

Converting Philadelphia's Emergency Housing from high-barrier to low-barrier, housing-focused, crisis beds

On the Road from Punitive to Empowering...

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Philadelphia's Emergency Housing System: The Yesteryears

- Office of Supportive Housing
 - Centralized Walk-in Intake for Emergency Shelter
 - 12 family shelters, 17 singles shelters
 - Transitional Housing and Rapid Rehousing Programs (only accessed through shelter)
 - Permanent Supportive Housing available through continuum
 - Limited Diversion/Prevention through separate Emergency Response Unit

The “Before” of Intake

- “First come, first serve”
- One access point for families and women and one separate intake for men; none for youth
- ID and Medication Requirements
- Children required to be present during intake
- Sobriety
- Must seek services in-person daily until placement available
- Restrictions on placement of males and boys over 12
- Waiting Periods
 - 180 days for ‘turning down’ housing
 - 120 days for leaving shelter

The “Before” of Shelter

- “First come, first serve” – surviving the wait
- Time limits for singles with income
- Discharges often based on loosely defined “non-compliance”
- Mandatory Fees & Savings – discharged after 3rd missed payment
- Medications required to be held and administered by shelter staff
- Written shelter standards: less comprehensive guiding principles, often leading to arbitrary decision making by providers
- Attempts to police behavior and exert social controls
- All housing resources only accessed through shelter
- Consequences for self-discharge – 120 day wait to return to shelter

So What Changed?

Philadelphia's Emergency Housing System: The Glow Up

- Office of Homeless Services – A Continuum of Care
 - De-centralized Intake for Emergency Shelter
 - 12 family shelters, 17 singles shelters (number of beds remained unchanged)
 - Transitional Housing and Rapid Rehousing Programs accessed at intake and through shelter
 - Limited Permanent Supportive Housing made available through continuum
 - Increased Diversion/Prevention through Emergency Response Unit (made more accessible)

Philadelphia's Emergency Housing System: The Method

- Changes to Philosophies and Practice
 - Using a 'before & after' approach, engaged in 18-month process to convert from high barrier to low barrier and housing focused
 - HUD driven
 - Housing First approach identified as a model
 - Homelessness is first and foremost a housing crisis
 - All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing.
 - Everyone is "housing ready."
 - Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing.
 - People experiencing homelessness have the right to self-determination and should be treated with dignity and respect.
 - The exact configuration of housing and services depends upon the needs and preferences of the population.
 - Revised framework to treat shelter as true crisis beds rather than a long-term pathway to permanent supportive housing
 - Culture change started from the top, driving the new direction down
 - Diversified view of "housing" meaning, went after more prevention and diversion funds

The “After” of Intake

- Access points opened to all participants regardless of gender
 - Youth access points added for 18-24
- No ID or medication Requirements
- Sobriety not a prerequisite
- Children are not required to be present at intake
- No income requirements
- Allow participants to ‘call-in’ if needed, until placement becomes available
- No restrictions on placement of males and boys over 12 in family shelters
- No waiting periods for ‘turning down’ housing or leaving shelter
- Focus on prevention and diversion at the front door
- Simplified intake process and assessments

The “After” of Shelter

- Non-narcotic medications are held by participant
- Fees eliminated, voluntary savings strongly encouraged and supported but not required
- Explicit guiding principles are person-centered and housing-focused
- Social service, not social control
- No waitlist for housing – instead, use a prioritized “by name” list, based on participants level of vulnerability
- Diversion and prevention are true housing resources
- Right to re-enter shelter immediately if, for any reason, you leave shelter and your bed is filled
- Transparency around the system itself is key to messaging to participants
- Focus on the strengths of clients rather than any perceived deficits

Lessons Learned through Growth and Change

- Messaging (to providers and participants) must be clear, consistent, and transparent
- Be supportive of participants (and staff's!) fears around change
- We are advocates, not police
- We are not the moral authority over people, regardless of their current situation
- Don't assume that because people don't HAVE anything, that they don't KNOW anything

AUA: Ask Us Anything

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