regional housing system. The system will build on the strengths of the member agencies and other providers, incorporate best practices from around the country, and reflect external challenges and opportunities within the region to meet the housing needs of all North Penn residents.

Methodology

This report is based on both primary and secondary research of the North Penn regional housing system, including:

- An environmental scan of key trends in the regional housing system based on a literature review of existing research and publications
- An assessment of the organizational capacity of each Network member agency through site visits and surveys of Board and staff members
- A descriptive inventory of the existing facilities and services that provide housing and homeless services in the North Penn region

Agency websites, internal documents such as annual reports, tracking sheets, brochures, financial documents and information submitted by some of the agencies to the United Way of Southeastern Pennsylvania Regional Registry of Social Services provided information regarding program services and statistical data.

Since each member agency defines and describes its programs, tracks client demographics, and evaluates program outcomes in different ways, the consultants attempted to classify available data in a uniform manner to make objective comparisons.

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Secondary Data Sources

Existing data and information from the following sources was used to inform the situational analysis:

- *BoomerANG Project*
- *Building Permits Survey (U.S. Census Bureau)*
- *Comprehensive Housing Affordability Strategy special tabulation (U.S. Census Bureau)*
- *Decennial Census, Summary File 3 sample data (U.S. Census Bureau)*
- *Evaluation of Continuums of Care for Homeless People, by the Urban Institute under U.S. Department of Housing and Urban Development (2002)*
- *Fair Market Rents (U.S. Department of Housing and Urban Development)*
- *Independent Assessment of the Health, Human Services, Cultural and Educational Needs of Montgomery County North Penn Region (2006)*
- *Indian Valley regional Comprehensive Plan (September 2004)*
- *Montgomery County Planning Commission Annual Report (2006)*
- *The Montgomery County Foundation, Inc. Public Resource Directory Project*
- *National Alliance to End Homelessness (Website)*
- *National Low Income Housing Coalition (NLIHC) (Website)*
- *The Arizona Evaluation Project on Homelessness*
- *The United Way of Southeastern Pennsylvania Regional Registry for Social Services Project*

Context for the Situational Analysis

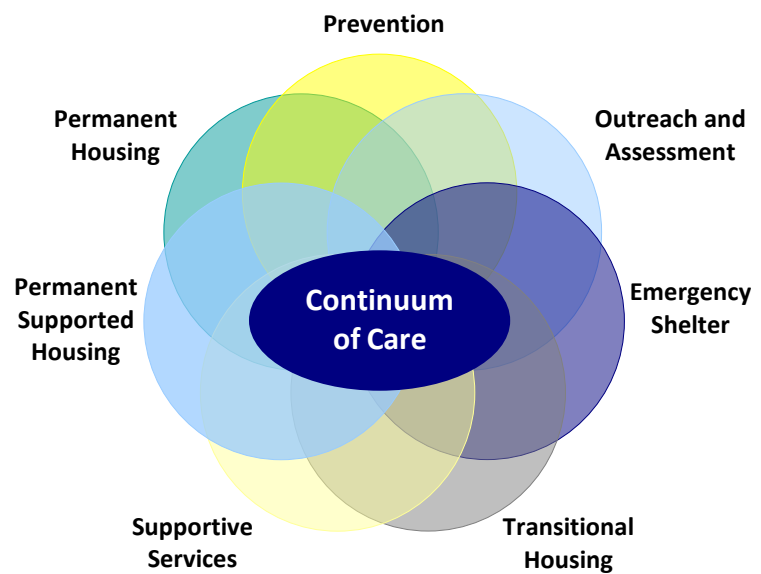
The goal of the Network is to develop a consumer-driven, outcomes-based, and coordinated housing system that best addresses each aspect of the housing and homelessness continuum of care in the region.

This section of the report defines three key concepts for building a coordinated housing system: *continuum of care framework*, *consumer-driven service delivery* and *outcomes-based evaluation* (i.e., results-oriented). The situational analysis to follow uses these key concepts as benchmarks.

Continuum of Care Framework

A continuum of care is a local or regional system for helping people who are homeless or at imminent risk of homelessness by providing housing and services appropriate to the whole range of homeless needs in the community, from homeless prevention to emergency shelter to permanent housing. Appendix D lists best practices in continuum of care programs.

The continuum has several related components in a single, seamless system. Clients engage with services during several points of entry, with the ultimate goal of linking individuals to permanent housing. In addition to the seven continuum components, low/no demand programs play a key role in the provision of homeless services for many communities.



“The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a Housing First approach. Permanent supportive housing combines affordable rental housing with supportive services such as case management, mental health and substance abuse services, health care and employment. The Housing First approach is a client-driven strategy that provides immediate access to an apartment without requiring initial participation in psychiatric treatment or treatment for sobriety. After settling into new apartments, clients are offered a wide range of supportive services that focus primarily on helping them maintain their housing and improve their lives.”

- www.endhomelessness.org

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Consumer-Driven Service Delivery

Consumer-driven service delivery refers to consumers having an influential decision-making role regarding the programs and services they receive from housing and homeless providers. The consumer voice is present and fully represented with regard to all aspects of service delivery from planning to implementation to evaluation to research to defining and determining outcomes. Consumer-driven services recognize the diversity of beliefs and values held by different racial, ethnic and cultural communities and provide information in a language, format and method that consumers are able to understand. Common ways to integrate consumer-driven services into provider organizations include the following:

- Consumers may serve on the Board of Directors to help shape strategic goals and objectives
- Consumers may complete program evaluations to assess program effectiveness and participate in future program planning
- Consumers may participate in efforts to educate the community at large about homelessness and housing issues in an effort to reduce stigma and discrimination and to inform people about the availability of services
- Organizations can provide outreach to consumers who are homeless to help link them with mental health services, health care, housing, and other supports. Some outreach programs employ formerly homeless consumers whose personal experience can help to build trusting relationships
- Providers may employ consumers in peer-assisted case management, peer support programs, and peer counseling
- Support groups meeting on a regular basis offer opportunities for consumers to provide mutual support to each other at little cost

Outcomes-Based Evaluation

Outcomes-based evaluation helps organizations demonstrate whether their programs are results-driven and make a real difference in the lives of their constituents. Research and other evaluation projects are by necessity time-consuming and produce information that will be useful on a long-term basis for service system planning. By contrast, many housing and homeless providers need immediate and timely data to forecast budgets, monitor program objectives, and allocate resources in an effective manner. An agency's ability to provide accountability and demonstrate impact is critical to earning public confidence and increasing the willingness of funders to continue to support their work. The consultants have observed that data collection measures and methods vary across the Network's member agencies and are not sufficient for the current regional housing system planning initiative.

The Self-Sufficiency Matrix

On-going evaluation of programs that serve at-risk housing and homeless individuals and families is necessary in order to assess the extent to which the programs achieve desired

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outcomes. The Arizona Evaluation Project on Homelessness was designed to address the need to improve the measurement of program impacts at the client level. Upon review of ten instruments that were submitted along with archived data, only one instrument met acceptable reliability and validity standards; the self-sufficiency matrix (see Appendix A). Indian Valley Housing Corporation has begun to implement a version of the self-sufficiency matrix for use with their transitional housing consumers.

Current Regional Data Collection Processes

In response to the HUD mandate for workable and efficient Homeless Management Information Systems (HMIS), The Montgomery County Department of Housing and Community Development collaborated with MetSYS Inc., a computer software company located in Sacramento, California, to administer the HMIS-MetSYS project in Montgomery County. MetSYS Inc. administers the central server, while the Department of Housing & Community Development (MCHCD) assists in the initial set-up of participating agencies onto the system, provides initial training and oversees the overall implementation and compliance of the project.

During the site visits, member agencies expressed frustration over the MetSYS system, stating that its technology is outdated, it is cumbersome to use and that they need to capture additional information that is not in the system in order to produce reports for different funders. To meet their needs they have created Excel spreadsheets to track data, and entering information is a duplication of efforts. Each agency has different intake forms that track different types of consumer data in different ways. The Network will need to use a common data collection system to provide accurate information on clients, services provided and outcomes achieved. This will facilitate better planning and program evaluation. Common data is essential to build capacity for shared case management in order to develop client-centered systems.

At least twenty-three agencies, including county departments, are using HMIS. As the Network is developed, it may be important to communicate with other HMIS participants to advocate for changes to the system that will make it easier to use and meet each agency's reporting needs to reduce duplication of efforts and implement accurate tracking systems.

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Key Trends in the North Penn Regional Housing System

The following key trends highlight the steadily growing population of the North Penn region, an increasingly diverse population with significant housing needs. This section of the report is based on secondary research using the following data sources:

- *Decennial Census, Summary File 3 sample data (U.S. Census Bureau)*
- *Building Permits Survey (U.S. Census Bureau)*
- *Comprehensive Housing Affordability Strategy special tabulation (U.S. Census Bureau)*
- *Fair Market Rents (U.S. Department of Housing and Urban Development)*
- *Montgomery County Planning Commission (2006)*
- *Indian Valley Regional Comprehensive Plan (2004)*

Population Growth

- In 2000, the North Penn region's total population was 164,950
- Between 1990 and 2000 North Penn increased in population by 19%, almost double the rate of growth of the county as a whole
- The population continued to increase by 6.3% from 2000-2005 with a total population of 176,035
- Montgomery Township has the highest population of 24,320, with Telford Borough with the lowest population of 2,470
- The 2004 Indian Valley regional Comprehensive Plan projects that the population of the Indian Valley region will increase by 14,867 people by 2025 and the region will need to add approximately 6,532 new dwelling units to accommodate this population increase

Indian Valley Regional Comprehensive Plan	Montgomery County	Indian Valley
2025 Projected Population	857,030	58,600
2025 Average Household Size	2.42%	2.61%
<i>The county's household size is calculated as a percentage of the 1990 national household size and the Indian Valley is calculated as a percentage of the County's household size</i>		
2025 Projected Group Quarters Population	25,053	1,290
<i>Based on a weighted average of the 1960-1990 group quarters populations</i>	(3.0%)	(2.3%)
2025 Projected Household Population	831,977	57,310
<i>Equals the projected population minus the group quarters population</i>		

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2025 Projected Number of Households	343,792	21,958
<i>Equals the household population divided by the average household size</i>		
Estimated Total Number of Housing Units Needed by 2025	356,856	22,661
1999 Total Units Built	296,789	15,131
Estimated Number of Housing Units Remaining to be Built by 2025	60,067	7,530

Population Age

The following is a breakdown of the North Penn region's population by age.

Age range	Percentage of population
Under 20 years of age	27.4%
Between 20 and 34 years of age	17.4%
Between 35 and 54 years of age	32.4%
Between 55 and 64 years of age	9.1%
65 years of age and over	13.7%

- The median age in the North Penn region is 37.9 years

Population Race/Ethnicity

The following is a breakdown of the North Penn region's total population of 164,950 by race/ethnicity as of the 2000 census.

Race/Ethnicity	Population Figure	(Percentage)
White	146,725	(89.0%)
Black or African American	6,537	(4.0%)
American Indian and Alaska Native	166	(.001%)
Asian	10,610	(6.4%)
Hispanic or Latino (of any race)	2,996	(2.0%)
Other	912	(.006%)

- Ambler (12.9%) has the highest number of Black or African American residents
- Since 1990, the number of Latinos has increased 74.3% percent; Asians have increased 110.3% percent

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- The largest immigrant populations are clustered in North Penn’s upper west area, close to IVOC, which is one of the few human service agencies that provides ESL, translation and interpretation
 - Hatfield (12.1%) has the highest number of Asian residents
 - Telford (4.6%) and Souderton (3.8%) has the highest number of Hispanic or Latino residents

Family Income

The following is a breakdown of the North Penn region’s population by family income, determined on an annual basis using 1999 dollars. The number of households included is 63,216, with a median household income of \$62,206.

Family Income	Number of Households	(Percentage)
Up to \$14,999	4,282	(6.8%)
\$15,000 to \$24,999	4,551	(7.2%)
\$25,000 to \$34,999	5,889	(9.3%)
\$35,000 to \$49,999	8,763	(13.8%)
\$50,000 to \$74,999	13,817	(21.9%)
\$75,000 to \$99,999	10,151	(16.1%)
Over \$99,999	15,763	(24.9%)

- The North Penn region has relative affluence and declining childhood poverty
 - The median household income increased by 39 % and is higher than any of the county’s other regions
 - Income is more evenly distributed within the North Penn region than in the county as a whole, with a lower percentage of households at the very bottom and the very top of the income distribution
- In 2003, 6,113 residents (3.7% of the total population) in the North Penn region received some form of welfare benefit, with the highest concentrations in the Ambler, Hatfield, North Wales, Lansdale and Telford Boroughs
- Older, blue-collar jobs in the area are downsizing and the meat packing plant has recently experienced layoffs
- Higher costs for gas and public transit make commuting to work more costly
- An increasing number of low and middle-income individuals and families are experiencing financial instability and are at greater risk for becoming homeless
- Due to the current economic crisis, landlords are more willing to work with housing agencies to maintain tenancy and avoid evictions
- Pockets of very low-income households in specific towns within the North Penn region are identified in the following statistics

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		Hatfield	Telford	Lansdale	Ambler	Souderton
Extremely low income	% of Households 0 to 30% median income	9.70%	9.90%	8.20%	9.70%	8.00%
Low Income	% of Households 31 to 50% median income	11.30%	10.30%	9.50%	7.80%	8.50%
Moderate income	% of Households 51 to 80% median income	21%	19.80%	21.10%	20.10%	17.70%

		N. Wales	Kulpsville	Montgomeryville	Harleysville
Extremely low income	% of Households 0 to 30% median income	7.20%	5.90%	3.20%	5.60%
Low Income	% of Households 31 to 50% median income	6.50%	9%	3.50%	6.30%
Moderate income	% of Households 51 to 80% median income	18.30%	14%	10.30%	13.50%

Critical Segments of the Population

Non-Nuclear Families

- 3.8 percent (2,444) of households have a female head with no husband present and children under the age of 18
- 512 grandparents serve as primary care givers for their grandchildren

Aging & Disabled Residents

- Six percent (2,150) of those five to 20 years of age, 11.8 percent (11,407) of those age 21 to 64, and 31.9 percent (6,749) of those over age 65 have a disability
- Monthly Supplemental Security Income (SSI) payments for an individual are \$623 in Pennsylvania
 - If SSI represents an individual's sole source of income, \$181 in monthly rent is affordable, while the Fair Market Rent (FMR) in Montgomery County for a one-bedroom is \$742
- One percent (1,700) of the population resides in an institution (such as a nursing home)
- Over one hundred elderly individuals are no longer eligible for skilled nursing care and nursing homes have shortened patient stays

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- According to the 2006 Independent Assessment of the Health, Human Services, Cultural and Educational Needs of Montgomery County North Penn region, between 1990 and 2000 the over-85 population in the North Penn region grew by 44.1 percent, more rapidly than any other region
- According to data from the BoomerANG Project, projections identified major growth in Montgomery County in the 55-64 year old cohort between 2005 and 2008 and well into the next decade, and a no-growth scenario in that same period for the traditional senior center membership cohort in their 70's
 - The 80+ population will also continue to grow, but at a much slower rate than the younger cohorts

Limited English Speaking Residents

- 11.3 percent (17,524) of the population over five speak a language other than English at home, and 4.4 (6,825) speak English less than “very well”

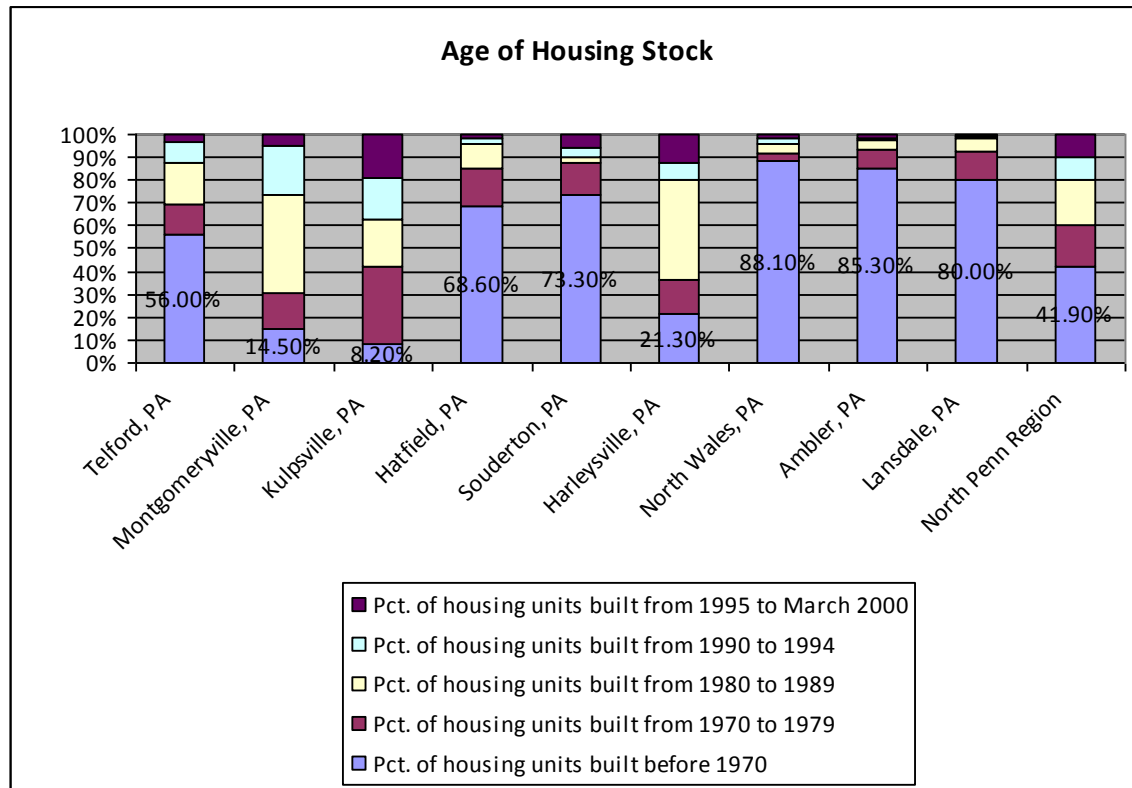
Unaccompanied Homeless Individuals and Couples

- There are not enough emergency shelter beds
 - Montgomery County's Coordinated Homeless Outreach Center (CHOC) at the Norristown State Hospital is often full with a waitlist because of the lack of housing resources
 - People tend to stay homeless at the CHOC for long periods, making them chronically homeless, while utilizing a disproportionate amount of shelter resources
- In the short term, unaccompanied homeless individuals and couples need better access to emergency shelters and single-room occupancy apartment buildings
- In the long-term, the need for shelter would be best satisfied through the provision of affordable permanent housing and the supportive services that are necessary to prevent future episodes of homelessness, especially among the chronically homeless

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Housing Stock



Source: U.S. Census 2000

- In 2000, 41.9% of homes the North Penn region were built prior to 1970
 - This number is doubled to over 80% in North Wales, Ambler and Lansdale
 - Souderton, Hatfield and Telford also have extremely high percentages of aging housing stock
- Since thirty years is considered a reasonable estimate of a home's useful life, one can conclude that, due to the age of the housing stock, a majority of the homes in the North Penn region is beginning to need extensive rehabilitation and some may have deteriorated to the point at which rehabilitation is not a cost-effective option
- In 2000, there were 466 housing units in the North Penn region that had units with two or more of the following physical or financial housing problems: housing costs 30% or more of income, incomplete plumbing or incomplete kitchen facilities
 - The city of Lansdale had the highest concentration (72 units), then Hatfield (23 units), Montgomeryville (21 units), Harleysville (20 units), and Telford (17 units)

Home Ownership

In Montgomery County between 1997 and 2000, 7,360 residential units were constructed, bringing the total number of homes in the county to 297,434. As of 2000:

- 166,543 units are single-family detached homes

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- 55,745 units are single-family attached homes
- 72,428 units are multi-family
- 2002 Montgomery County median home price: \$187,000
- 2002 North Penn region median home price: \$203,510

Other key home ownership trends include:

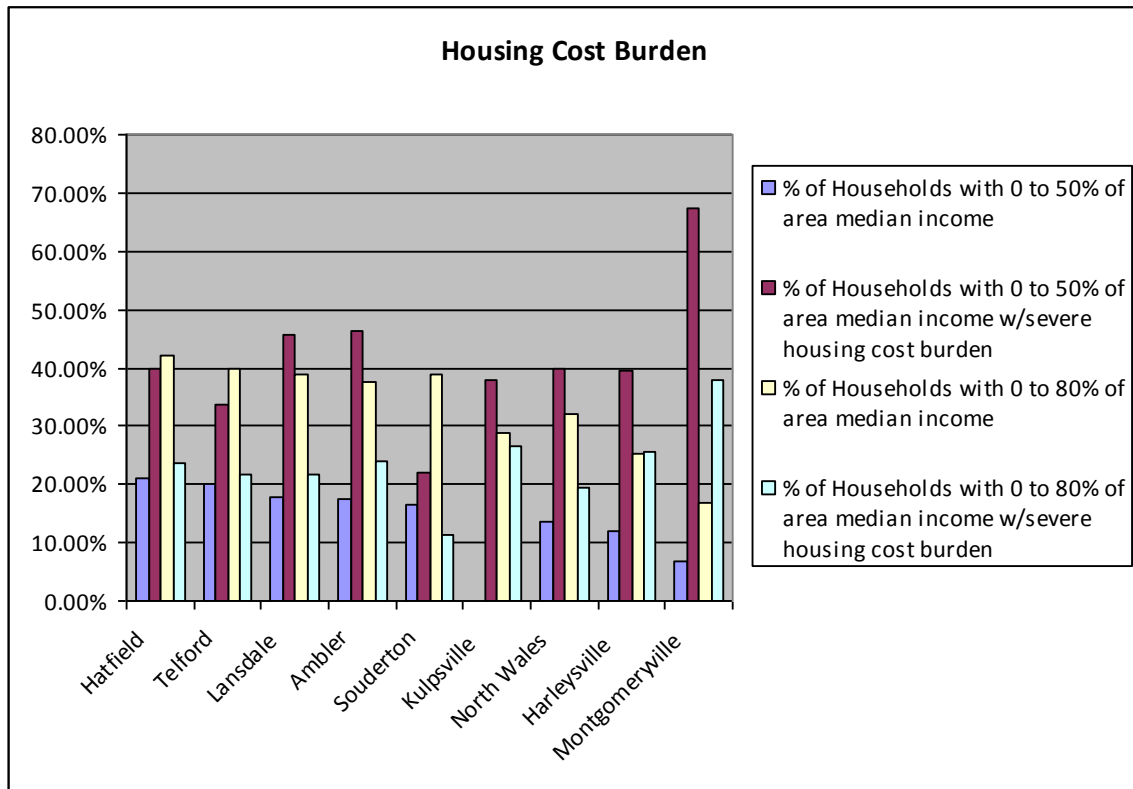
- In 2002, housing prices varied significantly depending on location with the highest median price of \$337,500 in Whitpain Township and the lowest median price of \$142,450 in Lansdale Borough
- 47.5 % of Hispanics and Latinos and 55% Black/African Americans own homes in the North Penn region compared to 76.6% of Whites
- 11.5% of high income Hispanics and Latinos are denied conventional purchase loans, almost twice the rate of all other race and ethnicities
- Agencies have experienced an increase in calls from families that are losing their homes due to the current mortgage crisis
- Funding has been expanded for housing counseling:
 - HUD appropriations for counseling grew from \$42 million (FY2007) to \$50 million (FY2008)
 - Congress has provided a special appropriation of \$180 million to NeighborWorks America for the National Foreclosure Mitigation Counseling Program (NFMCP)
 - NeighborWorks America will begin allocating funds in the near future
 - Federal Reserve Bank of Philadelphia is conducting a study on the effectiveness of pre-purchase homeownership counseling where participants will be tracked for four years after receiving homeownership assistance
 - NeighborWorks America is conducting an evaluation of its “Hope Hotline” as a foreclosure prevention tool and will be undertaking an extensive evaluation of the effectiveness of counseling as part of an evaluation of NFMCP

Affordable Housing

- 30.1 percent (4,828) of renter-occupied households and about 22 percent (9,130) of owner-occupied households spend more than 30 percent of their income on housing costs, passing beyond the threshold of what is generally defined as affordable housing
- Fair market rent for a two-bedroom apartment is about \$930 a month
 - Without a subsidy, a family has to make an hourly wage of \$18 (\$37,440 annually) to afford housing at the regional fair market rent
- According to the National Low Income Housing Coalition (NLIHC), the number of full-time jobs at minimum wage needed to afford fair market rent are:
 - One-Bedroom 2.9 jobs
 - Two-Bedroom 3.4 jobs
 - Three-Bedroom 4.1 jobs

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Source: U.S. Census 2000. "Severe Housing Cost Burden" is defined as paying more than 50% of income on housing costs.

- The North Penn regional averages for the percentage of households earning 0-50% of the area median income is 27.90% and the percentage of households earning 0-80% of the area median income is 44.60%
- Montgomeryville has the highest amount of housing stock built after 1980, and the highest rate of severe housing cost burden overall
- Households with 0-50% of area median income in Ambler and Lansdale slightly exceed the North Penn and County average
 - These are also the most densely populated areas and have the largest numbers of low-income households
- Souderton households have the lowest percentages of severe housing cost burden at almost half the rate of the North Penn average
 - This could indicate that Souderton has the highest amount affordable housing for low-income households
- 88.1% of housing stock in North Wales was built before 1970 and North Wales has the second lowest rate of severe housing cost burden for households with 0-50% of area median income

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Subsidized Housing

- The Montgomery County HUD waiting list stretches from two to five years for housing units and rent subsidies and the list is closed to new applicants
- There is little incentive to be a HUD landlord due to issues with the voucher process
- Landlords are more open to people who can pay market rate and large apartment complexes like Pheasant Run have returned to back to market rate
- There are gaps in supported and transitional housing for single men, people with a mental illness, people with developmental disabilities, parolees and young adults

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Assessment of Network and Member Agency Capacity

The consultants assessed the capacity of both the Network as a collaborative and the individual member agencies. A combination of site visits, surveys of Board and staff members, and additional agency information and data provided by The United Way of Southeastern Pennsylvania Regional Registry for Social Services Project and The Montgomery County Foundation Public Resource Directory Project informed the assessment. The consultants applied the assessment findings to the distinct elements of a comprehensive continuum of care to identify strengths and gaps in a potential coordinated housing system for the North Penn region.

The assessment revealed a number of collaborative network competencies and distinct competencies of individual member agencies that provide a meaningful foundation for creating a coordinated housing system. Both the site visits and Board and staff surveys revealed additional insights into the culture, capacity and willingness of member agencies to participate in the development of the Network. Appendices B and C provide detailed information and profiles of each member agency.

Collaborative Network Competencies

Shared Vision	<ul style="list-style-type: none">Member agencies have a shared vision for the goals and desired outcomes of a coordinated regional housing system and Board members, directors, and staff express passion about their work and a strong desire to work together to make housing and homeless systems and services more effective
Quality Programming	<ul style="list-style-type: none">Member agencies deliver high quality programs and services within their defined geographic reach, especially to working poor families and individuals
Core Value of Inclusion	<ul style="list-style-type: none">Member agencies strive to ensure that staff, volunteers and constituents feel they belong, and are engaged and connected to their missions and programs. Member agencies actively seek participation from the community and are culturally sensitive
Culture of Trust	<ul style="list-style-type: none">Member agencies have gained the trust of their communities, evidenced by the number of volunteers they have and their connections to other community institutions and faith-based organizations
Networking Capacity	<ul style="list-style-type: none">Member agencies have the networking capacity to build strategic partnerships and foster collaborative relationships with other providers and support organizationsMember agencies are aware of the history, necessary elements and key players necessary to building a successful social service collaborative in the North Penn region

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Distinct Member Agency Competencies

Community Housing	<ul style="list-style-type: none">● Serving At-Risk Populations: Community Housing is the only provider currently in the Network that offers transitional housing and comprehensive support services to single males and to women and children who are victims of domestic violence● Permanent Housing Services: Community Housing is the only provider currently in the Network that has permanent housing in the form of two subsidized apartment buildings● Cultural Diversity: Staff is culturally diverse and sensitive to the needs of the most at-risk populations
Indian Valley Housing Corporation	<ul style="list-style-type: none">● Planning: IVHC has a clear mission and vision, a sophisticated development plan and marketing materials, and sound finances● Collaboration: The development of strong institutional partnerships helps further every aspect of their mission● Wrap-around Services: Consumers receive comprehensive case management services that include financial literacy counseling, parenting skills, educational skills and access to services and benefits● Evaluation: The transitional housing program focuses on outcomes-based evaluation and uses a self-sufficiency scale to measure progress
Indian Valley Opportunity Center	<ul style="list-style-type: none">● Adult Education/ESL Program: IVOC's education department has a clear mission and offers a critical support service to help constituents attain and retain employment● Community Engagement: IVOC is able to deliver its educational services through volunteer efforts and has strong partnerships with area churches● Cultural Diversity: Staff represent a wide variety of nationalities, languages and cultures to meet the needs of recent immigrants
Inter-Faith Alliance	<ul style="list-style-type: none">● Wrap-around Services: Inter-Faith Alliance has a fully equipped day center for families in emergency shelter and a well-equipped community room at its transitional housing apartment building● Transitional Housing Services: Hope Gardens is centrally located, the apartments have ample space and they are well maintained
Manna On Main Street	<ul style="list-style-type: none">● Community Engagement: Through volunteer opportunities, outreach programs and charitable drives, Manna gives community members hands on opportunities to help those in need.● Food and Nutrition Program: Manna is known primarily for its soup kitchen and food pantry, which drives the agency's community support and volunteerism<ul style="list-style-type: none">○ The communal atmosphere of the soup kitchen makes Manna

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a low-impact, safe, and trusting place for engagement into services

- **Flexibility for Emergency Assistance:** Because less than 6% of Manna’s funding comes from government sources, they have significant capacity for flexibility to serve emergency needs

Site Visits

The lead analyst conducted a site visit to each member agency the week of April 14, 2008. These site visits included direct observation of day-to-day operations, including staff-consumer interaction, as well as informal interviews with management, program and administrative personnel. The lead analyst’s observations and reflections are incorporated throughout this section of the report, but some critical findings are noted below.

Site Visit Findings

Organizational Culture

- Each site has a distinct “look and feel” from the other member agencies, but collectively the member agencies cultivate a shared organizational culture of inclusion, trust and support

Staffing

- Member agencies have limited ability to offer staff competitive wages, benefits, additional training and support to enhance staff performance and retention

Volunteers

- While volunteer assistance is essential to operations and programming, reliance on unpaid and/or untrained volunteers limits the capacity to serve high-risk and chronically homeless consumers

Program Evaluation

- Each member agency defines and describes its programs, tracks client demographics, and evaluates program outcomes in different ways

Board and Staff Surveys

The consultants conducted collective surveys of current Board and staff members within the five member agencies to complement the empirical research and site visits. The surveys provided focused insights about the impact of agency collaboration and indicated priorities for partnership development and capacity building.

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Survey Results

Key Issues	Major Findings
Level of Organizational Development	<ul style="list-style-type: none">• The majority of both Board and staff respondents selected Transition/Renewal and Growth• Comments indicated that some member agencies are undergoing strategic planning, a search for a new Executive Director, and a potential merger
Quality of Regional Housing Services	<ul style="list-style-type: none">• Approximately 29% of Board members selected <i>don't know</i>, indicating a lack of knowledge regarding regional services among some members• Board and staff both rated <i>homelessness prevention</i> as <i>fair</i>• Board respondents rated <i>outreach and assessment</i> as <i>good</i>, while staff rated it <i>fair</i>• Board respondents rated <i>emergency shelter</i> as <i>good</i>, while staff rated it <i>poor</i>• Board and staff both rated <i>transitional housing</i> as <i>good</i>• Board and staff both rated <i>permanent housing</i> as <i>poor</i>• Board and staff both rated <i>health and human services to support homeless residents</i> as <i>good</i>
Benefits of Collaboration to the Community	<ul style="list-style-type: none">• Board and staff both rated <i>improved access to services for consumers, regardless of where they are on the crisis continuum</i> as the <i>most important</i> benefit of collaboration and they rated <i>more coordinated and effective service delivery among providers</i> as a <i>very important</i> benefit of collaboration• Board and staff disagreed most about the importance of <i>more effective communication between providers</i><ul style="list-style-type: none">○ Most Board respondents ranked this as <i>important</i>, while most staff respondents ranked it as <i>least important</i>
Benefits of Collaboration to Member Agencies	<ul style="list-style-type: none">• Board and staff both rated <i>enhancing our ability to fulfill our mission</i> as the most important benefit
Risks of Collaboration	<ul style="list-style-type: none">• Board and staff both selected <i>we will lose some autonomy in how we do things and make decisions</i> as the biggest risk of collaboration• The difference in respondents' roles in the organization was reflected in the selections for the second highest risk to collaboration<ul style="list-style-type: none">○ Board members selected <i>we may need to change the structure and positions within our organization</i> while staff selected <i>the quality of our programs and services may decline</i>

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- Many comments from Board and staff indicated that they did not see any risk to the collaboration
- Staff comments included the fear that “limited funds would become even more limited” and “less stable or mature organizations may hurt the quality of collaborative programs and services”

Capacity Building

- 59% of Board respondents rated *fundraising* as *urgent*
 - The majority of Board respondents indicated all the rest of the areas as *helpful*
- Staff responses were varied without a strong majority response for any particular area as being urgent
 - 33% of respondents indicated that *board governance and leadership* and *fundraising* were *urgent* areas for capacity building

Key Network Partners

- Both Board and staff respondents ranked the following four types of organizations as most important to include in the Network:
 - Other housing/homeless providers in the region
 - Faith-based organizations
 - Housing and homeless advocacy groups
 - Mental and behavioral health care providers
 - Staff had a five-way tie for the importance of the remaining providers
- Board respondents prioritized the remaining organizations as follows:
 - Local government agencies
 - County government agencies
 - Business community
 - Primary health care providers
 - Housing developers
 - Employment service providers
- Board members ranked *permanent housing services* as *poor*, yet they placed including housing developers as a low priority
 - This may be based on the notion that developers are out to make a profit and may not have interest in developing affordable housing
- Involving faith-based organizations and, more importantly, their constituents who are in the business community and in housing development may be an effective way to involve all three types of organizations

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Assessment of Network Capacity on the Continuum of Care Framework

As noted on page seven of this report, the continuum of care has several related components in a single, seamless housing system. Programs engage clients during several points of entry, with the ultimate goal of linking individuals to permanent housing. The core competencies of all five member agencies have been mapped onto the continuum of care framework in order to show both strengths and gaps to be addressed in the Network's model for a comprehensive regional housing system.

CONTINUUM OF CARE ELEMENT	COMMUNITY HOUSING	INDIAN VALLEY HOUSING CORPORATION	INDIAN VALLEY OPPORTUNITY CENTER	INTER-FAITH ALLIANCE	MANNA
Prevention	<ul style="list-style-type: none"> • Emergency food and financial assistance • Landlord/tenant mediation 	Needs counseling <ul style="list-style-type: none"> • Information and referral to other agencies 	Emergency food and financial assistance	Information and referral to other agencies	Emergency food and financial assistance
Outreach and Assessment	Information and referral to other agencies	Sleep Out- raises funds and community awareness	Information and referral to other agencies	Information and referral to other agencies	<ul style="list-style-type: none"> • Community service opportunities • Information and referral to other agencies
Emergency Shelter	<ul style="list-style-type: none"> • Code Blue/Code Red • Hotel vouchers 	12 individuals/3 families at a time	Hotel vouchers	12 individuals/3 families at a time	<ul style="list-style-type: none"> • Code Blue/Code Red • Hotel vouchers
Transitional Housing	32 Units <ul style="list-style-type: none"> • 7 for single men • Others for women and children, domestic violence 	17 Units <ul style="list-style-type: none"> • Families and single women with children • Sobriety and mental health treatment requirements 	None	8 Units <ul style="list-style-type: none"> • Families and single women with children • Sobriety and mental Health treatment requirements 	None
Supportive Services	Client-based advocacy & case management services	Client-based advocacy & case management services	Client-based advocacy & case management services	Client-based advocacy & case management services	None
Permanent Supported Housing	None	None	None	None	None

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CONTINUUM OF CARE ELEMENT	COMMUNITY HOUSING	INDIAN VALLEY HOUSING CORPORATION	INDIAN VALLEY OPPORTUNITY CENTER	INTER-FAITH ALLIANCE	MANNA
Permanent Housing	<ul style="list-style-type: none"> • Assistance with security deposits • Access to housing lists • Two apartment buildings provide subsidized housing for 8 families • Lease Purchase Program 	Assists families to move from transitional housing to permanent housing	<ul style="list-style-type: none"> • Assistance with security deposits • Access to housing lists 	Assists families to move from transitional housing to permanent housing	Assistance with security deposits
Low/No Demand Program	Ezra House	None	None	None	None

Critical Network Planning Issues

System Access

Entry into housing and homeless provider networks may be broadly classified as uncoordinated, “no wrong door,” or centralized. Deciding which entry system to use is a critical network planning issue. The Network’s Steering Committee has placed priority on maximizing access to services, a concern verified by Board and staff responses in the survey process. It is important to keep in mind that access to services in the region tends to be localized due in no small part to a perceived lack of adequate public transportation.

Uncoordinated Systems

In uncoordinated systems, homeless people may directly approach any provider in the network, may (or may not) gain entry, and may or may not connect to other programs and services. The most common situation is that both families and single individuals must rely on the case managers at their particular program to help them gain access to the services they need.

"No Wrong Door" Systems

In “no wrong door” systems, homeless people gain access by approaching any program, after which program staff augment these first contacts with shared knowledge of what is available and systematic linkages that help clients find the right programs and services.

Centralized Systems

In centralized systems, consumers have access to one or a very few linked points of entry. According to proponents, centralized entry minimizes prolonged and misdirected searches for emergency shelter and services, and allows for uniform intake and assessment, which helps ensure equity of access to services.

Centralized Information and Referral

All of the Network agencies provide information and referral and are overwhelmed with the thousands of calls received annually. Information and referral services are an important part of homelessness prevention, but are time consuming and can be an inefficient use of resources. Because there is not a central service directory, agencies have each developed their own resource lists. Some agencies rely heavily upon the knowledge of one or two key staff to link consumers to resources and there would be a gap in services if the staff members were no longer present.

The Montgomery County Foundation, Inc. is leading the process of developing a comprehensive public resource directory that uses the Alliance of Information and Referral Systems (AIRS) taxonomy which is the industry standard. The directory will be able to read other programs and link with them, including the forthcoming 211 system. 211 is a free, confidential information and referral telephone system that connects people to services 24 hours a day, 365 days a year, including holidays. Callers will be able to speak with someone who can help them find the information and services they need.

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“No prior studies on Montgomery County have failed to mention the lack of adequate information on where to go and how to get services. A Web-based approach to providing an easily searchable, maintained and updated directory of services in the county is currently a joint project of the North Penn Community Health Foundation and Montgomery County Foundation. However, what is most critical in making sure people get what they really need, or at least have an equal chance of getting it, is information about supply, demand and rationing procedures.”

-Independent Assessment of the Health, Human Services, Cultural and Educational Needs of Montgomery County Western Region (2006)

Implementation of the 211 system in Montgomery County has the potential to change the way consumers can access resources and can shape the way agencies provide services. Without finding ways to incorporate accurate and timely information about emergency shelter, transitional housing, and permanent supported housing availability, agencies will still receive calls for services they may not be able to supply.

In order to meet the needs of the growing Hispanic and Asian populations, it will be important to have information and referral available in multiple languages. This could present an opportunity for IVOC to be involved with the information and referral/211 project to insure that information and referral services are culturally sensitive and inclusive.

Homeless Prevention

One of the major gaps and critical planning issue in the North Penn region continuum of care is homeless prevention. The majority of Board and Staff survey respondents rated prevention services in the region as fair.

“For a community looking for the most effective and efficient approaches, the evidence suggests that secondary prevention and institutional discharge options offer the highest degree of appropriate targeting coupled with acceptable success rates. These approaches include rapid exit from shelter for both families and single adults with serious mental illness, and community support strategies involving housing and services for people with serious mental illness exiting psychiatric and correctional facilities.”

Urban Institute (2002)

Three out of the five Network member agencies provide cash assistance as a prevention activity that tends to target the “working poor.” They provide financial support to households that can resume paying rent on their own once the assistance ends. However, only a small portion of the most at-risk population is among the working poor. Expanding financial assistance to those most at-risk who may not have evidence that they can resume rental payment can potentially delay homelessness and result in cost savings by preventing immediate eviction and the cost of emergency shelter.

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Direct payment/representative payee programs for recipients of SSI/SSD can help insure housing stability. Providers may be able to negotiate reduced rental rates in exchange for landlords knowing they are guaranteed to be paid.

Another important element of prevention is outreach to shelters and institutions such as prisons, jails, hospitals, alcohol and drug rehabilitation centers, and foster care to assess and plan for consumer discharge into housing with appropriate supports.

Expanding Network Coverage

A third critical planning issue is the ability of the Network's member agencies to reach all residents at-risk for homelessness. The vast majority of extremely poor persons in the United States are not homeless. Those who become homeless have one or more secondary characteristics or risk factors that include:

- Prior homelessness
- Solitary men
- Solitary women with children
- Unattached youths
- Mental illness
- Alcohol and other drug issues
- Physical health problems that prevent employment
- Institutional history (e.g., incarceration)
- Weak support networks

Based on access to resources, local philosophies and priorities, and community needs, each member agency identified at least one of the above groups as being hard to serve with existing resources.

HUD and the United States Interagency Council on Homelessness have suggested that communities should focus efforts on assisting those experiencing chronic homelessness because industry data has shown that this subgroup represents just 10% of the homeless population but consumes over 50% of the public resources. These resources include emergency medical services, psychiatric treatment, detoxification facilities, shelters and law enforcement/corrections services.

Findings from the 2002 Urban Institute Evaluation of Continuum of Care Programs for Homeless People Report suggest that prevention activities, alone or in combination with other services, are very effective in helping to combat homelessness. However, using prevention resources efficiently can be a challenge.

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Permanent Supported and Affordable Housing

Community Housing is the only provider in the Network that offers permanent affordable housing in the form of subsidized apartments with no limit on stay. To close this gap in the continuum of care, the Network will need to explore a fourth critical issue - ways to expand the stock of permanent supportive housing.

It is difficult to move people rapidly out of shelter when the stock of permanent affordable housing and housing subsidies are limited. According to the Montgomery County HUD 2006 CAPER Report, HUD had authorization for 2814 vouchers but, due to limited funding, only had 2562 vouchers available.

In the survey, both Board and Staff emphasized the importance of involving the faith community in the Network. The Lamb Foundation could be an essential partner in this effort. Lamb Foundation residents live in over 45 fully furnished, single-family homes that provide:

- Either single or double bedrooms
- Utilities, including telephone and cable television
- Daily assistance with life tasks, as needed
- Laundry facilities/services
- Transportation arrangements
- Meals

The Lamb Foundation has created a blueprint program for faith communities to establish their own homes for the housing disabled, which includes individuals with mental illness and physical disabilities. In addition, it may be important for the Network to work closely with current subsidized housing providers and area developers.

Many issues surrounding the permanent affordable housing crisis require advocacy at the local, county, state and federal levels. As evidenced by Network member agency reports, the highest numbers of requests for counseling come from families and individuals who double-up with friends. Advocacy efforts on behalf of Public Assistance recipients to live in shared housing without a reduction in benefits could reduce the economic burden of the hosts and help foster housing stability.

New units are typically luxury apartments, older units often are converted into condominiums, and the median rent in many municipalities surpasses the 30 percent affordability threshold. Municipalities can adopt zoning and subdivision ordinances that promote affordable housing construction by providing for a mix of housing types, uses, and incentives, such as density bonuses and clustering that allow for cost savings and higher-density construction. Developers also play a role in contributing to affordable housing. They can build homes on smaller lots, build smaller units with fewer luxuries and employ cost-saving techniques, such as energy-efficient appliances or modular construction, to reduce the cost per unit.

Montgomery County Planning Commission Annual Report (2006)

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Housing and Homeless Provider Inventory

There are over 475 health and human service nonprofit organizations in Montgomery County. The following is a summary of the existing facilities and services that provide housing and homeless services in the North Penn region. This inventory of providers raises two critical questions for the Network to consider, namely: 1) Are there any gaps in service among current housing and homeless providers in the region and 2) how great is the need for better coordination and communications among existing providers?

Funding & Emergency Assistance

CADCAM (Community Action Development Commission of Montgomery County)

Address: 113 East Main Street, Norristown, PA 19401
Phone: 610.277.6363
Fax: 610.277.7399
Website: www.cadcom.org
Office Hours: Monday to Friday 8:30 am - 4:30 pm, late hours as needed
Area Served: All geographical areas within Montgomery County
Ages Served: Birth to elderly
Eligibility: Low income
Fees: None
Languages: Spanish is on-site, others available per request
Services: Fuel, food, clothing, financial assistance, education, employment & training, funding & emergency housing, subsidized housing, housing options, information & referral, support groups, transportation

HATFIELD PASTORS FUND

Phone: 215.855.2540
Services: Provides financial assistance when funds are available for Hatfield residents

KELLY ANNE DOLAN MEMORIAL FUND

Address: 602 S. Bethlehem Pike, Building D, 2nd Floor, Ambler, PA 19002
Phone: 215.643.0763
Fax: 215.628.0266
Website: www.kadmf.org
Eligibility: Low income and middle-income families who are experiencing financial challenges as a direct result of the level of health care required by their child
Services: Direct financial assistance

MONTGOMERY COUNTY OFFICE OF AGING & ADULT SERVICES - NORTH PENN

Address: 421 West Main Street, Lansdale, PA 19446
Phone: 215.361.7931
Other Phone: 1.800.734.2020 Elder Abuse
Fax: 610.278.3769

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Website: <http://www.montcopa.org/mcaas>
Office Hours: 8:30 am to 4:15 pm
Area Served: North Penn Area
Ages Served: 18 and older
Fees: None
Languages: Multilingual services available by pre-arrangement
Services: Aging services

Shelters

LAUREL HOUSE

Address: P.O. Box 764, Norristown, PA 19404
Phone: 800.642.3150
Fax: 610.277.6425
TTY: Yes
Office Hours: 24 hours all days
Area Served: Montgomery County
Ages Served: All
Fees: None
Languages: Spanish, is on site, others available by pre-arrangement
Services: Domestic violence, family services, shelters, housing options

MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA

Address: Montcoshare Building, 538 DeKalb Street, Norristown, PA 19401
Phone: 610.272.7997
Other Phone: 610.272.7977
Fax: 610.272.8241
Website: <http://www.mhasp.org>
Office Hours: 9 am to 5 pm for case management/9 pm to 7 am for shelter
Area Served: Montgomery County
Ages Served: 18 years and older
Fees: None
Services: Shelters

MONTGOMERY COUNTY'S COORDINATED HOMELESS OUTREACH CENTER (CHOC)

Address: Norristown State Hospital, Stanbridge and Sterigere Streets, Building 53
Norristown, PA 19401
Phone: 610.292.9244
Services: 50-bed shelter for single residents, day center for homeless individuals

SALVATION ARMY (NORRISTOWN)

Address: 533 Swede Street, Norristown, PA 19401
Phone: 610.275.4183
Website: www.salvationarmyusa.org

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Services: 24-hour family shelter that serves seven homeless families at a time, food cupboard, Emergency Financial Assistance for families, single adults who are at-risk of becoming homeless (must have proof of income to sustain feasible household budget)

Supportive Housing

VALLEY YOUTH HOUSE

Address: 1109 W. Main Street, Norristown, PA 19401

Phone: 610.272.2946

Fax: 610.272.2948

Website: www.valleyyouthhouse.org

Office Hours: Monday to Friday 9 am to 5 pm

Area Served: Montgomery County, Lehigh County, Bucks County, Northampton County, Philadelphia County

Ages Served: Youth, young adults

Services: Housing search assistance, supportive housing placement/referral, emergency shelter and independent living

THE LAMB FOUNDATION

Address: 114 North Main Street, North Wales, PA 19454

Phone: 215.699.5600

Fax: 215.661.8825

Website: www.lambfoundationpa.org

Area Served: Montgomery County

Ages Served: 18 and up

Services: Permanent supported housing for women and men struggling with physical, developmental and/or mental disabilities, blueprint model for establishing residences

Transitional Housing

BRIDGE OF HOPE BUXMONT

Address: 21 Jenkins Ave., Lansdale, PA 19446

Phone: 215.361.1815

Fax: 215.361.1819

Website: www.bridgeofhopebuxmont.com

Area Served: Montgomery and Bucks Counties

Ages Served: 20 years or older

Eligibility: Must have one to three children, of which no more than two are pre-school age

Services: Domestic violence, transitional housing

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Housing Discrimination

FAIR HOUSING RIGHTS CENTER IN SOUTHEASTERN PENNSYLVANIA

Address: 105 E. Glenside Ave., Suite E, Glenside, PA 19038
Phone: 215.576.7711
Fax: 215.576.1509
Website: www.fairhousingrights.org
Office Hours: 9 am to 5 pm
Area Served: Montgomery County
Ages Served: All
Fees: None
Languages: Spanish is on site, others by arrangements
Services: Home Seeker's List, information & referral

Housing Options

GENESIS HOUSING CORPORATION

Address: PO Box 1170, 208 DeKalb St., Norristown, PA 19404
Phone: 610.275.4357
Website: www.geneshousing.org
Services: Rehabilitates vacant and owner occupied properties, builds new homes to provide affordable housing opportunities, provides free monthly classes and individual counseling

HABITAT FOR HUMANITY

Address: 1117 Arch Street, Norristown, PA 19401
Phone: 610.278.7710
Website: www.habitatmontco.org
Services: Works with volunteers to rehab homes for low-income families

Information & Referral

GREATER NORTH PENN COLLABORATIVE FOR HEALTH AND HUMAN SERVICES

Address: PO Box 66, Harleysville, PA 19438
Phone: 215.234.4022
Contact: Ella Roush, Coordinator
Services: Information & referral

Mental Health/Mental Retardation & Drug and Alcohol Treatment

DISCOVERY HOUSE

Address: 329 West County Line Rd., Hatboro, PA
Phone: 215.675.8882
Website: www.discoveryhouse.com
Fees: \$105 per week, possible coverage by insurance
Services: Outpatient substance abuse treatment program specializing in methadone treatment for opiate addiction

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FAMILY SERVICE OF MONTGOMERY COUNTY - NORRISTOWN

Address: 3125 Ridge Pike, Norristown, PA 19403
Phone: 610.630.2111 Counseling, Project Hope or FAST
Fax: 610.630.4003
Website: <http://www.FSmontco.org>
Office Hours: Monday to Wednesday 9 am to 5 pm, Thursday 9 am to 9 pm, Friday 9 am to 4 pm
Area Served: Norristown, Pottstown, Lansdale and Wynnewood
Ages Served: Birth thru elderly
Fees: Sliding scale
Languages: Spanish is on site, others by arrangements
Services: Bereavement counseling, HIV-STD-AIDS counseling, family/individual counseling, family services, information & referral

HEDWIG HOUSE

Address: 904 DeKalb Street, Norristown, PA 19401
Website: www.hedwighouse.org
Services: Five clubhouses throughout Montgomery County that provide mutual support for people with mental illness, vocational services, HOMES Team Program

CARSON VALLEY CHILDREN'S AID

Address: 2506 N. Broad St., Suite 100, Colmar, PA 18915
Phone: 215.362.8422
Fax: 215.368.3112
Office Hours: Monday to Thursday 8:30 am to 8:30 pm, Friday 8:30 am to 4:00 pm
Emergency services for existing clients
Area Served: Greater North Penn Area and Indian Valley area but will serve other areas of the county by agency referral
Ages Served: 0 to 18
Fees: Sliding Scale
Languages: Spanish is on site, others by arrangements
Services: Bereavement counseling, drug & alcohol counseling, family/individual counseling, family services, pregnancy testing, information & referral, support groups

MONTGOMERY COUNTY MONTGOMERY COUNTY MENTAL HEALTH/MENTAL RETARDATION/DRUG & ALCOHOL/BEHAVIORAL HEALTH DEPARTMENT

Address: Human Services Center, 1430 DeKalb Street, Norristown, PA 19404-0311
Phone: 610.278.3642
Website: www.montcopa.org/mhmrda
Services: Provides counseling on housing issues and some housing assistance to persons with mental health, mental retardation, and drug and alcohol issues

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NORTHWESTERN HUMAN SERVICES

Address: 400 N. Broad Street, Lansdale, PA 19446
Phone: 215.368.2022
Website: www.nhsonline.org
Services: Adult mental health, addictive diseases, juvenile justice services

PENN FOUNDATION

Address: 807 Lawn Avenue, Sellersville, PA 18960
Phone: 215.257.6551
24 hr Emergency: 215.257.6551
Fax: 215.257.9347
Website: www.pennfoundation.org
Office Hours: Monday to Thursday 8 am to 9 pm, Friday 8 am to 5 pm
Area Served: Bucks and Montgomery Counties
Ages Served: Children, adolescents, adults and seniors
Services: At-risk Adults: Assertive Community Treatment (ACT), inpatient behavioral health, intensive psychiatric rehabilitation, mental health case management, mental health residential services, alcohol & drug recovery center, various mental health/substance abuse counseling, outreach & support services

VICTIM SERVICES CENTER OF MONTGOMERY COUNTY

Address: 18 W. Airy St, Suite 100, Norristown, PA 19401
Phone: 888.521.0983
Other Phone: 610.277.5200
Fax: 610.277.6386
Office Hours: Monday to Friday 9 am to 5 pm
Area Served: All of Montgomery County
Ages Served: 5yrs and up
Fees: None
Languages: Spanish and Korean others available by pre-arrangement
Services: Child abuse, legal, family/individual counseling, education, employment & training, information & referral, support groups

WOMEN'S CENTER OF MONTGOMERY COUNTY

Address: Norristown: 400 Courthouse Plaza, 18 W. Airy Street, Norristown, PA 19401
Colmar: 2506 N. Broad St., Colmar, PA 18915
Phone: 610.279.1548
After-hours: 610.279.1548
Other Phone: 800.773.2424
Fax: 610.279.7740
Website: www.wcmontco.org
Office Hours: Monday to Friday 9-5 pm, 24-hour hotline
Area Served: Montgomery County

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Ages Served: Eighteen to senior
Fees: None
Languages: Spanish available by pre-arrangement
Services: Domestic violence, legal, information & referral, support groups

HUD

MONTGOMERY COUNTY HOUSING AUTHORITY

Address: 104 West Main Street, Suite 1, Norristown, PA 19401-4716
Phone: 610.275.5720
Fax: 610.275.9036
TTY: 610.275.6120
Website: www.montcoha.org
Office Hours: Monday to Friday 8:30 am to 4:30 pm
Area Served: Montgomery County
Ages Served: All
Services: Appointments accepted for subsidized housing, housing options

Subsidized Apartments

FAMILIES, NON-SENIOR INDIVIDUALS, AND DISABLED PERSONS

Boyertown

Hillcrest Village
253 Montgomery Ave.
Boyertown, PA 19512
610.369.0202

Conshohocken

Pleasant Valley Apts.
Ash and Elm Streets
Conshohocken, PA 19428
215.256.6973

Harleysville

Pheasant Run Apts.
150 Main Street
Harleysville, PA 19438

Hatfield

Pleasant Grove Apts.
1380 Fairgrounds Road
Hatfield, PA 19440
215.527.2225

Jenkintown

Salba Apartments
309 Walnut Street
Jenkintown, PA 19046

Lansdale

Dock Village
100 Community Drive
Lansdale, PA 19446
215.855.8700

Kenilworth Apartments
6th and Kenilworth
Lansdale, PA 19446

Oakwood Gardens Apts.
421 E. Main St.
Lansdale, PA 19446
215.368.0340

Norristown

Norriswoods Apts.
Arch Street
Norristown, PA 19401
215.884.2624

North Hills

North Hills Manor
300 Linden Ave.
North Hills, PA 19038

Pennsburg

Pennsburg Commons
998 10th St.
Pennsburg, PA 18073
215.541.1977

Pottstown

Bright Hope Manor and Estates
467 West King St.
Pottstown, PA 19464
610.323.7333

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Rolling Hills Apts.
2120 Buchert Road
Pottstown, PA 19464

Sellersville

Sellersville Heights
100 E. Ridge Ave.
Sellersville, PA 18960
215.721.0331

Telford

Meadow Glen
401 E. Summit St
Telford, PA 18969
215.721.9520

Sellersville Court
401 East Summit Ave.
Telford, PA 18969
215.721.1611

Telford Gardens Apts.
149 Fourth Street
Telford, PA 18969
215.659.7473

Washington Glen
251 Washington St.
Telford, PA 18969

Willow Grove

Crest Manor
2231 Hamilton Blvd.
Willow Grove, PA 19090

SENIORS AND DISABLED PERSONS

Ambler

Ambler Manor
32 N. Main St.
Ambler, PA 19002
610.649.8761

Ardmore

Ardmore Housing
75 Ardmore Ave.
Ardmore, PA 19003

Conshohocken

Marshall Lee Towers
1 W. Third Ave.
Conshohocken, PA 19428
610.825.2485

Elkins Park

Park View at Cheltenham
990 Ashbourne Road
Elkins Park, PA 19027
215.572.4490

Flourtown

Bethlehem Retirement
Village
100 W. Wissahickon Ave.
Flourtown, PA 19031
215.233.0998

Gilbertsville

Saint Luke Knolls
D-9 Knoll Lane
Gilbertsville, PA 19525

Harleysville

Valley Manor Apts.
350 Broad St.
Harleysville, PA 19438
215.256.0840

Parkview at Oak Crest
560 Oak Drive
Harleysville, PA 19438

Hatboro

Moreland Towers
36 E. Moreland St.
Hatboro, PA 19040
215.674.5058

Huntington Valley

Gloria Dei Towers
Welsh Rd. and Huntingdon
Pike
Bethayres, PA 19006
215.947.8168

Redeemer Village
1551 Huntingdon Pike
Huntingdon Valley, PA
19006

Jenkintown

Salba Apts.
309 Walnut St.
Jenkintown, PA 19046
215.527.2225

Lansdale

Dock Manor
2059 Detwiler Road
Lansdale, PA 19446
215.362.0227

Schwenckfeld Manor
1290 Allentown Road
Lansdale, PA 19446

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Limerick

Limerick Green Apts.
827 N. Lewis Road
Limerick, PA 19468
610.495.8886

Norristown

Jefferson Apartments
1514 W. Marshall St.
Norristown, PA 19403
610.275.5850

Rittenhouse School
1705 Locust Street
Norristown, PA 19401

Sandy Hill Terrace
330 Walnut Street
Norristown, PA 19401
610.272.0382

Pottstown

Jefferson School Apts.
250 Hale St.
Pottstown, PA 19464
610.326.7332

Robert P. Smith Towers
501 High Street
Pottstown, PA 19464

Sidney Pollack House
450 High Street
Pottstown, PA 19464
610.326.6200

Red Hill

Upper Perkiomen Manor
107 E. 5th St.
Red Hill, PA 18076
215.679.0559

Villas at Red Hill
550 Singer Way
Red Hill, PA 18076

Royersford

Golden Age Manor
400 Walnut St.
Royersford, PA 19468
610.287.5051

Schwenksville

Highland Manor
One 2nd St.
Schwenksville, PA 19473

Souderton

Valley Vista
36 S. County Line Road
Souderton, PA 18964
215.723.0901

Telford

Grundy Manor
Lincoln Ave. and
Washington St.
Telford, PA 18969
215.723.1155

Washington Glen
251 Washington St.
Telford, PA 18969
215.721.9520

North Penn Housing/Homeless Providers Network

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Conclusion

The North Penn Housing/Homeless Providers Network represents an exciting opportunity to improve the region's housing system by creating a comprehensive continuum of care that is consumer-driven, results-oriented and fully coordinated. Based on a situational analysis of the North Penn region's current housing system, the Network must address the following challenges:

- Building the internal leadership, fundraising, technology, and staffing capacity of individual member agencies
- Creating meaningful partnerships with other housing and homeless providers and advocacy groups, faith-based organizations, and mental and behavioral health care providers in the region
- Closing gaps in the region's continuum of care, especially in terms of centralized information and referral systems and homeless prevention
- Instituting a coordinated evaluation system to assess the Network's collective impact and responsiveness to individual consumer needs
- Increasing the availability of high-quality, affordable housing, both permanent and permanent supportive
- Improving the region's public transportation system to provide access to approximately 500 health and human service non-profit organizations in Montgomery County that serve the Network's constituents

By creatively overcoming these challenges and leveraging the current and evolving resources and talents of member agencies, other providers, and key supporters in the philanthropic community, as well as state, county, and local government agencies, the Network will be well-positioned to build and implement a comprehensive housing system that provides a meaningful continuum of care for individuals, families, and communities throughout the North Penn region.

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Appendix A: Arizona Evaluation Project Self-Sufficiency Matrix

Self-Sufficiency Matrix					
DOMAIN	1	2	3	4	5
Income	No income	Inadequate income and/or spontaneous or inappropriate spending	Can meet basic needs with subsidy; appropriate spending	Can meet basic needs and manage debt without assistance	Income is sufficient, well managed; has discretionary income and is able to save
Employment	No job	Temporary, part-time or seasonal; inadequate pay, no benefits	Employed full time; inadequate pay; few or no benefits	Employed full time with adequate pay and benefits	Maintains permanent employment with adequate income and benefits
Housing	Homeless or threatened with eviction	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income)	In stable housing that is safe but only marginally adequate	Household is in safe, adequate subsidized housing	Household is safe, adequate, unsubsidized housing
Food	No food or means to prepare it; relies to a significant degree on other sources of free or low-cost food	Household is on food stamps	Can meet basic food needs, but requires occasional assistance	Can meet basic food needs without assistance	Can choose to purchase any food household desires
Childcare	Needs childcare, but none is available/accessible and/or child is not eligible	Childcare is unreliable or unaffordable, inadequate supervision is a problem for what childcare is available	Affordable subsidized childcare is available, but limited	Reliable, affordable childcare is available, no need for subsidies	Able to select quality childcare of choice
Children's Education	One or more school-aged children not enrolled in school	One or more school-aged children enrolled in school, but not attending classes	Enrolled in school, but one or more children only occasionally attending classes	Enrolled in school and attending classes most of the time	All school-aged children enrolled and attending on a regular basis
Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment	Has high school diploma/GED	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society	Has completed education/training needed to become employable; no literacy problems
Legal	Current outstanding tickets or warrants	Current charges/trial pending, noncompliance with probation/parole	Fully compliant with probation/parole terms	Has successfully completed probation/parole within past 12 months, no new charges filed	No active criminal justice involvement in more than 12 months and/or no felony criminal history
Health Care	No medical coverage with immediate need	No medical coverage and great difficulty accessing medical care when needed; some household members may be in poor health	Some members (e.g. Children) on CHIP	All members can get medical care when needed, but may strain budget	All members are covered by affordable, adequate health insurance

North Penn Housing/Homeless Providers Network

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Self-Sufficiency Matrix					
DOMAIN	1	2	3	4	5
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living	Can meet a few but not all needs of daily living without assistance	Can meet most but not all daily living needs without assistance	Able to meet all basic needs of daily living without assistance	Able to provide beyond basic needs of daily living for self and family
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use	No drug use/alcohol abuse in last 6 months
Family Relations	Lack of necessary support form family or friends; abuse (DV, child) is present or there is child neglect	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support	Strong support from family or friends; household members support each other's efforts	Has healthy/expanding support network; household is stable and communication is consistently open
Mobility	No access to transportation, public or private; may have car that is inoperable	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured	Transportation is generally accessible to meet basic travel needs	Transportation is readily available and affordable; car is adequately insured
Community Involvement	Not applicable due to crisis situation; in "survival" mode	Socially isolated and/or no social skills and/or lacks motivation to become involved	Lacks knowledge of ways to become involved	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues	Actively involved in community
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable
Parenting Skills	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Appendix B: Board and Staff Survey Data

Please identify the organization on whose Board of Directors you currently serve.		
Answer Options	Response Percent	Response Count
Community Housing Services	25.0%	7
Indian Valley Housing Corporation	21.4%	6
Indian Valley Opportunity Center	0.0%	0
Inter-Faith Housing Alliance	35.7%	10
Manna	17.9%	5
<i>answered question</i>		28
<i>skipped question</i>		0

Please identify the organization on whose staff you currently serve.		
Answer Options	Response Percent	Response Count
Community Housing Services	25.0%	4
Indian Valley Housing Corporation	37.5%	6
Indian Valley Opportunity Center	6.3%	1
Inter-Faith Housing Alliance	25.0%	4
Manna	6.3%	1
<i>answered question</i>		16
<i>skipped question</i>		0

How many years have you served on this organization's Board of Directors?		
Answer Options	Response Percent	Response Count
Less than one	14.3%	4
One to two	32.1%	9
Three to five	21.4%	6
More than five	32.1%	9
<i>answered question</i>		28
<i>skipped question</i>		0

Which category best describes your primary job function at this organization?		
Answer Options	Response Percent	Response Count
Administrative/Support	12.4%	2
Program/Clinical	37.5%	6
Management/Operations	43.8%	7
Contract Employee/Consultant	6.3%	1
<i>answered question</i>		16
<i>skipped question</i>		0

What word best describes your organization's current level of development?					
BOARD			STAFF		
Answer Options	Response Percent	Response Count	Answer Options	Response Percent	Response Count
Start-up	0.0%	0	Start-up	0.0%	0
Growth	28.6%	8	Growth	31.3%	5
Maturity	17.9%	5	Maturity	18.8%	3
Transition/Renewal	53.6%	15	Transition/Renewal	43.8%	7
Crisis	0.0%	0	Crisis	6.3%	1
Please explain your choice:		18	Please explain your choice:		9
<i>answered question</i>		28	<i>answered question</i>		16
<i>skipped question</i>		0	<i>skipped question</i>		0

North Penn Housing/Homeless Providers Network

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BOARD Please explain your choice:	
1	We are developing a strategic plan, long-time board members leaving and new board members are arriving. We are looking to expand services and facilities.
2	Manna has been around for more than 25 years. We are currently undergoing strategic planning to hone in our focus by assessing our programs. We are also currently seeking a new building to better accommodate our purpose.
3	We completed our strategic plan and have lots of work to do.
4	IHN is currently undergoing a reorganization and under a search for a new Executive director. I have been a volunteer with the IHN for about 13 years but have only recently been appointed to the Board. It also involves a relighting of the passion previously involved with the congregations, etc.
5	We are an established organization relative to peer non-profits, but have faced significant challenges in the past few years that have caused us to reaffirm our mission and re-evaluate our structure and delivery of services, so I feel we are in transition.
6	We are hiring a new ED, have reformed our committee structure and we are working with Family Promise as our consultant.
7	We have accomplished many of our goals and objectives and are now looking to refine what we do and expand into other areas.
8	I see IVHC as mature in the market. Although we continue to add properties in order to serve additional clients, our operations are well established. Many of the board members and staff are long term.
9	We continue to expand our services, our staff has expanded, and we have solid plans for the future.
10	We are attempting to build on our "mature" values and mission and yet make sure we are providing services and the budgets to support them in the most efficient and humanistic ways.
11	After many years of success among the challenges, our agency is in the process of regrouping to address the needs of our clients and the community at large more effectively and efficiently.
12	We are searching for a new ED, embarking on a Strategic Plan, and recent had an assessment completed by Family Promise.
13	Demand for temporary housing is on the increase. We are looking to expand our network area.
14	We are in the process of re-evaluating the organization and doing strategic planning. We are interviewing for a new Executive Director.
15	We are working very hard on our strategic plan to move forward and make changes
16	Seeking to revitalize Board of Directors and expand into a new site.
17	We are looking at many areas of our organization in hopes of improving our over all effectiveness.
18	We are in the middle of a strategic planning initiative to determine the best mode of growth and to decide what the agency's future should look like.

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

STAFF Please explain your choice:	
1	We are in the strategic planning process, and when you reassess, the outcome could be considered a transition or a renewal of the current position.
2	Lots of staff turnover and lack of staff have led to a very stressful work situation. Board support is also lacking.
3	We are a mature agency but ever growing - adding transitional units - employees etc.
4	Indian Valley Housing is always striving to increase and improve our services.
5	1. We have gone through several years of change and growth. 2. We are In negotiation with IVOC regarding a merger.
6	We are in the process of getting a new Executive Director. Due to some consultant intervention, the organization has never been better.
7	There is a merger under consideration, which would cause quite a transition, and hopefully in the end a renewal.
8	Inter-Faith's programs are well developed and strong; the top executive position has turned over three times in six years. The transition will be from crisis mode with heavy board management changing to board policy management.
9	After 38 years (founded in 1970), we are contemplating a merger with IVHC. This makes us "Transition."

North Penn Housing/Homeless Providers Network

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Please rank the quality of the North Penn region's current housing and homeless services.						
BOARD Answer Options	Excellent	Good	Fair	Poor	Don't know	Response Count
Homelessness prevention	0	8	9	3	8	28
Outreach and assessment	1	11	6	2	8	28
Emergency shelter	2	9	7	2	8	28
Transitional housing	1	11	8	2	6	28
Permanent housing	1	4	8	7	8	28
Health and human services to support homeless residents	2	10	6	2	8	28
<i>answered question</i>						28
<i>skipped question</i>						0

STAFF Answer Options	Excellent	Good	Fair	Poor	Don't know	Response Count
Homelessness prevention	0	4	7	4	1	16
Outreach and assessment	1	5	7	2	1	16
Emergency shelter	2	1	6	7	0	16
Transitional housing	2	7	5	2	0	16
Permanent housing	0	3	6	7	0	16
Health and human services to support homeless residents	2	6	6	2	0	16
<i>answered question</i>						16
<i>skipped question</i>						0

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

What do you believe are the potential benefits to the community of more formal collaboration among the five agencies in the North Penn Housing/Homeless Providers Network?

BOARD		STAFF	
Most important	Improved access to services for consumers, regardless of where they are on the crisis continuum	Most important	Improved access to services for consumers, regardless of where they are on the crisis continuum
Very important	More coordinated and effective service delivery among providers	Very important	More coordinated and effective service delivery among providers
Important	More effective communication between providers	Important	Stronger public voice for advocacy, outreach, and public education efforts regarding housing and homelessness issues
Less important	Stronger public voice for advocacy, outreach, and public education efforts regarding housing and homelessness issues	Less important	Better data and information about issues related to housing and homelessness
Least important	Better data and information about issues related to housing and homelessness	Least important	More effective communication between providers

What do you believe are the potential benefits to your organization of more formal collaboration among the five agencies in the North Penn Housing/Homeless Providers Network?

BOARD & STAFF	
Most important	Enhancing our ability to fulfill our mission
Important	Gaining access to a larger skill set (i.e., knowledge, expertise, management, human resources, etc.)
Least important	Improving our financial situation

BOARD Comment:

I think our mission is very clear to most of us and I assume the other providers. You are using such a small sampling of service providers that I think this may not give you the results you are looking for.

STAFF Comment:

I will change this order if it becomes clear that collaboration will in fact improve our financial situation!

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

What do you believe are the potential risks to your organization of more formal collaboration among the five agencies in the North Penn Housing/Homeless Providers Network? (Please check all that apply.)					
BOARD Answer Options	Response Percent	Response Count	STAFF Answer Options	Response Percent	Response Count
The quality of our programs and services may decline	26.9%	7	The quality of our programs and services may decline	43.8%	7
We will lose some autonomy in how we do things and make decisions	53.8%	14	We will lose some autonomy in how we do things and make decisions	62.5%	10
We will lose our identity	3.8%	1	We will lose our identity	37.5%	6
We will not get along with our partners in the network	7.7%	2	We will not get along with our partners in the network	31.3%	5
We may need to change the structure and positions within our organization	50.0%	13	We may need to change the structure and positions within our organization	37.5%	6
Other (please specify):	23.1%	6	Other (please specify):	31.3%	5
<i>answered question</i>		26	<i>answered question</i>		16
<i>skipped question</i>		2	<i>skipped question</i>		0

BOARD Comments:	
1	Internal Capacity of our agency and the collaboration. Those issues which are not being addressed may well be beyond our current capacity to handle, not that we should not build the capacity.
2	I don't see any potential risks.
3	No risks.
4	I don't really see any risk.
5	No risks
6	This can be a positive thing

STAFF Comments:	
1	Partner organizations as a whole may not be as effective as individually
2	Less stable or mature organizations may hurt the quality of collaborative programs and services.
3	Limited dollars will become even more limited.
4	I do not believe we will lose autonomy because the board would not agree to participate under those conditions.
5	No major risks.

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

How important is it for your organization to build internal capacity in the following areas in order to be an active and valuable participant in a consumer-driven, results-driven, coordinated housing system that addresses each aspect of the housing and homelessness continuum of care in the North Penn region?

BOARD Answer Options	Urgent	Important	Helpful	Unnecessary	Not sure	Response Count
Governance/Board Leadership	5	15	4	2	1	27
Management/Staff Leadership	6	15	4	1	1	27
Human Resources/Staffing	4	15	6	0	1	26
Financial Management	7	10	6	1	2	26
Fundraising	16	7	1	1	2	27
Marketing and Communications	4	16	5	0	1	26
Technology	1	14	10	1	1	27
Planning and Evaluation	5	15	5	0	1	26
Program and Service Delivery	8	11	5	1	2	27
Comments:						3
<i>answered question</i>						27
<i>skipped question</i>						1

STAFF Answer Options	Urgent	Important	Helpful	Unnecessary	Not sure	Response Count
Governance/Board Leadership	5	4	5	1	0	15
Management/Staff Leadership	1	5	8	1	0	15
Human Resources/Staffing	1	6	6	1	0	14
Financial Management	3	2	9	0	0	14
Fundraising	5	5	5	0	0	15
Marketing and Communications	3	8	3	1	0	15
Technology	2	5	7	1	0	15
Planning and Evaluation	2	6	7	0	0	15
Program and Service Delivery	2	4	8	1	0	15
Comments:						1
<i>answered question</i>						15
<i>skipped question</i>						1

North Penn Housing/Homeless Providers Network

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How important is it for the following types of organizations to be involved in the North Penn Housing/Homeless Provider Network?				
BOARD Order of importance	Answer Options	# of responses	Rating Average	Response Count
1	Other housing/homeless providers in the region	24	1.076923	26
2	Faith-based organizations	23	1.148148	27
3	Housing and homeless advocacy groups	22	1.185185	27
4	Mental and behavioral health care providers	19	1.37037	27
5	Local government agencies	18	1.37037	27
6	County government agencies	17	1.37037	27
7	Business community	15	1.444444	27
8	Primary health care providers	13	1.62963	27
9	Housing developers	10	1.807692	26
10	Employment service providers	9	1.814815	27
Other (please specify):				1
<i>answered question</i>				27
<i>skipped question</i>				1

STAFF Order of importance	Answer Options	# of responses	Rating Average	Response Count
1	Other housing/homeless providers in the region	13	1.1875	16
2	Faith-based organizations	13	1.133333	15
3	Mental and behavioral health care providers	10	1.4375	16
4	Housing and homeless advocacy groups	10	1.375	16
All tied for 5th	County government agencies	9	1.4375	16
	Local government agencies	9	1.4375	16
	Employment service providers	9	1.5625	16
	Primary health care providers	9	1.5	16
	Housing developers	9	1.357143	14
	Business community	9	1.4	15
Other (please specify):				1
<i>answered question</i>				16
<i>skipped question</i>				0

BOARD Comments:

Much more needs to be done to include local government, large and small business

STAFF Comments:

Question for each is in what time frame and to what degree (what is scope of the network?)

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Other comments or suggestions that would help the North Penn Housing/Homeless Providers Network Steering Committee in its planning work:

BOARD Comments:

- 1 Thanks for the opportunity to have input into an obvious critical issue with our community today.
- 2 We need to avoid overlap of services. Clients should be referred to the provider best able to help them.

STAFF Comments:

- 1 I know last year when The Word FM did a special broadcast for our sleep out during their morning show people actually couldn't believe we had homeless people in our area. People are not aware that we have homeless people right here in Bucks and Montgomery county because they don't see them like you do in Philly. That is why I feel it needs to be brought to people's attention more and that it's not a fault of their own that they are homeless. It's usually circumstances that are beyond their control. In addition, those that are homeless don't know what's available to them or how to find out about what's available to them. I know if I were homeless, I wouldn't know where to begin.
- 2 I do not identify at all with the words "North Penn". I am very concerned about the use of that term to describe the group. We serve Upper Bucks County and have spent much time and energy promoting and expanding our work there. I do not identify with Lansdale or Ambler at all and do not consider the two areas as one. If I feel that way, I wonder how many other community members do.

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Appendix C: Member Agency Data

Contact Information & Areas Served

COMMUNITY HOUSING	Executive Director:	Gloria Echols
	Board Chair:	John Strader, Retired IBM Executive
	Main Office:	311 North Broad Street, Lansdale, PA 19446
	Phone:	(215) 362-5250
	Website:	www.communityhs.org
	Areas Served:	Montgomery County
INDIAN VALLEY HOUSING CORPORATION	Executive Director:	Karen Hosler Kispert
	Board Chair:	Nancy Gingrich, Total Equestrian Enterprises
	Main Office:	201 Main Street, Souderton, PA 18964
	Phone:	(215) 723-8750
	Website:	www.ivhc.org
	Areas Served:	Montgomery County & Upper Bucks County
INDIAN VALLEY OPPORTUNITY CENTER	Executive Director:	Jim Holton
	Board Chair:	Jim Styer
	Main Office:	104 Main Street, Souderton, PA 18964
	Phone:	(215) 723-5430
	Website:	www.indianvalleyopp.org
	Areas Served:	North Penn and Souderton School Districts
INTER-FAITH ALLIANCE	Executive Director:	Barbara Silbert , <i>Acting</i>
	Board Chair:	James Logue, Innovative Capital Partners
	Main Office:	31 S. Spring Garden Street, Ambler, PA 19002
	Phone:	(215) 628-2334
	Website:	www.i-fha.org
	Areas Served:	Ambler, Ft. Washington, Lower Gwynedd, Upper Dublin and Whitpain
MANNA ON MAIN STREET	Executive Director:	Tom Allebach
	Board Chair:	Jeanne Andolina, Community Activist
	Main Office:	514 W. Main Street, Lansdale, PA 19446
	Phone:	(215) 855-5454
	Website:	www.mannaonmain.org
	Areas Served:	North Penn School District

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Mission Statements

COMMUNITY HOUSING

The mission of Community Housing Services is to provide permanent solutions to housing and related problems faced by the homeless, near homeless, victims of domestic violence and other housing related issues faced by low and moderate-income people.

INDIAN VALLEY HOUSING CORPORATION

The mission of Indian Valley Housing Corporation is to serve the housing needs of low-income households in Montgomery and Bucks Counties, to educate the community about local housing needs, and to work with all sectors of the community in carrying out this mission.

The mission is implemented through three programs:

- Homeless shelter (Inter-Faith Hospitality Network)
- Transitional housing
- Needs counseling

INDIAN VALLEY OPPORTUNITY CENTER

It is the Mission of Indian Valley Opportunity Center to assist any area residents having difficulty meeting basic needs, which include, but are not limited to food, shelter, employment, translation, education and social services.

Education Department Mission:

It is the mission of the IVOC Education Department to enable area residents to improve ESL skills, attain U.S. Citizenship, enhance employment opportunities, achieve GED Certification and enrich family relationships.

INTER-FAITH ALLIANCE

To provide charitable services to persons located in Montgomery County whose life situations have become unstable. These charitable services shall include homelessness prevention, temporary shelter, guidance in life skills, and assistance in locating appropriate housing opportunities, thus enabling families at-risk to remain in or return to independent living.

MANNA

The purpose of Manna on Main Street is to provide assistance to members of the community in obtaining the goods and services needed for daily living and basic human dignity.

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Summary of Goals and Services

COMMUNITY HOUSING

Providing a safety net of basic service for individuals and families

- Emergency food assistance
- Emergency financial assistance (e.g., rent, utilities)
- Information and referral services
- Emergency housing/shelter
- Services for domestic violence victims
- Client-based advocacy and other case management

Equipping adults to attain financial stability

- Housing counseling
- Client based advocacy and other case management services
- Public benefits information/enrollment
- Tax return preparation

Enabling adults and families to transition from homelessness to self-reliance and independence

- Emergency housing/shelter
- Transitional housing
- Supportive services

INDIAN VALLEY HOUSING CORPORATION

Equipping adults to attain financial stability

- Financial literacy instruction/counseling

Enabling adults and families to transition from homelessness to self-reliance and independence

- Emergency housing/shelter
- Transitional housing

INDIAN VALLEY OPPORTUNITY CENTER

Providing a safety net of basic service for individuals and families

- Emergency food assistance
- Emergency financial assistance (e.g., rent, utilities)
- Information and referral services
- Client-based advocacy and other case management

Adult literacy and English classes

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

INTER-FAITH ALLIANCE

Providing a safety net of basic service for individuals and families

- Emergency food assistance
- Emergency financial assistance (e.g., rent, utilities)

Enabling adults and families to transition from homelessness to self-reliance and independence

- Emergency housing/shelter
- Transitional housing

MANNA

Providing a safety net of basic service for individuals and families

- Emergency food assistance
- Emergency financial assistance (e.g., rent, utilities)
- Information and referral services

Enabling adults and families to transition from homelessness to self-reliance and independence

- Emergency housing/shelter
- Supportive services

Building community and improving neighborhoods

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: Providing a safety net of basic services for individuals and families

COMMUNITY HOUSING	Emergency Food Assistance	Emergency Financial Assistance	Information & Referral Services
Programs:	<ul style="list-style-type: none"> • CHS Food Cupboard • USDA Food Cupboard • Holiday Sharing Program 	<ul style="list-style-type: none"> • Rental & utility assistance • Transportation assistance • Clothing • Household goods & furniture 	<ul style="list-style-type: none"> • Home Seeker's List • Landlord/tenant information & legal rights • Human service referrals
Program Eligibility:	Lansdale resident	Montgomery County resident, evidence of need	Montgomery County resident
2007 Outcomes	300 Individuals served	150 Individuals served	7,800 Successful outputs, based on interagency communication
Hispanic or Latino (any race)	5%	2%	5%
Black or African American (not Hispanic or Latino)	45%	40%	45%
White (not Hispanic or Latino)	55%	55%	55%
Other race(s) (Not Hispanic or Latino)	5%	3%	5%
Licensing or Accreditation:	None	None	None
Program Capacity:	2	2	5
% Of Households Below 200% Poverty:	85%	100%	65%
% Limited English Language Ability:	2% Spanish	2% Spanish	2% Spanish
Special Needs Populations:	Persons with disabilities, recent immigrants, homeless, victims of domestic violence		

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: Providing a safety net of basic services for individuals and families

COMMUNITY HOUSING	Emergency Housing/Shelter	Services for Domestic Violence Victims	Client-based Advocacy & Case Management
Programs:	<ul style="list-style-type: none"> • Code Blue • Emergency Homeless Kits 	<ul style="list-style-type: none"> • Youth advocacy • STEPS Program • Support groups 	<ul style="list-style-type: none"> • Enrichment & educational activities • Self-sufficiency Program
Program Eligibility:	Homeless	Women & children	Montgomery County resident
2007 Outcomes	175 Individuals served	17 Participants had permanent affordable housing and employment upon completion of the program	1,150 Successful outputs
Hispanic or Latino (any race)	5%	0%	5%
Black or African American (not Hispanic or Latino)	45%	84%	45%
White (not Hispanic or Latino)	55%	11%	55%
Other race(s) (Not Hispanic or Latino)	5%	5%	5%
Licensing or Accreditation:	None	Domestic Violence Certification	None
Program Capacity:	5	22	5
% Of Households Below 200% Poverty:	90%	100%	75%
% Limited English Language Ability:	2% Spanish	2% Spanish Chinese: Cantonese, Mandarin	2% Spanish
Special Needs Populations:	Persons with disabilities, recent immigrants, homeless, victims of domestic violence		

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: Providing a safety net of basic services for individuals and families

INDIAN VALLEY HOUSING CORPORATION	<i>Programs not specified for this goal</i>	
INDIAN VALLEY OPPORTUNITY CENTER	Emergency Food Assistance	Emergency Financial Assistance
Programs:	<ul style="list-style-type: none"> • Food Pantry • Holiday Giving Program 	<ul style="list-style-type: none"> • Rental & utility assistance • Emergency shelter assistance • Transportation/medical assistance • Clothing exchange • Household goods & furniture • Holiday Giving Program
Program Eligibility:	North Penn and Souderton School Districts	<ul style="list-style-type: none"> • Proof of the bill that needs to be paid • Proof of residency
2007 Outcomes:	200 families receive food and clothing each month	
Hispanic or Latino (any race)	<i>Not available</i>	
Black or African American (not Hispanic or Latino)	<i>Not available</i>	
White (not Hispanic or Latino)	<i>Not available</i>	
Other race(s) (Not Hispanic or Latino)	<i>Not available</i>	
Licensing or Accreditation:	<i>Not available</i>	
Program Capacity:	<i>Not available</i>	
% Of Households Below 200% Poverty:	<i>Not available</i>	
% Limited English Language Ability:	<i>Not available</i>	
Special Needs Populations:	Recent immigrants, non-English speaking individuals and families	

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: Providing a safety net of basic services for individuals and families

INDIAN VALLEY OPPORTUNITY CENTER	Information & Referral Services	Client-based Advocacy & Case Management
Programs:	<ul style="list-style-type: none"> • Human service & housing • Education referrals 	<ul style="list-style-type: none"> • Translation & interpretation • Citizenship application assistance • Immigration counseling & forms assistance • Case management • Parenting/life skills workshops
Program Eligibility:		
2007 Outcomes:	5,000 referrals for critical needs are handled by our social workers annually	
Hispanic or Latino (any race)	<i>Not available</i>	
Black or African American (not Hispanic or Latino)	<i>Not available</i>	
White (not Hispanic or Latino)	<i>Not available</i>	
Other race(s) (Not Hispanic or Latino)	<i>Not available</i>	
Licensing or Accreditation:	<i>Not available</i>	
Program Capacity:	<i>Not available</i>	
% Of Households Below 200% Poverty:	<i>Not available</i>	
% Limited English Language Ability:	<i>Not available</i>	
Special Needs Populations:	Recent immigrants, non-English speaking individuals and families	

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

INTER-FAITH ALLIANCE	Emergency Food Assistance	Emergency Financial Assistance
Program Eligibility:	Abington Area	Ambler, Ft. Washington, Lower Gwynedd, Upper Dublin and Whitpain
2007 Outcomes:	<p>837 Families This food cupboard is a new program for us. It was started over 25 years ago but the volunteers were aging so last year we acquired the Abington area's prevention services, as they were no longer able to manage. Our numbers are not tabulated to our satisfaction. We do not record ethnicity. We provide referral services - over 500 last year.</p>	<p>47 Families Financial aid is given to PREVENT homelessness. Our budget can only aid approx. 7 people per month - more with fuel in the winter. We provided referral assistance to over 300 families in the year - when a family is facing eviction or shut-off that is a measure of success. We plan to add case management to the Prevention program in our new fiscal year.</p>
Hispanic or Latino (any race)	<i>Not Tracked</i>	
Black or African American (not Hispanic or Latino)	<i>Not Tracked</i>	
White (not Hispanic or Latino)	<i>Not Tracked</i>	
Other race(s) (Not Hispanic or Latino)	<i>Not Tracked</i>	
Licensing or Accreditation:	Yes- Unspecified	Yes- Unspecified
Program Capacity:	100	7
% Of Households Below 200% Poverty:	<i>Not tracked</i>	100%
% Limited English Language Ability:	<i>Not Tracked</i>	
Special Needs Populations:	<i>Not Tracked</i>	

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: Providing a safety net of basic services for individuals and families

MANNA	Emergency Food Assistance	Emergency Financial Assistance	Information & Referral Services
Programs:	<ul style="list-style-type: none"> • Soup Kitchen (Lunch & Dinner M-F, Sat Lunch) • Food Pantry (M-F afternoons & 2 evenings) 	<ul style="list-style-type: none"> • Financial aid toward rent, security deposits, utilities, oil assistance, transportation, and emergency medical needs • Summer Cool Down Program for Seniors 	Assistance with budgeting and accessing resources
Program Eligibility:	<ul style="list-style-type: none"> • Soup Kitchen no guidelines • North Penn School District resident (Food pantry excludes the North Wales Borough and Hatfield) 	<ul style="list-style-type: none"> • North Penn School District resident • Must be able to show that they can normally afford bills • Must need aid due to a medical emergency, loss of job or need car repair to get to work • Does not assist residents in subsidized housing 	North Penn School District resident
2007 Outcomes:	10,335 Meals served at Soup Kitchen 305 Households & 4,213 bags 1,550 Bags to other pantries 1,169 Meats distributed 91 Community Dinners hosted 207 Holiday Baskets 91 Dairy Coupons for older adults	56 Households; \$36,981 in rental aid 32 households; \$11,472 in utility aid 43 people; \$11,042 in medical aid	

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Hispanic or Latino (any race)	<i>Not Tracked</i>
Black or African American (not Hispanic or Latino)	<i>Not Tracked</i>
White (not Hispanic or Latino)	<i>Not Tracked</i>
Other race(s) (Not Hispanic or Latino)	<i>Not Tracked</i>
Licensing or Accreditation:	<i>Unknown</i>
Program Capacity:	<i>Unknown</i>
% Of Households Below 200% Poverty:	<i>Unknown</i>
% Limited English Language Ability:	<i>Unknown</i>
Special Needs Populations:	Low income families & individuals

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: Equipping adults to attain financial stability

COMMUNITY HOUSING	Housing Counseling	Client-based advocacy and case management services
Program Eligibility:	Montgomery County resident	
2007 Outcomes:	2,080 of successful outputs as a % of total clients seen	250 outputs achieved, as predetermined on each client's individual service plan
Hispanic or Latino (any race)	2%	2%
Black or African American (not Hispanic or Latino)	40%	40%
White (not Hispanic or Latino)	55%	55%
Other race(s) (Not Hispanic or Latino)	3%	3%
Licensing or Accreditation:	None	None
Program Capacity:	2	5
% Of Households Below 200% Poverty:	90%	90%
% Limited English Language Ability:	2% Spanish	2% Spanish
Special Needs Populations:	Persons with disabilities, recent immigrants	

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: Equipping adults to attain financial stability

COMMUNITY HOUSING	Public benefits information/ enrollment	Volunteer Income Tax Assistance (VITA)
Program Eligibility:	Montgomery County resident	
2007 Outcomes:	960 individuals successfully enrolled in mainstream public benefits and/or provided further information regarding benefits	The agency is an EITC/VITA site for 2008. This is a new service provided in 2008. We have no historic data to report at this time. Over 100 individuals for the 2008 tax return season, and see an increase to at least 200 for future years.
Hispanic or Latino (any race)	2%	5%
Black or African American (not Hispanic or Latino)	40%	45%
White (not Hispanic or Latino)	55%	55%
Other race(s) (Not Hispanic or Latino)	3%	5%
Licensing or Accreditation:	None	Volunteers certified through IRS
Program Capacity:	5	4
% Of Households Below 200% Poverty:	100%	80%
% Limited English Language Ability:	2% Spanish	10% Spanish, Vietnamese
Special Needs Populations:	Persons with disabilities, recent immigrants	

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: Equipping adults to attain financial stability

INDIAN VALLEY HOUSING CORPORATION	Financial literacy instruction/counseling
Program Eligibility:	Montgomery County & Bucks County
2007 Outcomes:	78 individuals served Program evaluations measure % increase in income; % households utilizing banking institutions; improvement in credit score; % maintaining household budget
Hispanic or Latino (any race)	0%
Black or African American (not Hispanic or Latino)	50%
White (not Hispanic or Latino)	50%
Other race(s) (Not Hispanic or Latino)	0%
Licensing or Accreditation:	Certified through PANO's Standards for Excellence Program
Program Capacity:	85
% Of Households Below 200% Poverty:	60%
% Limited English Language Ability:	0%
Special Needs Populations:	Homeless families
INDIAN VALLEY OPPORTUNITY CENTER	Programs not specified for this goal
INTER-FAITH ALLIANCE	Programs not specified for this goal
MANNA	Programs not specified for this goal

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: enabling adults and families to transition from homelessness to self-reliance and independence

COMMUNITY HOUSING	Emergency Housing/Shelter	Transitional Housing	Supportive Services
Programs:	<ul style="list-style-type: none"> • Emergency Shelter Grants • Code Blue/Red • Referrals to shelters & housing 	<ul style="list-style-type: none"> • Ezra House for single homeless males (7 units) • Domestic violence program for women and children (24units) 	<ul style="list-style-type: none"> • Self-sufficiency Program • Subsidized permanent housing • Lease Purchase Program • Home Seeker's List
Program Eligibility:		Programs provide up to two years	
2007 Outcomes:	175 Individuals Evaluation measures the number of successful outputs as a % of total clients seen	32 Individuals Monthly Client Evaluation Form tracks the successful attainment of goals outlined in the service plan	180 Individuals Program evaluation measures the number of successful outputs as a % of the number of client interactions
Hispanic or Latino (any race)	2%	0%	2%
Black or African American (not Hispanic or Latino)	40%	69%	40%
White (not Hispanic or Latino)	55%	28%	55%
Other race(s) (Not Hispanic or Latino)	3%	3%	3%
Licensing or Accreditation:	None	None	None
Program Capacity:		32	5
% Of Households Below 200% Poverty:	90%	100%	100%
% Limited English Language Ability:	2% Spanish	3% Chinese: Cantonese, Mandarin	2% Spanish
Special Needs Populations:	Persons with disabilities, recent immigrants		

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

INDIAN VALLEY HOUSING CORPORATION	Emergency Housing/Shelter	Transitional Housing
Programs:	<ul style="list-style-type: none"> • Inter-Faith Hospitality Network- stay in host congregation for up to 90 days • Needs Counseling- Information and referral to link people to community 	Subsidized rental units with intensive case management. Rent is 30% of adjusted household income
Program Eligibility:	Inter-Faith: Homeless family or single woman at least 18 yrs and not in high school. No active alcohol or drug problems, untreated debilitating mental illness, chronically homeless, or single men	Homeless family or single woman at least 18 yrs and not in high school. No active alcohol or drug problems, untreated debilitating mental illness, chronically homeless, or single men. Up to two years occupancy 14 household capacity
2007 Outcomes:	26 Individuals. Program evaluates % achieve at least one self-sufficiency goal; % leaving for stable next-step housing Needs Counseling- Assisted 650+ families	42 Individuals. Program evaluates score on 100-point self-sufficiency scale measured along 10 dimensions – scores assessed every 6 months; % leaving for affordable permanent housing
Hispanic or Latino (any race)	0%	0%
Black or African American (not Hispanic or Latino)	60%	50%
White (not Hispanic or Latino)	40%	50%
Other race(s) (Not Hispanic or Latino)	0%	0%
Licensing or Accreditation:	None	None
Program Capacity:	12 individuals (3 households)	45
% Of Households Below 200% Poverty:	100%	65%

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

% Limited English Language Ability:	0%	0%
Special Needs Populations:	Homeless families	

Goal: enabling adults and families to transition from homelessness to self-reliance and independence

INDIAN VALLEY OPPORTUNITY CENTER	Programs not specified for this goal	
INTER-FAITH ALLIANCE	Emergency Housing/Shelter	Transitional Housing
Programs:	<p>Inter-Faith Hospitality Network-stay in host congregation for up to 90 days</p> <ul style="list-style-type: none"> • Case management for every family • Counseling for every family • Parenting classes for every family • Navigate child care systems for families with this need • Day facility 	<p>Hope Gardens</p> <ul style="list-style-type: none"> • Rent is sliding scale- 30% net income • Applications accepted only from other IHN shelters • Mandatory supportive services provided on-site
Program Eligibility:	Homeless family or single woman at least 18 yrs and not in high school. No active alcohol or drug problems, untreated debilitating mental illness, chronically homeless, or single men.	Homeless family or single woman at least 18 yrs and not in high school. No active alcohol or drug problems, untreated debilitating mental illness, chronically homeless, or single men. Up to two years occupancy. 8 household capacity.

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Situational Analysis Report 2008

2007 Outcomes:	46 Individuals Program Goals: <ul style="list-style-type: none"> • Apply for income benefits within two weeks of entry • Apply for subsidized housing within two weeks of entry • Obtain employment within eight weeks of entry • Create realistic budget within two weeks of entry • 60% families will move to transitional housing • 90% families will have increased their income during stay • 85% will have savings program in place 	41 Individuals Program evaluates score on 100-point self-sufficiency scale measured along ten dimensions – scores assessed every six months; % leaving for affordable permanent housing
Hispanic or Latino (any race)	0%	7%
Black or African American (not Hispanic or Latino)	93%	86%
White (not Hispanic or Latino)	0%	7%
Other race(s) (Not Hispanic or Latino)	7%	0%
Licensing or Accreditation:		Pa. Dept. of Labor & Industry Certificate of Occupancy
Program Capacity:	12 individuals (three households)	46
% Of Households Below 200% Poverty:	100%	65%
% Limited English Language Ability:	0%	0%
Special Needs Populations:	Homeless families	

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: enabling adults and families to transition from homelessness to self-reliance and independence

MANNA	Emergency Housing/Shelter
Programs:	Code Blue- Salvation Army emergency motel stays
Program Eligibility:	North Penn School District resident
2007 Outcomes:	41 individuals; \$4,355 in emergency motel aid
Hispanic or Latino (any race)	<i>Not Tracked</i>
Black or African American (not Hispanic or Latino)	<i>Not Tracked</i>
White (not Hispanic or Latino)	<i>Not Tracked</i>
Other race(s) (Not Hispanic or Latino)	<i>Not Tracked</i>
Licensing or Accreditation:	None
Program Capacity: # that can be enrolled at the same	<i>Unknown</i>
% Of Households Below 200% Poverty:	<i>Unknown</i>
% Limited English Language Ability:	<i>Not Tracked</i>
Special Needs Populations:	Homeless families and individuals

North Penn Housing/Homeless Providers Network

Situational Analysis Report 2008

Goal: building community and improving neighborhoods

INDIAN VALLEY OPPORTUNITY CENTER	Community Programs
Programs:	<ul style="list-style-type: none"> ● Diversity awareness consultation, events and training services ● Multicultural community information
MANNA	Community Programs
Programs:	<ul style="list-style-type: none"> ● Cooking for Teens: Three days per week for ten weeks 59 teens cooked nutritious meals during the summer ● Healthy Snacks: Manna provides 150 healthy snacks per day to the North Penn Boys & Girls Club Afterschool Program ● Those People: A series of skits where young people act out the part of “Those People” Manna on Main Street serves. The program helps young people get in touch with needs in the community and helps teach acceptance of others.

Goal: Adult education and literacy

INDIAN VALLEY OPPORTUNITY CENTER	Adult Education & Tutoring Services
Programs:	<p>Close to 900 adults and children were served in 2007 by our educational programs. In addition to the onsite classroom, classroom space is donated by Plains Mennonite Church in Hatfield, Souderton Mennonite Church and Trinity Lutheran Church in Lansdale</p> <ul style="list-style-type: none"> ● English as a Second Language (ESL) ● Family Literacy Classes ● Family Literacy Summer Reading ● Local Library Program ● ESL Camp ● Tutoring Program- ESL & Adult Basic Education ● English Language/Civics ● GED Preparation Classes

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AGENCY PROFILE	# Full-time Employees	# Part-time Employees	% Hispanic or Latino (any race)	% Black or African-American (not Hispanic or Latino)	% Asian (not Hispanic or Latino)	% White (not Hispanic or Latino)	% Other Race(s) (not Hispanic or Latino)	# Active Volunteers	Number of hours of volunteer time provided during the past year	How many years has the Chief Executive Officer held their position?	How many years did this person's predecessor hold this position?	How many years has the Chief Financial Officer held this position?	How many years did this person's predecessor hold this position?
COMMUNITY HOUSING	9	7	0%	38%	0%	56%	6%	15	2000	24	0	20	4
INDIAN VALLEY HOUSING CORPORATION	3	7	0%	0%	0%	100%	0%	500	4000	11	0	7	2
INDIAN VALLEY OPPORTUNITY CENTER	4	35						93	11,040	5	1.5	N/A	N/A
INTER-FAITH ALLIANCE	3	1	0%	25%	0%	75%	0%	1500		3	7	2	10
MANNA	3	2	0%	20%	0%	60%	20%	1400		7	19	N/A	N/A

BOARD OF DIRECTORS	Number Hispanic or Latino (any race)	Number Black or African American (not Hispanic or Latino)	Number Asian (not Hispanic or Latino)	Number White (not Hispanic or Latino)	Number Other Race(s) (not Hispanic or Latino)	Total Number of Board Members	Number of female board members	Number of self-identifying LGBT board members	Year Board Chair first elected	Year Board Chair's current term expires
COMMUNITY HOUSING	0	3	0	9	0	12	4	0	2006	2009
INDIAN VALLEY HOUSING CORPORATION	0	2	0	12	0	14	7	0	2001	2008
INDIAN VALLEY OPPORTUNITY CENTER	0	0	1	6	0	7	6	0	2001	2009
INTER-FAITH ALLIANCE	0	5	0	14	0	19	10	0	2005	2008
MANNA	0	1	0	8	1	10	7	0	2006	2008

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ORGANIZATIONAL GOVERNANCE AND MANAGEMENT PRACTICES	COMMUNITY HOUSING	INDIAN VALLEY HOUSING CORPORATION	INDIAN VALLEY OPPORTUNITY CENTER	INTER-FAITH ALLIANCE	MANNA
Date your organization's board most recently adopted or amended the organization's bylaws	10/18/2006	2/9/2003	6/30/2007	5/2/2007	05/21/2007
Are the organization's financial statements audited annually by an independent public accounting firm?	Yes	Yes	Yes	Yes	Yes
End date of the fiscal year of the organization's most recent audited financial statements	06/30/2007	12/31/2006	6/30/2007	6/30/2007	10/1/2006
Was the audit report accompanied by a management letter identifying reportable conditions or material weaknesses in internal controls?	Yes	No	Yes	No	No
Do members of your board (either as an "audit committee" or otherwise) regularly review the organization's financial statements?	Yes	Yes	Yes	Yes	Yes
Do members of your board (either as an "audit committee" or otherwise) meet with the auditors of the organization's financial statements?	Yes	Yes	Yes	Yes	Yes
Was the organization's current operating budget approved by the board?	Yes	2/9/2003	Yes	Yes	Yes

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DOES THE ORGANIZATION HAVE WRITTEN POLICIES GOVERNING THE FOLLOWING SUBJECTS:	COMMUNITY HOUSING	INDIAN VALLEY HOUSING CORPORATION	INDIAN VALLEY OPPORTUNITY CENTER	INTER-FAITH ALLIANCE	MANNA
Conflicts of interest for Board Members?	Yes	Yes	Yes	Yes	Yes
Whistleblowers?	Yes	Yes	Yes	Yes	No
Conflicts of interest for Staff?	Yes	Yes	Yes		Yes
Document retention and destruction?	Yes	Yes	No	No	Yes
Separation of authority for approval of invoices from authority to disburse payments (i.e., sign checks)?	Yes	Yes	Yes	Yes	Yes
How many meetings were held by the board during the past 12 months?	11	11	10	11	8
Does the organization promptly document the meetings of its board and related committees through the preparation of minutes or other similar documentation?	Yes	Yes	Yes	Yes	Yes
Does the organization have written orientation materials that are provided to new board members?	Yes	Yes	Yes	Yes	Yes
Does the board evaluate the performance of the chief executive officer (executive director, president, etc.) at least once each year?	Yes	Yes	Yes	Yes	Yes
What was the date of the most recent review?		12/3/2007	6/30/2007	10/1/2007	09/30/2007

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Does the organization maintain directors & officers insurance coverage?	Yes	Yes	Yes	Yes	Yes
What are the coverage limits?	1,000,000	1,000,000	1,000,000	1,000,000	
Does the organization have a written fundraising plan?	No	Yes	Yes	No	Yes

DOES THE ORGANIZATION HAVE WRITTEN POLICIES GOVERNING THE FOLLOWING SUBJECTS:	COMMUNITY HOUSING	INDIAN VALLEY HOUSING CORPORATION	INDIAN VALLEY OPPORTUNITY CENTER	INTER-FAITH ALLIANCE	MANNA
Does the organization have a written strategic plan?	Yes	Yes	Yes	No	Yes
Was the strategic plan approved by the board?	Yes	Yes	Yes	No	Yes
<i>What is the period covered by the strategic plan?</i>					
Starting Year	2007	2006	2007	N/A	2005
Ending Year	2010	2008	2010	N/A	2007
<i>Does the organization perform criminal background checks prior to:</i>					
Hiring new employees?	Yes	Yes	Yes	Yes	Yes
Placing volunteers to work with clients?	Yes	Yes		No	Yes
Does the organization have a written disaster management plan for maintaining continuity of services during a community-wide emergency, such as flood, heat wave, etc.?	No	No	No	No	No

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TECHNOLOGY	COMMUNITY HOUSING	INDIAN VALLEY HOUSING CORPORATION	INDIAN VALLEY OPPORTUNITY CENTER	INTER-FAITH ALLIANCE	MANNA
What percentage of your organization's staff use computers at their workstations?	85%	100%	100%	100%	100%
How does your organization connect to the Internet?	DSL	DSL	DSL	Cable	Cable
What Operating System and programs does your organization use?	Windows 2000, 98, one w/XP		Windows 2000, 98, one w/XP. Networked. Excel for tracking client data. QuickBooks for bookkeeping	Windows, Access & Excel for client data	Windows XP, Excel for tracking client data
Are you using HMIS? If so, comments?	Yes	Yes	Yes. It is cumbersome and forces us to do triple the data entry	Yes. Families are not willing to allow their information to be shared	No. The technology is outdated

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LINE	FINANCIAL INFORMATION FORM 990	COMMUNITY HOUSING (2007)	INDIAN VALLEY HOUSING CORPORATION (2005)	INDIAN VALLEY OPPORTUNITY CENTER (2006)	INTER-FAITH ALLIANCE (2007)	MANNA (2005)
1a	Contributions to Donor Funds	0	0	0	0	0
1b	Direct Public Support (not included on line 1a)	\$199,203	\$146,070	\$100,560	\$324,153	\$222,187
1c	Indirect public support (not included on line 1a)	\$90,714	\$34,107	\$129,951	0	\$31,318
1d	Government Contributions (grants) (not included on line 1a)	\$395,502	\$361,100	\$477,296	\$43,378	\$6,000
1e	Total Contributions of Gifts, Grants, etc.	\$685,419	\$541,277	\$707,807	\$367,531	\$259,505
2	Program service revenue (including government fees and contracts)	\$137,963	\$36,010	\$16,570	0	0
3	Membership dues and assessments	0	0	0	0	0
4	Interest on savings and temporary cash investments	\$2	\$33	\$98	\$9,942	\$124
5	Dividends and interest from securities	0	0	0	0	0
6c	Net rental income or (loss)	0	0	0	0	0
7	Other investment income	0	0	0	0	0
8d	Net gain or (loss) on sales of assets other than inventory	\$72,185	0	0	0	0
9c	Net income or (loss) from special events	\$3,749	\$26,301	0	0	0
10c	Gross profit or (loss) from sales of inventory	0	0	0	0	0
11	Other revenue	0	0	\$635	0	0
12	Total revenue	\$899,318	\$603,621	\$725,110	\$377,473	\$259,629
13	Program Services Expenses	\$815,119	\$275,222	\$704,402	\$270,894	\$211,764
14	Management & General Expenses	\$147,806	\$48,594	\$45,457	\$66,789	\$17,261

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15	Fundraising Expenses	\$19,985	\$34,769	\$2,674	\$54,848	\$2,877
16	Payments to Affiliates	0	0	0	\$0	0
17	Total Expenses	\$982,910	\$358,585	\$752,533	\$392,531	\$231,902
18	Excess or Deficit	(\$83,592)	\$245,036	(\$27,423)	(\$15,058)	\$27,727
19	Net Assets/Fund Balances at Beginning of Year	\$1,322,625	\$415,297	\$277,270	\$1,103,958	\$59,795
20	Other changes in net assets or fund balances	0	0	0	0	0
21	Net Assets/Fund Balances at End of Year	\$1,239,033	\$660,333	\$249,847	\$1,088,900	\$86,522
45	Cash - non-interest-bearing	\$3,949	\$2,475	\$18,037	\$46,690	\$37,570
46	Savings and temporary cash investments	0	\$3,915	0	0	\$40,380
47c	Accounts receivable (less allowance for doubtful accounts)	\$31,422	\$215,883	0	0	0
48c	Pledges receivable (less allowance for doubtful accounts)	0	\$24,000	0	0	0
49	Grants receivable	\$53,342	\$0	\$23,052	\$25,013	0
50a	Receivables from officers, directors, etc.	0	0	0	0	0
50b	Receivables from other disqualified persons	0	0	0	0	0
51c	Other notes and loans receivable less allowance for doubtful accounts	\$314,999	0	0	\$994,195	0
52	Inventories for sale of use	0	0	0	0	0
53	Prepaid expenses and deferred charges	0	\$1,854	0	\$6,432	0
54a	Investments - publicly-traded securities	0	0	0	0	0
54b	Investments - other securities	0	0	0	0	0

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55c	Investments - land, buildings and equipment, less accumulated depreciation	0	0	0	0	0
56	Investments - other	0	0	0	0	0
57c	Land, buildings and equipment, less accumulated depreciation	\$1,607,930	\$1,079,694	\$438,035	\$44,773	\$11,655
58	Other assets, including program-related investments	\$463,461	\$995	\$4,377	0	0
59	Total assets	\$2,475,103	\$1,328,816	\$483,501	\$1,117,103	\$89,605
60	Accounts payable and accrued expenses	\$74,106	\$8,650	\$34,409	\$18,670	0
61	Grants payable	0	0	0	0	0
62	Deferred revenue	\$10,142	0	0	\$9,533	0
63	Loans from officers, directors, etc.	0	0	0	0	0
64a	Tax-exempt bond Liabilities	0	0	0	0	0
64b	Mortgages and other notes payable	\$1,141,978	\$657,358	\$199,245	0	0
65	Other liabilities	\$9,844	\$2,475	0	0	\$2,083
66	Total liabilities	\$1,236,070	\$668,483	\$233,654	\$28,203	\$2,083
67	Unrestricted	\$1,202,805	\$608,926	\$242,952	\$50,436	0
68	Temporarily restricted	\$36,228	\$51,407	\$6,895	\$1,038,464	0
69	Permanently restricted	0	0	0	0	0
70	Capital stock, trust principal, or current funds	0	0	0	0	\$87,522
71	Paid-in or capital surplus, or land, building and equipment fund	0	0	0	0	0
72	Retained earnings, endowment, accumulated income or other funds	0	0	0	0	0
73	Total net assets or fund balances	\$1,239,033	\$660,333	\$24,9847	\$1,088,900	\$87,522
74	Total liabilities and net assets/fund balances	\$2,475,103	\$1,328,816	\$483,501	\$1,117,103	\$89,605

Appendix D: Profiles of Best Practices in Continuum of Care Programs

Northeast

Delaware

Delaware is 96 miles long and 35 miles across at its widest point. Over half of the state's 750,000 people live in the north with 72,000 in the Wilmington, the state's largest city. Its relatively small population coupled with the small land area influenced Delaware to develop one Continuum of Care for the entire state. Although one CoC, Delaware residents think of the state as two distinct regions: "Upstate" and "Downstate." Upstate (the northernmost county of New Castle) is home to the bulk of Delaware's population (over 450,000 people) and includes the cities of Wilmington, Newark and Claymont. This region is regarded as urban while areas Downstate are suburban and rural and include the capital of Dover.

Although a small city, Wilmington is the "big city" of Delaware. The majority of the population (52 percent) is African American and a comparatively low median income. Most of the long time homeless service providers are located in Wilmington, and embedded in a longstanding social service community. The interior area of downstate Delaware is less densely populated and is bordered by a coast peppered by beach communities. The service provider community in this region is spread across several towns.

The lead organization for the CoC is the Homeless Planning Council of Delaware (The Council). Recently incorporated as a nonprofit organization, the Council grew out of an informal steering committee started in 1998. Membership covers a wide range of people and organizations with significant participation from the homeless service provider community. The Council currently has no paid staff but hopes to employ one person in the coming year to facilitate the process and to oversee the development of a homeless management information system. Working with the University of Delaware and funds from the City of Wilmington, the Council hires a consultant to write Exhibit 1 of the CoC application.

The Council is divided into two committees: (1) Gaps and Assessment, and (2) Resource Development. The Gaps Committee is co-chaired by two members who are not providers and do not receive funds through Council activities. One service provider and one non-service provider from the private business community chair the Resource Development committee.

Rhode Island

Rhode Island has a population of one million residents living within a small geographic area no more than 60 miles across at any point. Because of this compact geography, Rhode Islanders move readily between small cities and towns to accomplish activities of daily living.

Geographic areas encompassed in the Continuum of Care include the counties of Bristol, Kent, Newport, Providence, and Washington and the cities of Cranston, East Providence, Pawtucket, Providence, Warwick, and Woonsocket. Rhode Island has no county governments.

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Rhode Island is experiencing a housing crisis, familiar to many states in the country. A Rhode Island Housing rent survey conducted in the first quarter of 2001 found average rents for a two-bedroom apartment in Providence to be \$743 per month despite the official FY'01 Fair Market Rent of \$628 per month. Over 4,466 families and individuals lived at homeless shelters at some time during the period July 1, 1999 – June 30, 2000.

Historically, service planning and coordination took place through the work of the Rhode Island Interagency Council on Homelessness and Affordable Housing, the Rhode Island Coalition for the Homeless, and the Emergency Food and Shelter Board/United Way of Southeastern New England. In 1995, Rhode Island submitted its first CoC application, and responsibility for CoC membership and the Rhode Island Interagency Council on Homelessness and Affordable Housing assumed planning.

In 1998, the Rhode Island Housing Resources Commission (HRC) was established to examine housing issues and policies, and make recommendations to the General Assembly and Governor. The HRC is governed by a board of 27 Commissioners, examines housing issues and policies, and makes recommendations to the General Assembly and Governor for further action. Under the HRC are five offices, including the Office of Homelessness Services and Emergency Assistance (OHSEA), which is now the action arm on homeless issues and leads the CoC process. It took over that responsibility from the Rhode Island Interagency Council on Homelessness and Affordable Housing, which no longer exists. The Rhode Island Housing and Mortgage Finance Corporation, a self-supporting nonprofit corporation that helps low and moderate income Rhode Islanders buy homes, facilitates the CoC process in Rhode Island. Rhode Island Housing serves as a technical advisor and applicant on behalf of the State of Rhode Island for CoC funds, and coordinates the application process.

All of the providers of homeless-specific services in Rhode Island are private, nonprofit entities, and state and local governments have played relatively minor supporting, funding and technical assistance roles. After application approval, HUD provides grant funds to Rhode Island Housing, which enters into contracts with providers and oversees their operations.

Southwestern Pennsylvania

The Southwest Pennsylvania regional CoC consists of five rural counties, three of which are not contiguous to the other two. Butler, Armstrong, and Indiana counties are located north of the urban CDBG entitlement counties of Allegheny, Beaver, Washington, and Westmoreland and the city of Pittsburgh (as well as other CDBG entitlement cities), and Green and Fayette counties are located south of them. This is the smallest of four such regional rural homeless continua in Pennsylvania.

The five counties are separated not only by distance but also by Allegheny Mountain topography. There is little or no public transportation connecting the counties or within them. At one time coal mining and steel/heavy industries dominated the area but, today, these are declining areas with long-term population losses, low median incomes, and high unemployment rates, as well as recent plant closings and layoffs. In 1997, 19 percent of the population in

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Fayette County was estimated to be in poverty; its median household income was \$25,878. The southern portions of Greene and Fayette counties border on West Virginia.

The counties within the CoC vary as to the kinds and quantity of homeless assistance services provided—as well as to how proactive they are with respect to providing homeless assistance. But, they all have in common what is described as the “rural mind-set” of “we take care of our own.” Also, while there are urban counties/cities in the region that have more services than these rural counties, there are two problems related to accessing such services: transportation, and a “mental barrier” regarding going to “distant” or “urban” places.

Each county has at most three or four providers of homeless services; usually the CAP agency is the largest provider. While CAP agencies furnish a broad range of assistance (including meals and other services), specialized homeless services are currently disparate. Fayette County, for example, has a full range of homeless services and its providers are aggressive grant writers (to the state, foundations, etc.), while some of the others have fewer services. Some of them have no emergency shelter facilities but, instead, rely on a limited number of hotel vouchers for very short-term stays—and, then, only for local people who can demonstrate that they have some type of longer-term plan to get themselves out of homelessness.

Historically, homeless assistance has been available in some counties more than in others, and resources tended to be concentrated in the larger towns. One of the five counties is totally rural and has very few resources. As stated in their 2000 application, therefore, a primary objective of the CoC is to "ensure that at least an adequate level of service is provided along the homeless Continuum of Care in each county and that providers throughout the region collaborate with each other to maximize the availability of services to the homeless throughout the region." Considerable energy is spent within the CoC to ensure that all of the counties get a fair shake in the application process. In addition, CoC members have focused their efforts on identifying and measuring needs throughout the region, considering how to assess outcomes, and trying generally to devise more efficient and effective homeless assistance systems.

Boston, Massachusetts

The jurisdiction of this CoC includes only the City of Boston. Boston is quite small and its population of about 590,000 is densely settled. Boston is 69th in physical size among U.S. cities, but has the sixth highest population density. This compactness, in combination with an excellent public transportation system, gives Boston a decided advantage in operating its CoC system.

Significant homelessness planning in Boston began under Governor Dukakis in 1983. Emphasis was on overnight emergency shelters and day programs. Boston’s Emergency Shelter Commission was established at that time to offer referrals to emergency shelter and other services for homeless persons. The state took on the role as the primary source of funding emergency homeless assistance.

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Boston's CoC receives strong funding support from both the state and city governments. The city also provides substantial staff support for CoC planning, technical assistance, and oversight.

Mayor Menino created the Homeless Planning Committee (HPC) in 1994 to lead Boston's CoC planning process. It is a representative policy body made up of 21 stakeholders nominated by the community. Two-thirds of the representatives are from service providers and other nonprofit organizations. Two city agencies—the Emergency Shelter Commission (ESC) and the Department of Neighborhood Development (DND)—provide staff to assist the HPC. Both agencies play a major role in developing and writing the CoC applications, with some assistance from a consultant. The DND controls the CoC dollars and writes the contracts, and both DND and ESC provide technical assistance and oversee approved projects.

The HPC now oversees and coordinates the activities of the Strategic Homeless Planning Group (SHPG)—an entity with broader representation than the HPC—that was created in 1998 because homeless advocates, service providers and city officials recognized that it would not be possible to adequately address the problem of homelessness with homeless-targeted resources alone. They wanted a more comprehensive community-wide planning process to look beyond McKinney funds to mainstream resources and other funding opportunities, and to determine the need for policy and programmatic changes. Mayor Menino issued the Boston Strategic Homeless Planning Group's five-year strategic plan in November 2000.

The homeless system consists of 3,706 ES beds, 2,117 TH beds, 1,942 PSH beds and extensive services of all types provided in conjunction with these residential options. In addition, there is a variety of programs aimed at increasing permanent housing opportunities for homeless persons.

Despite Boston's success in moving large numbers of homeless individuals and families out of homelessness, the number of homeless persons is continuing to increase. Boston has been conducting an annual homeless census since at least 1986. According to the SHPG's Summary Report, the number of homeless persons in shelters and on the street increased from 3,830 in 1989 to 5,820 in 1999, a 52 percent increase.

Some of the reasons that local respondents suggested for this increase are: the tight housing market that has been squeezing out affordable housing for homeless and low-income households; welfare reform statewide end of rent control; changes in federal housing policies, a 37 percent decrease in federal homeless McKinney Act funds for Boston since and State human services policies, especially those related to discharge planning from institutions.

Essex County, New Jersey

With over 793,000 residents, Essex County is located in northeastern New Jersey and one of the most densely populated counties in the United States. With an area of only 127 square miles, it is geographically the second smallest county in New Jersey. The jurisdiction for the CoC includes Essex County and the cities of East Orange, Bloomfield, Irvington and Newark.

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Ten percent of NJ's population resides in Essex County; although a disproportionate of the state's poor reside in this county. Thirty-three percent of the state's TANF population and Emergency assistance population reside in Essex County. Newark's unemployment rate is twice that of the state of New Jersey. One in four Newark residents earn less than a poverty-level income, with more than 40 percent of all low-income renters paying more than half their income in rent. Shelters throughout Essex County have seen an increase in the numbers of working poor needing services because of their inability to make rent payments. According to Essex County, shelters have seen a 40 percent increase in the number of working people in shelters. The fair market rent for a two-bedroom apartment in Essex County is \$846. The average income for people coming off welfare is approximately \$795 (net).

In 1995, the Comprehensive Emergency Assistance System (CEAS), a state mandated committee of the County's Human Services Advisory Council, was created. In New Jersey, each county has a CEAS committee responsible for planning and overseeing human services and homeless services for state and county governments. The County's Human Services Advisory Council is appointed by the County Government to review county level human services activities and to serve as the primary vehicle for making local recommendations to the New Jersey Department of Human Services.

The CEAS committee is the major decision making body for the CoC process. CEAS membership is very broad and includes government officials, faith-based groups, service providers and business community representatives. The Department of Housing and Community Development for Essex County is responsible for compiling the HUD application. As the application states and others confirmed, almost all major planning decisions are made at the open monthly meetings and decisions are made by the entire group. Additional key players include several county and statewide departments and the Homeless Taskforce, an advocacy group made up of providers.

Montgomery County, Maryland

Montgomery County, Maryland is an urban and suburban jurisdiction located between Baltimore and Washington, D.C. With a total land area of 496 square miles and a population of 873,341, Montgomery County is Maryland's most populous jurisdiction. With only 5.6 percent of its population living below the poverty line, it is also Maryland's most affluent jurisdiction. Nearly 65 percent of Montgomery County's population is white, 15 percent African American, and just over 11 percent Asian. In addition, approximately 11 percent of the county's population is of Hispanic or Latino origin.

The Homeless Policy Development Committee (HPCD) is the lead entity for Montgomery County's Continuum of Care. Established by the County in 1991, HPCD is a public-private consortium of program and agency executives charged with setting policy for homeless assistance in the county. HPCD, which is co-chaired by the Montgomery County Department of Health and Human Services, accomplishes its work with input from the following groups:

- Data Committee—designs CoC data collection strategies.

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- Community Development Advisory Committee—approves county’s Consolidated Plan.
- Unmet Needs Committee—recommends service enhancements to the CoC system.
- Adult Teaming Group—ensures single homeless adults progress through the system.
- Service Provider Team—ensures homeless families progress through the system.
- Emergency Shelter Committee—designs and recommends emergency shelter model.
- Health Care for the Homeless—coordinates health care for the homeless.
- Emergency Assistance Coalition—coordinates nonprofit emergency assistance provision.
- HMIS Committee—develops and implements homeless tracking system.
- Regional Services Team—establishes priorities in six geographic areas of the county.

Membership is open to all agencies that provide homeless services. In addition to participating in the HPCD subcommittees, each member also serves on one or more of three councils that guide key aspects of Montgomery County’s homeless service delivery system:

- The Montgomery County Coalition for the Homeless: a nonprofit advocacy organization founded in 1982 to marshal and coordinate resources within the county to ameliorate homelessness
- The CoC Prioritization Panel: establishes CoC Priorities and reviews/ranks proposals submitted by local applicants in Montgomery County’s Associated Application
- The Local Board on Homelessness: serves as the formal vehicle linking state government with countywide strategic planning and decision-making

The CoC in Montgomery County is defined by an array of services from prevention through permanent supportive housing, with efforts made to have all stages available and accessible. Entry into the system is streamlined through a 24-hour Crisis Center, where masters’ level therapists are on staff to conduct intake and assessment. Designed to facilitate and expedite clients’ referral to the most appropriate services, it minimizes a prolonged and misdirected search for emergency shelter and services.

In the early 1990s, Montgomery County developed a tiered system to address the county’s homelessness problem. The tiered system, like the Continuum of Care approach, includes emergency shelters, the Community Based Shelter (which is emergency in nature, but services are more intensive and clients must be willing to work with a case manager), transitional housing, and permanent supportive housing. The goal of the community-based shelter is to move an individual to a tier two (transitional) facility within 30 days of entering. Montgomery County also has low/no barrier emergency shelters for individuals not willing to work with a case manager.

After an emergency shelter or the Community-Based Shelter, clients who need it move to transitional housing. Transitional housing is designed to prepare individuals for permanent housing and is generally organized by issue – mental illness, substance abuse recovery and work readiness. There are also four safe havens in the county. While acknowledging that there is a

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role for transitional housing, the county is moving away from transitional housing and toward permanent housing with transitional services.

The continuum functions a bit differently for families, who often enter the system through one of three regional DHHS Crisis Intervention Units. The Crisis Intervention Units provide an array of prevention services, including assistance with past-due rent, utility turnoffs, security deposits, and eviction mediation or legal representation. If housing is not preservable, families work with Emergency Services social workers to avert placement in an emergency shelter. The goal is generally to place families back in permanent housing as soon as possible.

Midwest

Chicago, Illinois

Located in the eastern portion of Cook County, Chicago's land area consists of 228 square miles (comprising about one-third of the county's land area), and has a 29-mile eastern shoreline bordering on Lake Michigan. With a population close to 2.9 million persons, Chicago is the nation's third largest city.

About 55 percent of the total Cook County population (of almost 5.2 million persons) and 35 percent of the total nine-county metropolitan area population (of 8 million persons) resides in Chicago. Although the population of both the county and city showed a modest net gain during the last decade, reversing the previous decade's trend, the population in the surrounding counties increased at rates between 10 to 30 times that of Cook County—according University of Illinois at Chicago researchers.

Chicago's population is about 45 percent white, 39 percent African American, and four percent Asian/Pacific Islander. The city is home to scores of ethnic groups, and 20 percent of the population is Hispanic. Cook County and, especially, the city of Chicago continue to have the greatest number and proportion of residents within the region who are African American, Hispanic and Asian and Pacific Islander, while the number of nonwhite persons remains relatively small in the other counties.

At present, the city's lead agency for its Continuum of Care for the Homeless is the Family Support Services Division of the Chicago Department of Human Services. Both the city government and private organizations within the city have been funding and providing a range of homeless assistance services over the last quarter century. Priorities and emphases have changed over time, however, as administrations and the local context in which homeless issues are handled have changed. Even before HUD began, funding supported housing through the SuperNOFA—which emphasizes the development of complete continuums of care—the number and variety of entities involved in Chicago's homeless service provision system as well as the services provided simulated a full continuum, although it was not formally characterized or planned for as such. Nevertheless, the sheer size of the system, multiplicity of funding sources, variety of participants, and location of services resulted in a structure that was relatively unorganized and uncoordinated on a citywide basis.

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More recently, significant efforts are underway to improve Chicago's continuum of care, and the system is currently in transition. Participants and stakeholders have been engaging in a new strategic planning process, a new project review and performance scheme has been developed, and the continuum may be moving toward greater inclusiveness and less city-government dominance. The city is also a participant in a regional roundtable that, in the short term, is generating information about homeless services and needs on an area-wide basis. In the long term, the roundtable process may lead to more inter-jurisdictional information sharing and collaboration. It is very early in the transition process, however, so the extent to which the potential for an improved and better-coordinated city- and region-wide homeless service system will be realized will be a matter of great future interest.

Lake County, Illinois

Lake County, with 644,356 people in 2000, is located north of Chicago and Cook County in Illinois. Lake County has Lake Michigan as its eastern border and Wisconsin as its northern border. Lake County submits its own CoC Application, like many counties in Illinois. According to 2000 U.S. Census data, Lake County is 80 percent white; 7 percent African American; 4 percent Asian; and 9 percent other. About 14 percent of residents in Lake County are Hispanic or Latino.

Lake County is one of the wealthiest counties in the United States with a median household income of \$63,354, over \$20,000 greater than Illinois in 1997 and over \$25,000 more than the U.S in 1997.⁷ Lake County is largely rural in its western half, leaving homeless services primarily concentrated in the eastern entitlement jurisdictions of Waukegan and North Chicago. Shields Township, located just south of Waukegan, is home to a regional Veteran Affairs Facility and the County's largest emergency shelter provider.

Responsibility for coordinating the overall Continuum of Care process and organizing the county's application resides with the Advisory Planning Group (APG). The APG is in its fourth year of operation and is comprised of homeless providers, community organizations, local governments and other stakeholders. The APG was originally convened in January 1998 to oversee the county's Continuum of Care process under the auspices of the Community Development Commission (CDC) and the Lake County Board. The APG functions as an advisory arm of the CDC, keeping the CDC informed about ongoing activities, and bringing pivotal decisions back to them for input and approval.

As facilitator of the APG and staff to the County Board, the Lake County Planning, Building and Development Department (known as the Planning Department) plays an integral role in the local CoC. Specifically, the Planning Department

- Coordinated the development of the 1995-2001 CoC applications and administers the CoC funds;
- Prepares the county's Consolidated Plan;
- Allocates and administers the county's ESG, CDBG, and HOME Grant funds; and
- And participates in the Homeless Coalition.

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The Lake County Homeless Coalition (HC) was formed in 1988 and is incorporated as a nonprofit organization. The HC is a consortium of community organizations and individuals whose mission is to “eliminate homelessness in Lake County through the provision of leadership in the areas of assessment, advocacy and community education.” Currently, its membership includes nonprofit organizations, government representatives, people who are formerly homeless and other concerned citizens as well as most APG members. The Coalition meets every other month, and serves as a clearinghouse for information, helps the APG, and provides balancing perspectives. Some respondents said that in recent years, there is an increasing overlap between the membership of APG and the HC and that it is increasingly difficult to distinguish between the two groups. Therefore, the two groups coordinated meeting schedules and began meeting at the same time every other month, with the Homeless Coalition Meeting in odd months and the APG meeting in even months.

Madison/Dane County, Wisconsin

Dane County, with 426,526 people in 2000, is the second largest county in Wisconsin— after Milwaukee County. Located 72 miles west of Milwaukee and 122 miles northwest of Chicago, Dane County submits its own Continuum of Care Application—one of three jurisdictions in Wisconsin in addition to the state itself that does so. Dane County is 89 percent white; 4 percent African American; 3.5 percent Asian; and 3.5 percent other race. Just over 3 percent of residents in Dane County are Hispanic or Latino. Dane County has a median household income of \$47,607, over \$10,000 more than the U.S in 1997. Madison is the state capital and, with 208,000 people, has nearly half of Dane County’s population. All of the homeless service providers, advocates, local public agencies, and other funders we visited were located in Madison.

The Homeless Services Consortium (HSC) acts as the lead agency for the Continuum of Care application and planning process. HSC is a group of 30-40 people that meets monthly to discuss priorities, service needs, duplication and ways to coordinate homeless services. HSC is comprised of service providers, advocates, local public agency representatives (e.g., police, social worker(s) from Madison Metropolitan School District), other funders (e.g., state and CDBG representatives), and state and county officials (e.g., Dane County Department of Human Services (DCDHS) and State Division of Housing). While not the focal point of the HSC meetings, Continuum of Care funding and funding from other sources may be discussed at HSC meetings.

A smaller group of homeless service providers informally called the Continuum of Care Writing Group, meet to discuss the Continuum of Care funding and application revision and writing process. The membership of this group varies from year to year but includes providers. The other two jurisdictions submitting Continuum of Care Applications besides the State of Wisconsin and Dane County are Milwaukee City and County, and the City and County of Racine who receive Continuum of Care funding, and others may participate occasionally. This smaller group presents the plans for the Continuum of Care Application to the larger HSC. HSC decides on the final ranking of projects and service providers for the Continuum of Care Application. DCDHS provides advisory input and signs the application before it is submitted.

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Washtenaw County/Ann Arbor, Michigan

Primarily known for housing the University of Michigan, Washtenaw County (W.C.) includes not only Ann Arbor but also the City of Ypsilanti, along with other smaller towns throughout the county. The Continuum of Care is a joint plan including Washtenaw County and the city of Ann Arbor. Ann Arbor is currently the only entitlement community, although Washtenaw County is expected to become an entitlement jurisdiction based on the new Census figures. Within the jurisdiction is the city of Ypsilanti, which has not been actively involved in the CoC process to this point. The CoC Board is currently seeking to include a representative from Ypsilanti in the process.

The planning process is currently led by Washtenaw County Government, and is facilitated by staff from the Department of Community Development. The CoC Board is the primary planning entity, composed of providers, advocates, county staff, city of Ann Arbor representatives, state agency representatives and other members of the community. Two consultants hired by the county have also been helping to facilitate the process for the past two years.

The CoC Board has undergone dramatic changes since its inception in the mid-1990s. Originally, it was dominated by providers who, by all accounts, did not work together effectively. Many participants complained about the political nature of the previous CoC Board, and all were dissatisfied with the process. In 1998, the CoC Board was disbanded by the County and restructured without any providers. Consultants were brought in to help facilitate the process. This structure lasted about a year before providers successfully petitioned to regain representation on the CoC Board. Gradually, more and more providers have been allowed back on the CoC Board, again becoming a presence in the planning process.

Columbus/Franklin County, Ohio

The jurisdiction of this CoC includes the city of Columbus, Franklin County, and all of the smaller towns within Franklin County. 700,000 of the county's 1.3 million people live in Columbus, and it is not easy to tell where Columbus stops and surrounding towns begin, as the county is relatively small physically. The Community Shelter Board (CSB) is the lead agency for the homeless service system. Either its staff writes the application (2001) or it hires a consultant to do so (during the previous five years). It also manages and facilitates all activities relating to the CoC application and associated programs. CSB is an independent entity that is neither an original source of money nor a direct provider of services. It is a nonprovider, nongovernment independent nonprofit agency.

The CSB was founded in 1986 by a group of business leaders, city and county government agencies, corporate and foundation funders, the United Way, and other players to do all the planning, managing, supervising and strategic thinking about what homeless services should look like in Columbus/Franklin County. It enjoys the strong support of corporate and civic leaders, and mainstream agencies, which also actively participate and provide funds. This availability of local backing and local resources makes Columbus unusual in being able to act on its vision for preventing and eliminating homelessness.

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From the beginning, all foundation, United Way, city, county, state, and some federal funds supporting homeless services flowed through the CSB. Federal funds such as CoC dollars that do not flow directly through CSB are nevertheless greatly influenced by it through the CoC process and before that, by strong support for individual agencies making CoC applications. CSB writes the contracts with provider agencies for emergency shelter and some transitional and permanent supportive housing. However, programs that received HUD funding for the latter before the CoC application process began participate in the CoC application as associated applications, and receive funding/contracts directly from HUD. This difference gives CSB somewhat less control over these projects than it might otherwise have, but probably does not create many problems because of the general level of cooperation among the elements of the Columbus system.

Its control of money gives CSB considerable leverage over service providers. It used this leverage early in its existence to impose a rudimentary data system on the emergency shelter system, and is orchestrating the change during 2001 to Service Point. There was some concern, however, with respect to implementing ServicePoint throughout the system, arising from the non-contractual relationships between CSB and HUD-funded transitional and permanent supportive housing programs. CSB also imposed performance monitoring and outcomes evaluation, which have become increasingly sophisticated in the last year or two and are being used to make funding decisions.

A dramatic recent change of direction is CSB's shift from "making homelessness comfortable" by expanding emergency shelter and transitional housing capacity and amenities toward eliminating homelessness through prevention/diversion and major investments in permanent supportive housing.

The system has a total of almost 4,000 specifically "homeless" beds, plus a variety of other permanent housing programs through the Columbus Metropolitan Housing Authority, and extensive mental health, substance abuse, and other services connecting these residential facilities/options. It has a central intake mechanism for families that also has the resources to divert/prevent homelessness for about 40 percent of families who contact the system. It has a commitment from major financial sources to develop 800 units of permanent supportive housing for chronically homeless people with disabilities (substance abuse, mental illness and other disabilities), of which about 175 are either in operation or about to be, and the rest are in development.

St. Paul/Ramsey County, Minnesota

The St. Paul/Ramsey County Continuum of Care serves an urban and suburban population of 511,035. A staff person from the Ramsey County Department of Human Services, with assistance from a CoC Planning Committee, takes the lead in coordinating the planning process and preparing the application. The Planning Committee includes representatives from agencies providing emergency shelter, transitional housing, permanent supportive housing and supportive services. The Planning Committee also includes a formerly homeless individual who now works for the St. Paul Area Coalition for the Homeless. However, the county has been less

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successful at engaging mainstream agencies and private sector representatives in the planning process.

In Ramsey County, homeless service planning revolves heavily around the CoC application process. The Planning Committee, although open to anyone, is generally small and narrow in composition. And, because there is no paid staff, the process of putting together the CoC application typically overwhelms efforts around broader strategic planning. After application approval by HUD, CoC funding flows directly from HUD to the nonprofits, and it is the nonprofits who sign contracts.

The effort to build a Continuum of Care for Ramsey County began in 1985 with the More than Shelter Plan developed by the Family Housing Fund. The process eventually evolved through the development of the St. Paul/Ramsey County 5-Year Low Income Housing and Homeless Services Report and Plan, which was officially endorsed and adopted by the St. Paul City Council and the Ramsey County Board of Commissioners in 1999. The Five-Year Plan serves as the main source of data and goals for CoC planning efforts, but is not itself a product of the CoC process.

In April 2000, Ramsey County convened a Funders Council to oversee implementation of the Five-Year Plan. The Funders Council consists of representatives from the city of St. Paul, Ramsey County, the United Way, the St. Paul PHA, the Metropolitan Council, the Minnesota Housing Finance Agency, the Minnesota State Department of Human Services, the Wilder Foundation, the Corporation for Supportive Housing and the Family Housing Fund. The scope of the Funder's Council is much broader than homeless- or CoC-related projects. In actuality, it has no role in or authority over what types of projects are approved, but instead tries to package funding for projects, identifies who might meet gap financing needs, and tracks the status of projects through completion.

City/county financial support for homeless assistance is limited, amounting to roughly \$1,000,000 per year. The state provides \$500,000 per year to support the Family Homeless Prevention and Assistance Program, and also funds the Bridges Program, which provides rental assistance for (approximately 90) homeless persons with mental illness until they can secure Section 8 vouchers.

Situated directly next to the city of Minneapolis/Hennepin County, there has been little effort to date to coordinate planning or service delivery. While clients undoubtedly move back and forth between jurisdictions, the cities operate two separate continuums. In fact, many providers in Ramsey County have instituted residency requirements as eligibility criteria for their programs. While there is currently little coordination, they are looking toward regional planning in the future through establishment of the Metro-wide Engagement for Shelter and Housing (MESH) Committee. Through MESH, they are attempting to develop a web-based electronic information system that will link all emergency shelters and transitional housing providers in the seven-county metro area. It is hoped that the group will lead to a more coordinated emergency shelter policy throughout the metro area, the end result being a more consistent and accessible system.

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The Minneapolis/St. Paul region has struggled with the issue of affordable housing in recent years. Ramsey County's vacancy rate was less than 2 percent at the time of the site visit, and one county official cited a need of over 100,000 units of affordable rental housing in the metropolitan region. This affordable housing crisis can be attributed to a couple of factors. First, Ramsey County is geographically the smallest and most densely populated county in Minnesota, and it is nearly fully developed. The few available land parcels that exist are often polluted brownfields, adding enormously to the cost and complexity of development. In addition, exclusionary zoning (e.g., requirements for 2- and 3-car garages, large minimum lot sizes, maximum densities, minimum setbacks, etc.) and "Not in My Back Yard" (NIMBY) attitudes have added to the struggle over affordable housing.

The lack of affordable housing has led to an increase in homelessness among people who have jobs. According to a county official, the Minneapolis-St. Paul region had, on an affordability scale, the highest per capita housing costs in the country as of June 2001. One provider offered the example that an individual needs to be making \$16 per hour to rent a two-bedroom apartment in the area, but 70 percent of jobs pay less than this. Data from 2001 indicated that 26 percent of people living in area shelters were working full time, while 42 percent were working at least part-time.

West

Alameda County, California

Alameda County is a large and diverse county. It spans an area of more than 812 square miles and ranges from highly urban (Oakland, Berkeley) and newer cities (Hayward, Fremont, San Leandro) to suburbs (Pleasanton, Castro Valley) and semi-rural areas (Livermore, Sunol). Approximately 1.4 million people reside in Alameda County, which is located about 15 miles from San Francisco on the other side of the Bay.

On any given night, approximately 12,000 people are homeless in Alameda County, with approximately 69 percent of the county's homeless residing in Berkeley and Oakland. Of those who are homeless, 60 percent are single individuals and 40 percent are families with children. Approximately 11.8 percent of the county's residents are below poverty (1997 Census estimate).

For the past two decades, formally and informally, cities in Alameda County, nonprofits, faith-based institutions, businesses in Alameda and other community members have worked to address the needs of the homeless. These efforts have brought together service providers, funders and governments to address needs through coordinated planning and organizing. Responses initially included food, clothing, transportation, shelter and health-related services.

Prior to the emergence of widespread homelessness in the 1980s, most services for low-income people were fragmented and lack of coordination drove the homeless providers to begin to work together. The first networking occurred under the Emergency Services Network. This networking body evolved as the issues did, serving primarily to address emergency needs of

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families and individuals in crisis. The network soon began discussing transitional and permanent housing issues, and finally worked with the county to develop the current CoC system and Council. The Base Closure Initiative also sparked discussions on community-wide planning and facilitated the development of the current planning Council.

The CoC in Alameda County is comprised of a Continuum of Care Council, which serves as the planning body for all homeless issues in Alameda County. Each year the Council reviews the Continuum of Care plan and develops a yearly work plan. The Alameda County Department of Housing and Community Development assists in the compilation of the CoC application. CoC dollars flow directly from HUD to providers, who sign the contracts and submit APRs directly to HUD.

In Alameda County, there are 15 jurisdictions, including 14 cities and the County, most of which invest some portion of their locally controlled resources in homeless services and housing.

Denver, Colorado and five surrounding counties

The Denver area Continuum of Care covers six counties (Adams, Arapahoe, Boulder, Denver, Douglas and Jefferson) and includes 28 municipal jurisdictions. The geography covered by the CoC is extensive and includes over 8 million people in urban, suburban and rural areas. The most active areas include the city and county of Denver, city and county of Boulder, Arapahoe County, Jefferson County, and the cities of Arvada, Aurora, Lakewood, Longmont and Westminster.

In 1994, the Metropolitan Denver Homeless Initiative (MDHI) was formed to be the lead agency in the Denver area CoC. The State Department of Human Services is a key player in the CoC and provides technical assistance and support services to MDHI. Until recently, MDHI had a part time Executive Director on loan from a local bank. He resigned to return to the bank full-time and CoC activities are currently run by a temporary administrator from the State Department of Human Services. This person facilitates the CoC process (including consolidating the various agency Continuum applications and preparing Exhibit 1) but the official lead entity for the CoC planning process is the Metropolitan Denver Homeless Initiative (MDHI). The temporary administrator works with the membership of MDHI through its Governance Board and network of committees and subcommittees. No other funds originate from, or flow through, MDHI and the group provides no services. However, with the dearth of homeless resources in the local system, the CoC funding is an important driver of the homeless service system. The planning process is driven by the CoC requirements and targeted toward CoC activities. Much of the work undertaken by the organization is conducted by volunteers serving on the committees and subcommittees of MDHI (mainly homeless service providers augmented by local government and mainstream service representatives).

The system is resource poor with few to no local public dollars. Several of the major service providers are solely or primarily funded by private donations. Providers lamented the lack of emergency, transitional, and permanent beds for all population groups, particularly families. Some services exist for most groups (e.g., alcohol and drug abusers, persons with AIDS, youth

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and mentally ill persons) but many providers are overwhelmed with requests. Available emergency and transitional beds are quite low compared to population; interviewees had a very difficult time identifying gaps in service or the most pressing needs because they could see significant need in most areas.

The state Department of Human Services is spearheading a data collection effort, CHIRP. The state Department of Human Services also runs a Shelter Helpline that provides a single point of contact for information on available shelter beds. The information is gathered through daily calls to shelter providers.

San Francisco, California

With one of the highest rental markets in the nation, San Francisco, California faces many issues related to affordable housing. Both a city and a county, spanning only 49 square miles, San Francisco currently boasts a population of 776,733 people. This progressive city is home to approximately 11,000-14,000 men, women and children who have nowhere to go on any given night. San Francisco currently provides shelter for about 15 percent of their total homeless population.

The principle community challenge is the citywide housing crisis. Despite a fixed land supply that was almost completely developed by 1960, the City has continued to grow in population and add to its housing stock. Neighborhoods have become denser, and areas that were previously industrial have been infused with residential development---and yet housing demand continues to outweigh supply.

The loss of SRO housing, a source of stability for many poor people, has also had a dramatic impact on the overall housing market. With some of the nation's highest housing prices and rental housing that is barely affordable or available for middle-income people, low-income and homeless individuals are finding themselves locked out of the current housing market. The competition for housing in the face of skyrocketing rents in San Francisco drives the price of housing beyond the reach of low-income renters, with shelters increasingly becoming destinations, rather than the emergency accommodations they were created to be.

Feeding the housing frenzy is a dramatic shift in San Francisco's employment landscape. San Francisco has also experience dramatic changes with regard to housing and the job market. Nearby Silicon Valley has driven a new wave of economic prosperity in San Francisco and the Bay Area. While issues of housing and homelessness have always existed, economic growth in the region has added to the pressure on the limited housing stock that is affecting many income groups. The concentration of job growth since 1990 in the services sector has meant an increase in relatively low paying retail and hotel/restaurant jobs, accompanied by a loss of blue-collar jobs in industry, warehouses and manufacturing. This change has been paralleled by rapid growth of high-paying positions in sectors such as telecommunications and biotechnology.

The California Budget Project shows that a two-income family of four in the Bay Area requires an income of \$53,736 per year to maintain a modest standard of living. This figure is 324

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percent greater than the poverty level for a family of four (CoC Plan 2001-2006). San Francisco's median income has increased from \$33,482 in 1990 to \$50,753 in 1999. Based on the 1998 poverty threshold of \$16,660 and population projections, it is estimated that at least 14.5 percent of the City's population lives in poverty.

San Francisco's vision for their Continuum is to build a "continuum of services whose ultimate goal is to prevent and eradicate homelessness in San Francisco." San Francisco's vision is based on 13 guiding principles including to have a unified strategy, integrated, coordinated and flexible system, and to promote permanent solutions. San Francisco publishes a CoC plan every five years, recently updated for 2001-2006.

The lead entity for San Francisco's CoC planning process is the Local Homeless Coordinating Board (Local Board), a 34 member body comprised of homeless advocates, formerly homeless persons, representatives of service providers, nonprofit housing organizations, neighborhoods, education and training, labor, business and foundations, as well as key City departments. The Mayor appoints 16 of the non-City members of the Local Board, and the Board of Supervisors appoints 10. The Department of Human Services (DHS) plays a particularly large role in assisting the Local Board and managing contracts. DHS contracts with a private consultant to write the CoC application. HUD sends most of the grant money to DHS and DHS writes a majority of the contracts.

Phoenix/Maricopa County, Arizona

Within the state of Arizona (population 5,130,632) exist three Continuum of Care jurisdictions: Tucson/Pima County, Phoenix/Maricopa County and the Balance of State. Maricopa County, one of the largest counties in the US, covers 9,200 square miles and is home to 3,072,149, people (Census 2000). Since 1990, over 1 million people have moved to the county, an increase of over 44 percent. While the county encompasses almost thirty cities, towns, and Indian Tribes, most of the county's population lives in the city of Phoenix (1.3 million); neighboring cities of Mesa and Tempe include populations of 400,000 and 200,000, respectively. The Phoenix metropolitan area spreads across a desert valley surrounded by low mountains. Temperatures in this dry region can top 110 degrees Fahrenheit in the summer; winter temperatures average between 44 and 68 degrees Fahrenheit.

Within the boundaries of the Continuum—currently and historically defined as the county lines—live an estimated 14,000 homeless persons. Much of the system's services are located in the city of Phoenix; more specifically, emergency shelters and services are concentrated in the downtown area. Still, facilities do exist throughout the county. The system has a total of almost 8,000 beds, distributed as 1,823 emergency shelter beds (992 for singles and 831 for families, +465 winter overflow beds), 4,163 transitional housing beds (1,854 for singles and 2,309 for families), and 2,008 permanent supportive housing beds (1,436 for singles and 572 for families). There is no central intake mechanism, though many enter the system using the shelter helpline (CONTACTs) or receive rental, mortgage or utility assistance (among other services) through one of 18 area Community Action Program offices (which provided assistance to over 12,000 households last year). Permanent supportive housing represents one of the Continuum's

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highest priorities in that affordable housing is becoming increasingly hard to find, particularly with the advent of Crime Free Housing.

The last two years have brought drastic changes to the Continuum's planning infrastructure, and the 2000 application brought an award of over \$18 million, almost three times the pro-rata share. Service providers remember a time of divisiveness and severe "turfism." Previously, Phoenix held the role of lead agency in the Maricopa Continuum (in collaboration with the city of Mesa and Maricopa County). However, both the city and the Continuum community saw a conflict of interest in this structure and, with the help of HUD-Arizona in 1999, decided upon a new structure. The Phoenix City Council agreed that the Maricopa Association of Governments (MAG)—a public, nonprofit, planning nongovernmental agency—not only had the experience in homeless planning the role required, but also the regional membership that provided both inclusiveness and legitimacy to their taking on the role. MAG's condition in accepting the role was that the process be funded, making it possible for MAG to dedicate significant staff time, hire a part-time consultant for the Continuum process, and ensure a smooth transition with fast results. New and continued financial support for planning from the local foundation community as well as city and state CDBG resources shows a growing interest and increasing buy-in to the Continuum process. In addition, the Arizona Department of Commerce has played a long-time role in the planning process, in terms of providing both leadership and planning dollars, and has promised to continue to do so. The business community has expressed interest in Maricopa County's proposal to create a gateway campus of emergency services (with an estimated cost of \$25 million) in the downtown area, indicating future private-sector support and private-public collaborations.

Despite its successes, the Maricopa Continuum faces numerous challenges. A lack of state spending on social services (ranked 48th in the nation) has created major gaps and needs in the homeless system. In 1989, the 8-year battle against the state of *Arnold vs. Sarn* came to a close with an affirmation of the right for severely mentally ill to receive adequate treatment. Over 10 years later, the Arizona Legislature passed a bill devoting \$30 million for severely mentally ill; the Governor vetoed the bill until it was later reduced to \$10 million. Nevertheless, studies show a need for \$529 million for the state to comply with the lawsuit, demonstrating the magnitude of the matter and the extent of the inadequacies of the behavioral health system. With such gaps in services for what typically characterizes a chronic homeless person, the Maricopa Continuum has a lot of catching up to do, particularly for severely mentally ill persons and persons with alcohol and drug problems.

Though responsible for Exhibit 1 of the application and the facilitating the planning process, MAG does not maintain fiscal responsibilities. Grantees include the city of Phoenix, the Department of Commerce and a number of direct service providers and housing developers. Completing this partnership model is the Valley of the Sun United Way, which is responsible for managing and facilitating the ranking process. The planning structure is composed of a regional Committee and several subcommittees, where most of the work is done for approval by the regional (or Steering) Committee. An inclusive group, the regional Committee is co-led by a retired Supreme Court Justice and the current chair of the County Board of Supervisors. In

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addition to other appointed and elected officials, their participation has kept the issue of homelessness at the forefront of public discussions and created pressures when necessary to get certain agencies to the planning table. The disadvantage of this political nature is that innovation is sometimes stifled and those less viable issues receive less attention.

Today, more and more municipalities, government agencies, political and business representatives and service providers are at the planning table. Services are beginning to appear throughout the county rather than being concentrated within the Phoenix city limits. And the various players are thinking of the system's needs and goals as regional in nature. This past year the Maricopa Continuum community has begun to feel it has reached a fair and inclusive process, though everyone admits there is always room to grow.