

**Written Testimony on H.R. 4057**  
**Presented before the Subcommittee on Housing and Community Opportunity,**  
**Committee on Financial Services, U.S. House of Representatives**

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Chairman Ney, Ranking Member Waters, and Members of the Housing and Community Opportunity Subcommittee: My name is Rob Hess and I am the Deputy Managing Director for Special Needs Housing in the City of Philadelphia. I oversee Philadelphia's homeless services: street outreach, emergency shelters, transitional housing programs, permanent supportive housing, and related social services. I am appearing before you today to provide testimony in support of the proposed HR 4057, the "Samaritan Initiative."

I firmly believe that the Samaritan Initiative would be an important component that our nation needs in order to achieve the goal of ending chronic homelessness. For 20 years, people working with and on behalf of the people experiencing homeless have seen the same faces on the streets and in the shelters. For 20 years, we have been tirelessly trying to engage the men and women experiencing chronic homelessness. We have made some significant strides in this endeavor, but we need to do more. By creating a new investment source dedicated to funding chronic homeless programs, this legislation would enable us to do more of what we already know needs to be done and frankly, what we already know will work. Without it, cities like Philadelphia will continue to see those same faces for another 20 years.

It is important to pass HR 4057. It is important to fully fund it once it has been passed. It is even more important to work toward increasing the budget authority: seventy million dollars will only partially solve the nation's chronic homeless problem. Far more is needed to truly end chronic homelessness. We have available at our fingertips the technology and experience to end this national disgrace; we now need the commitment.

### **The Philadelphia Experience**

I was asked to join my esteemed colleagues here today as a testament that political will when coupled with increased funding can dramatically reduce the number of men and women experiencing chronic homelessness. The combination of political leadership, advocacy, and new investments has allowed my great city to reduce the chronic homeless population living on the street by more than 75%—making Philadelphia the model for cities across the nation. A recent *San Francisco Chronicle* article even praised us as "the city that knows how."

We did not always lead the nation in this area. It took hard work, determination, and great leadership to get to where we are today. The commitment that led us to success is now felt throughout the entire city. Led by Mayor John Street, his administration, local non-profit agencies, faith-based organizations, community associations, business associations, and representatives throughout the business community – we are all highly committed to working on this problem and have tirelessly maintained that commitment. Our Mayor's Task Force on Homelessness, co-chaired by Philip Goldsmith, our Managing Director, and Sister Mary Scullion, the Executive Director of Project H.O.M.E., keeps all of the partners focused on the

issue. This type of widespread dedication made Philadelphia successful in reducing the number of people sleeping on the street from a high of 824 in the summer of 1997 to a recent low of 147.

There have been three major keys to our success. The first is our innovative outreach efforts; the second is an influx of new money to support housing and services. The third is our new housing first agenda aimed at reducing the incidence of chronic homelessness in Philadelphia.

### **Sidewalk Behavior Ordinance**

Six years ago, Philadelphia was at a crossroads. In the summer of 1997, the number of people on Center City streets had spiked to 824. City Council and other City officials constantly received complaints about the large number of homeless people on the street. Some kind of action was needed.

As a response to these concerns, our City Council proposed amending the City Code to include a new section regulating sidewalk behavior, focusing on activities often associated with street homelessness such as sitting or lying on a public sidewalk or leaving personal belongings unattended. If enacted as proposed, the amendment would have provided police the authority to arrest or impose fines on people participating in a number of activities; in essence, the proposed language virtually criminalized the mere state of being homeless.

Outraged by this threat to homeless people's civil rights, local advocates aggressively sought changes to the proposal to prevent police from immediately arresting offenders and to include social service intervention as a step in the process. The City Council could have gone one of two ways: criminalize homelessness, or provide sorely needed services to a particularly vulnerable population. Thankfully, the advocates' aggressive efforts were rewarded with a much more compassionate piece of legislation regarding sidewalk behavior offenses than first proposed. As enacted, the ordinance requires police officers to follow a progressive engagement model that includes notifying outreach teams prior to advancing to imposing fines or arresting the individual.

Advocates also argued, and rightly so, that regulating behavior would not result in fewer homeless people on the street; housing and services were needed in order to achieve that goal. The City of Philadelphia agreed and, at the same time as the passage of the Sidewalk Behavior Ordinance, we committed a new investment of \$5 million to provide outreach and other social service workers with concrete resources to help people move off the street. The new funding was used to increase the street outreach presence, to create new low-demand residences, and to augment existing mental health and substance abuse treatment services.

The immediate impact was incredible: the high of 824 in 1997 was reduced by 50% in two years. We won an important battle in tackling chronic homelessness.

What is even more important about this story is that the financial commitment did not end after the first year. Our behavioral health system has provided continued funding for outreach and shelter services to ensure that our numbers remain low – as the police count of 147 on June 11<sup>th</sup> of this year demonstrates.

### ***Housing First***

The Philadelphia story does not end here. We did an excellent job of significantly reducing the number of people living on the street. Our interventions were successful in connecting people with services they needed and for moving hundreds of people into various types of housing. But then we stopped seeing dramatic progress. We began to have a harder and harder time engaging the men and women who were still on the street; we discovered that the number of people living on the street hovered in the same range for a while. Two years ago, we decided that we had to do something different; we wanted to do something dramatic; we wanted to become the first city in this nation to end chronic homelessness. With fewer than 200 people on the street, this remains an achievable goal for us.

But the people remaining on the street were the hardest to reach. The old interventions had been tried and were not working. We knew we needed new tools in our toolbox. We scoured the country for ideas and best practices, leading us to decide on using a *housing first* approach to reach this hard-core group.

Utilizing a creative mix of funding—including funding awarded through last year’s Collaborative NoFA through the Interagency Council on Homelessness—we have initiated a *housing first* program directed toward moving the chronically homeless off of our streets, out of our shelters, and into their own homes. Our programs, which currently have the capacity to assist 140 people, target the hard-core chronically homeless, offering them intensely supportive services, and helping them move into their own apartments. We are now a year and a half into the *housing first* programs and have 93 people engaged in services, 48 of who are living in their own housing as we sit here today. Our data tells us that these people have an average of three years on the street and eight years in emergency shelter. And this is only from data we can confirm: The clients themselves are telling us that they have been on the street even longer, sometimes 10, 15, even 20 years.

We are incredibly proud of our approach, our commitment and the progress we have made so far. The clients’ stories are truly unbelievable.

For example, let me tell you about Gary: Gary is a 44 year-old man with severe schizophrenia who spent the last ten years on the same steam grate just outside of a church in Center City Philadelphia. During those ten years on his grate, Gary continually terrorized churchgoers so much that three-quarters of the congregation left the church out of fear or anxiety of running into this homeless man. During the winters from 2000 to 2002, Gary was psychiatrically committed fifteen times to keep him from freezing to death on the streets. In December 2003, he was again psychiatrically committed on a bitterly cold winter night. The difference at that point was that our *housing first* program started working with him. He has been supported in the hospital since last December and has since been stabilized on psychotropic medication. With the help of his social service team, Gary has found an apartment he likes and is moving into his housing today.

Or take Mickey who is a 52 year-old man with schizophrenia and is a severe alcoholic. He spent the better part of fifteen years on a steam grate outside a well-known Philadelphia restaurant. He too underwent several psychiatric commitments each winter to keep him from freezing. This past winter, he went into his own housing instead of the hospital. Now, the outreach teams and

the police will sometimes see Mickey on his old grate (a fifteen-year old habit is hard to break!), but every one of them knows that they can now help Mickey get back to his own apartment.

A somewhat daunting anecdote is about one of the people we are targeting to move into our program next month. Our emergency shelter database has been going strong for ten or so years, with each client household receiving an unique client number. As you can imagine, after ten years, we've had quite a few clients – over 100,000 case numbers. The woman with whom we will begin working has been cycling in and out of shelters for so long that she was assigned the client case number of one.

Not all of the stories are happy: One of our friends passed away just after he joined one of our programs. He died – but not on the street, which is where he had been living for over 15 years. Because of our *housing first* approach, he passed from this earth with dignity, having spent his birthday with his family for the first time in ten years, in the privacy of his own home.

Stories like these are heartwarming and uplifting, but the numbers also help us recognize the fruits of our labor. I stated earlier that on average the people in our *housing first* programs had been in shelter for an average of eight years. Eight years times \$14 a night (the minimum payment shelters receive) per person for 93 people exceeds \$450,000. And this is just the cost of emergency shelter. I have not even begun to consider the costs of hospitalization, emergency room usage, and time spent by social service professionals, law enforcement officials, and the myriad other people who have tried to help these people over time.

Let us consider that we are only talking about 93 people here. As our numbers demonstrate, Philadelphia does an excellent job of helping people move off the street. Once they leave the street, we begin to see a backlog of people in various types of temporary housing: safe havens, emergency shelters, crisis response centers, progressive demand residences, step-down facilities, group homes. Each month, we draw up a list of people who qualify for our *housing first* programs based on their tenure in these temporary arrangements. On average, we have found 540 people each month since January of this year who are eligible for the programs based on the chronic homeless definition of twelve consecutive months homeless or four homeless episodes in three years and having a disability. And these are not the chronic street homeless; these are the people who have been stably placed in temporary residences, but those placements are meant to be temporary. At some point, these men and women deserve to move to a permanent home!

With a maximum program capacity of 140 people in our *housing first* programs – half of which are reserved for people coming in off the streets – five hundred and forty people means we have 400% more eligible people living in temporary shelters than we have slots available. Placing this in economic terms, we are paying, at a minimum, \$7500 a night to house these individuals in residences meant to be temporary. Not only is this not cost-effective, it is inhumane to leave people languishing in temporary situations, and this is just in Philadelphia. There has to be a better way to help our fellow human beings, our brothers and sisters in need.

I submit to you, Chairman Ney and fellow members of the Subcommittee, that you have a chance now to change this environment. The Samaritan Initiative is not the only answer to ending chronic homelessness, nor do I believe the funding adequate, but it is a step in the right

direction. This Subcommittee, through its esteemed members, can move us closer to the tipping point that would move us away from managing the homelessness problem to ending it. We must do something for our most vulnerable citizens. Today, that something is supporting HR 4057.

I thank you for your time and for allowing me to appear before you today to present Philadelphia's story. I am happy to address any questions you may have.