

Source: 2011 Single Day Point in Time Homeless Count for PA-509, January 26, 2011

Homelessness in PA-509 CoC Allentown/ Northeast Pennsylvania

Report Prepared by: Allentown/ Northeast Regional Homeless Advisory Board

June 12, 2011

Acknowledgments: The Allentown/ Northeast Regional Homeless Advisory Board would like to thank all of our stakeholders; our communities who collected the data, our homeless assistance providers across our region and those persons who were homeless and willing to share their information.

About the Allentown/ Northeast Regional Homeless Advisory Board

The Allentown/ Northeast Regional Homeless Advisory Board (RHAB) leads the 10 year Planning Process to End Homelessness in the twelve counties of Northeastern Pennsylvania and the three Community Development Block Grant municipalities, Allentown, Bethlehem and Easton. These communities have been collectively designated by the U.S. Department of Housing & Urban Development (HUD) as PA-509.

The RHAB identifies regional and local homeless issues, implements 10 year action plans and then monitors, reviews and ranks projects funded by HUD through the Continuum of Care.

Our 10 Year Plan forms part of the Allentown/ Northeast Continuum of Care, and acts as a motivating force as well as a measure of performance and achievement. The Allentown/ Northeast Regional Homeless Advisory Board works in collaboration with the Pennsylvania Balance of State Homeless Steering Committee to end homelessness and move families and individuals to permanent housing.

More information about PA-509 is available on-line at <http://www.hudhre.info>

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The 2011 Allentown/ Northeast PA Homeless Point-in-time Count

Homeless assistance providers in the twelve-county region of Allentown/ Northeast Pennsylvania make up a Continuum of Care (CoC). The region's CoC meets the specialized needs of persons experiencing homelessness. A Continuum of Care model engages homeless persons through street outreach and transitions persons in need of a fixed nighttime residence first through emergency shelter and transitional housing stages and then into subsidized or nonsubsidized permanent housing. Each year the Allentown/ Northeast Regional Homeless Advisory Board (RHAB) leads the count of unduplicated homeless persons and families, shelter usage statistics, subpopulation information, and McKinney-Vento (HUD) funded permanent supportive housing usage on a single day. This single point in time homeless count occurred across Pennsylvania January 26, 2011.

These community counts were aggregated and compiled to create a regional picture on the extent of homelessness. This critical information can serve as a baseline count of homeless people in Northeastern Pennsylvania that can be compared to that of the coming years to measure the region's success in reducing and eventually ending homelessness. Further, point-in-time counts are critical to understanding the characteristics and needs of homeless persons who may not use shelter and are living on the street. Data gathered from PIT counts over the years has enabled the local Regional Homeless Advisory Board (RHAB) to bring in over 4 million homeless assistance dollars annually.

Background: The Importance of the Annual PIT Count. The U.S. Department of Housing and Urban Development (HUD) requires a "Point-In-Time Count of Homeless Persons" be conducted across the United States every year. This annual "Point-In-Time (PIT) count provides a "statistically reliable, unduplicated count or estimate of homeless persons in sheltered and unsheltered locations at a one-day point in time." HUD uses PIT data to identify the extent and nature of homelessness throughout the country; information that guides HUD's funding and other important policy decisions relating to homelessness.

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Definition

In Title 42, Chapter 119, Subchapter I, of [The United States Code](#) homeless is defined as: "homeless" or "homeless individual or homeless person" and includes-in general-

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

In general, a “chronically homeless person” is an unaccompanied disabled individual who has been continuously homeless for over one year.

Executive Summary

Homelessness Rate

The Homelessness Rate on the night of January 26, 2011 was 5.8 per 10,000 residents in Pennsylvania's Northeast Region (2009 Population Estimate = 1,308,147), a slight increase (0.2 per 10,000 residents) from that of 2010. Northampton County had the highest rate of homelessness within the Continuum of Care (10.6 per 10,000 residents)

The 2011 Allentown/ Northeast PA Homeless Point-in-Time count found 756 sheltered and unsheltered homeless persons within the Continuum of Care. Homelessness is, in general, concentrated in central cities. 75% were identified in cities vs. suburban or rural communities.

Urban homelessness: 75% of all homeless persons were in Lehigh and Northampton counties, specifically in the central cities of Allentown, Bethlehem and Easton. Urban homelessness is stable at levels below those seen in 2009.

Rural homelessness: Homelessness in Monroe, Pike and Carbon counties increases by 86% in three years. Homelessness in Tioga, Bradford and Sullivan counties decreases by 40% in three years. A five-year trend in rural homelessness demonstrates a 27% increase from 151 persons to 192 persons identified as homeless in rural communities at a Single Point-in-Time.

Tioga, Bradford and Sullivan counties, areas affected by the Marcellus Shale gas play, faced severe increases in housing costs yet decreased homelessness by 40% in three years (2009-2011). A Regional Housing Coordinator works collaboratively with local stakeholders in the private and public sector to impact systems change.

Homeless Household Types

493 (65% of Total) were in homeless families. Persons in Households with Children increased slightly from 486 in 2010 to 493 in 2011.

256 (34% of Total) were singles without children and 7 (<1%) were unaccompanied youth under 18 yrs. of age.

33 (4.4% of Total) were unsheltered. The number of unsheltered homeless persons decreased 33% from 49 in 2010 to 33 in 2011.

342 youth and children (45% of Total) are estimated to be among the homeless counted in this census.

Source: 2011 Single Day Point in Time Homeless Count for PA-509, January 26, 2011

Homeless Subpopulations

76 (18% of Total) were fleeing domestic violence; 118 were identified in the 2010 count. This shows a significant (55%) decrease from the 2010 count.

51 Persons in Families facing a homeless episode were rapidly re-housed and receive short-term financial support coupled with support services; this assistance helped to maintain urban homelessness at levels below that of 2009 and may have contributed to the 55% reduction in homeless persons facing domestic violence at a point in time. HPRP Homeless Assistance beds authorized under the Recovery Act will reach the three year ceiling limit for this grant funding this coming year.

90 (21% of Total) report a substance abuse disorder; 79 were identified in the 2010 count. Substance abuse now represents the largest subpopulation, a reversal of a downward trend identified since 2007.

48 (11% of Total) were chronically homeless. Of this total, 16 slept on the streets the evening of the PIT count. This represents a continuing downward trend year over year verifying that the Ten Year Planning Process to End Chronic Homelessness is effective.

46 (11% of Total) report a serious mental illness; 25 were identified in the 2010 report. This represents a 46% increase over the previous year, and is potentially linked to pressure created along the mental health continuum with the closure of Allentown State Hospital in 2010, straining resources in the mental health community.

33 (8% of Total) were veterans. This number represents a 2% increase over the 2010 count. 63 Permanent Housing Beds are available and targeted to Veterans facing homelessness through the HUD-VASH program.

7 (2% of Total) were unaccompanied youth.

1 (0.2% of Total) were persons with HIV/AIDS.

Conclusions

The region's unmet need for new homeless assistance beds include: 43 Permanent Supportive Housing Beds for Singles, 114 Permanent Housing Family Beds, 8 Transitional Housing Beds for Singles, and 25 Safe Haven beds for chronically homeless and disabled individuals and families.

Source: 2011 Single Day Point in Time Homeless Count for PA-509, January 26, 2011

Homeless advocates report an “affordable housing shortage”. More particularly it is a shortage of “safe and affordable” rental or owner-occupied housing. Comparing multi-year single Point-in-Time Homeless Counts, homelessness in Monroe, Pike and Carbon counties increased by 86% in three years. It is unclear whether it is diminishing household income or a true housing shortage responsible for the increase in homelessness. Homeless assistance providers in Monroe County report residents travel to New York City and Northern New Jersey for work; a two-hour commute to work each way. Policymakers should recognize that government financing of new housing units alone is unlikely to be an effective response to low household income, and that jobs creation coupled with increasing the stock of affordable housing will yield more cost-effective results. With higher incomes families can afford to make repairs to units determined to be unsafe.

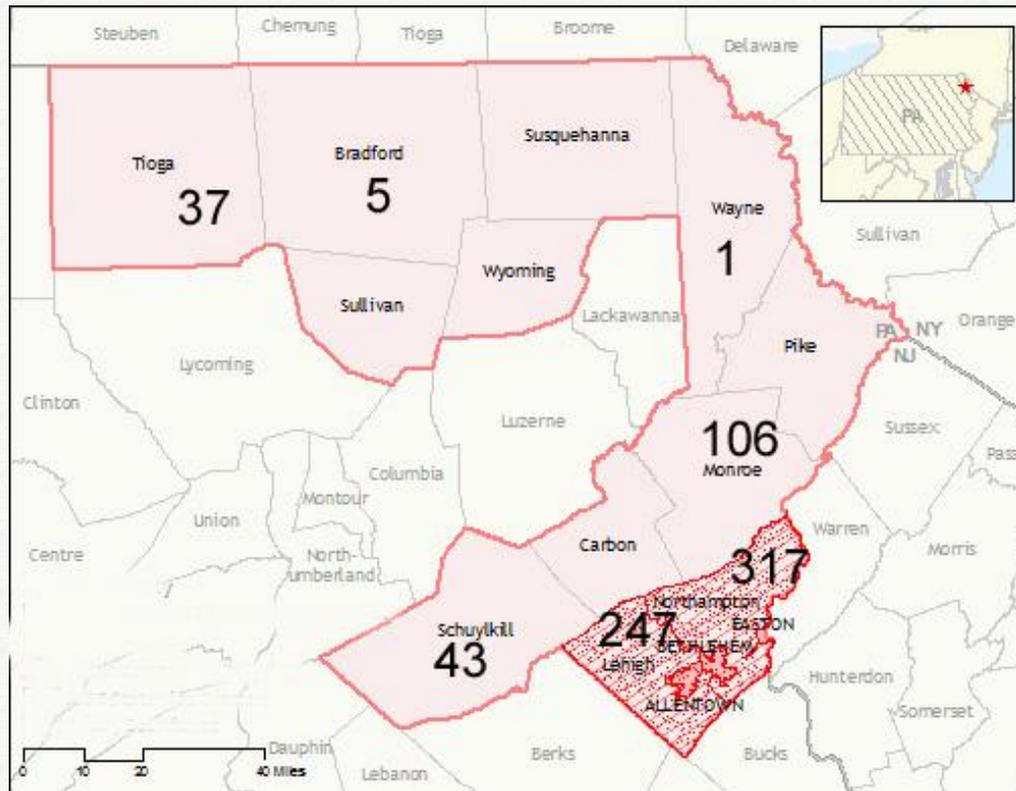
The impact of the late 2000s recession resulted in the 2009 American Recovery and Reinvestment Act. Part of the “Economic Stimulus Package” created Homelessness Prevention and Rapid Re-housing (HPRP) beds for homeless families. 51 beds were occupied the night of Jan. 26, 2011. 51 Persons in Families facing a homeless episode were rapidly housed and receive short-term financial support coupled with support services; this assistance helped to maintain urban homelessness at levels below that of 2009 and may have contributed to the 55% reduction in homeless persons facing domestic violence at a point in time.

89% of rural homeless assistance providers polled do not wish to participate in the Regional Homeless Planning Process. This is an alarming finding given the 27% increase from 151 persons to 192 persons identified as homeless in rural communities at a Single Point-in-Time. In 2010 The National Alliance to End Homelessness identified five critical success factors for making progress in rural areas. This document is listed in the appendix of on-line resources.

Among those homeless and living with a serious mental illness, a 46% increase over the previous year is potentially linked to pressure created along the mental health continuum with the closure of Allentown State Hospital in 2010. Due to the nature of Point in Time counts, a significant number of homeless cannot be counted; as to their needs and the actual costs to our community, these remain largely hidden.

Source: 2011 Single Day Point in Time Homeless Count for PA-509, January 26, 2011

Figure 1: Geography of Homelessness at a Single Point in Time; January 26, 2011, by County



From 2009-2011
Urban homelessness:
75% of all homeless persons were in Lehigh and Northampton counties, specifically in the central cities of Allentown, Bethlehem and Easton.

Rural homelessness:
Homelessness in Monroe, Pike and Carbon counties increases by 86% in three years

Homelessness in Tioga, Bradford and Sullivan counties decreases by 40% in three years

The 2011 Allentown/ Northeast PA Homeless Point-in-Time count found 756 sheltered and unsheltered homeless persons within the Continuum of Care (Figure 1).

Homelessness is, in general, concentrated in central cities. 75% were identified in cities vs. suburban or rural communities.

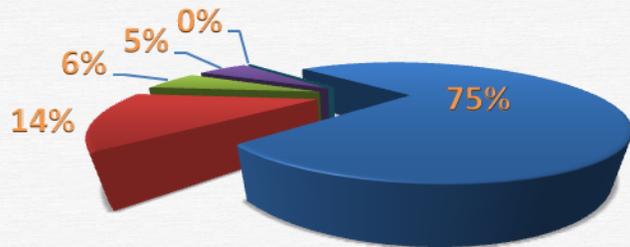
Source: 2011 Single Day Point in Time Homeless Count for PA-509, January 26, 2011

Table: On January 26, 2011, the Homelessness Rate was 5.8 per 10,000 residents (2009 Population Estimate = 1,308,147[†]), a slight increase (0.2 per 10,000 residents) from that of 2010[‡]

Year	Northampton and Lehigh	Monroe, Pike and Carbon	Schuylkill	Tioga, Bradford and Sullivan	Wayne, Wyoming and Susquehanna	Total
2009	570	57	41	70	0	738
2010	544	78	34	71	1	728
2011	564	106	43	42	1	756

The region's homelessness rate is 74% less than the national "urban" homelessness rate of 29 per 10,000 residents (National Alliance to End Homelessness, 2010)

2011 PIT Count by Service Area



- Northampton and Lehigh
- Monroe, Pike and Carbon
- Schuylkill
- Tioga, Bradford and Sullivan
- Wayne, Wyoming and Susquehanna

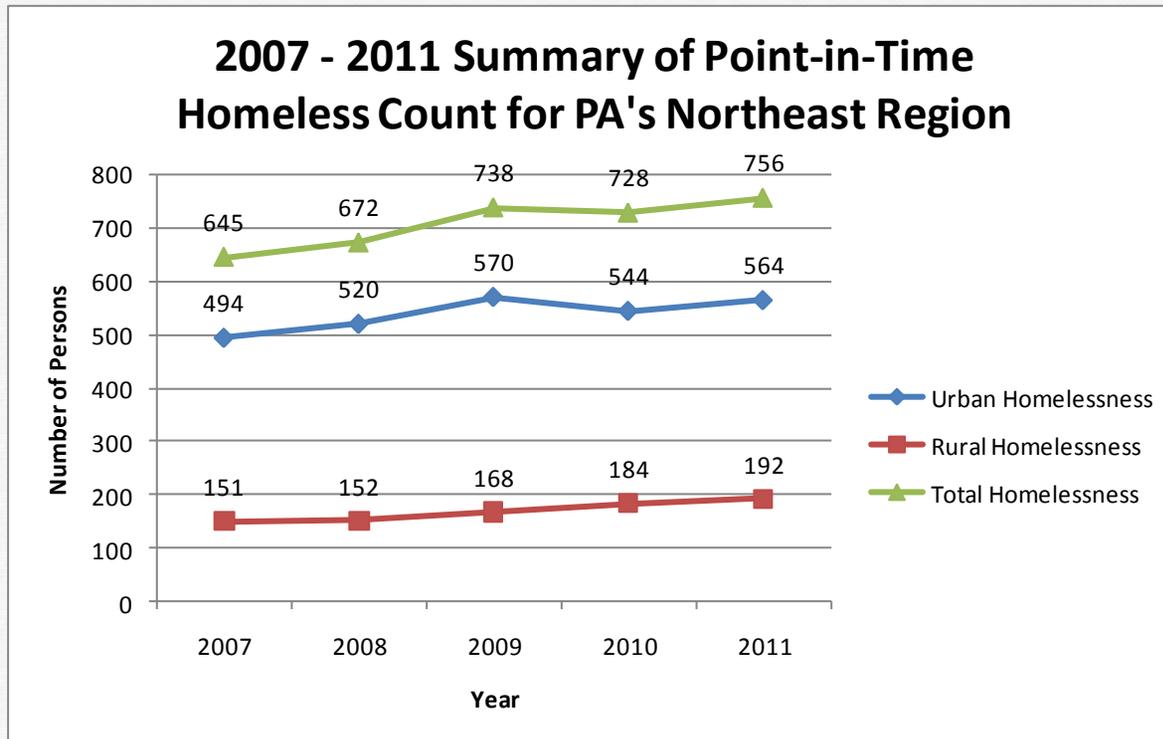
- ❖ On January 26, 2011, Northampton County had the highest rate of homelessness within the Continuum of Care (10.6 per 10,000 residents)
- ❖ From 2010-2011, the homelessness rate decreased in Northampton, Bradford, Tioga and Sullivan counties
- ❖ From 2010-2011, the homelessness rate increased in Lehigh, Monroe, and Schuylkill counties

[†]Source U.S. Census Bureau: State and County Quick Facts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Non employer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report. <http://quickfacts.census.gov>

[‡] Homelessness rates were computed for each county and the Region as a whole. The rates were calculated by dividing the number of homeless persons by that county's total population and multiplying by a rate of 10,000 residents. Point-in-time counts do not provide annual estimates of homeless persons

Source: 2011 Single Day Point in Time Homeless Count for PA-509, January 26, 2011

Homelessness is often viewed as an urban issue since it is easier to visualize a person needing assistance or seeking shelter in urban areas. But homelessness is also a rural issue.



Across the CoC, 25% of all homeless persons are homeless in rural areas.

In 2010 The National Alliance to End Homelessness released in-depth interviews with four rural CoCs. Based on these interviews, the Alliance has identified five critical success factors for making progress in rural areas.

CRITICAL SUCCESS FACTORS:

Identify a “Glue” Person; Engage a well-respected local “Champion”; Maintain Stakeholder Involvement and Leadership in the Continuum of Care Planning Process; Employ Collaborative Implementation Strategies; Think “Outside the Box” (National Alliance to End Homelessness, 2010).

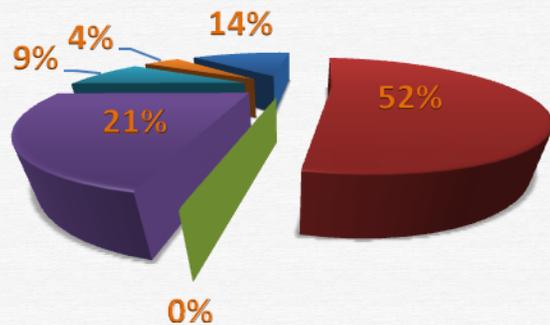
EXAMPLE: Tioga, Bradford and Sullivan counties, areas affected by the Marcellus Shale gas play, faced severe increases in housing costs yet decreased homelessness by 40% in three years (2009-2011). A Regional Housing Coordinator works collaboratively with local stakeholders in the private and public sector to impact systems change. High level engagement is typical of providers in this rural area.

EMERGENT NEED: Providers in Monroe, Carbon and Pike counties report an 86% increase in homelessness from 2009-2011.

Source: 2011 Single Day Point in Time Homeless Count for PA-509, January 26, 2011

Year	Emergency Shelter - Families	Transitional Housing - Families	Streets HH - Families	Emergency Shelter - Singles	Transitional Housing - Singles	Streets - Singles	Total
2010	112	365	9	140	62	40	728
2011	103	390	0	163	67	33	756

2011 PIT Homeless Count Results



- Emergency Shelter - Families
- Transitional Housing - Families
- Streets HH - Families
- Emergency Shelter - Singles
- Transitional Housing - Singles
- Streets - Singles

Table: 2011 and 2010 PIT Results

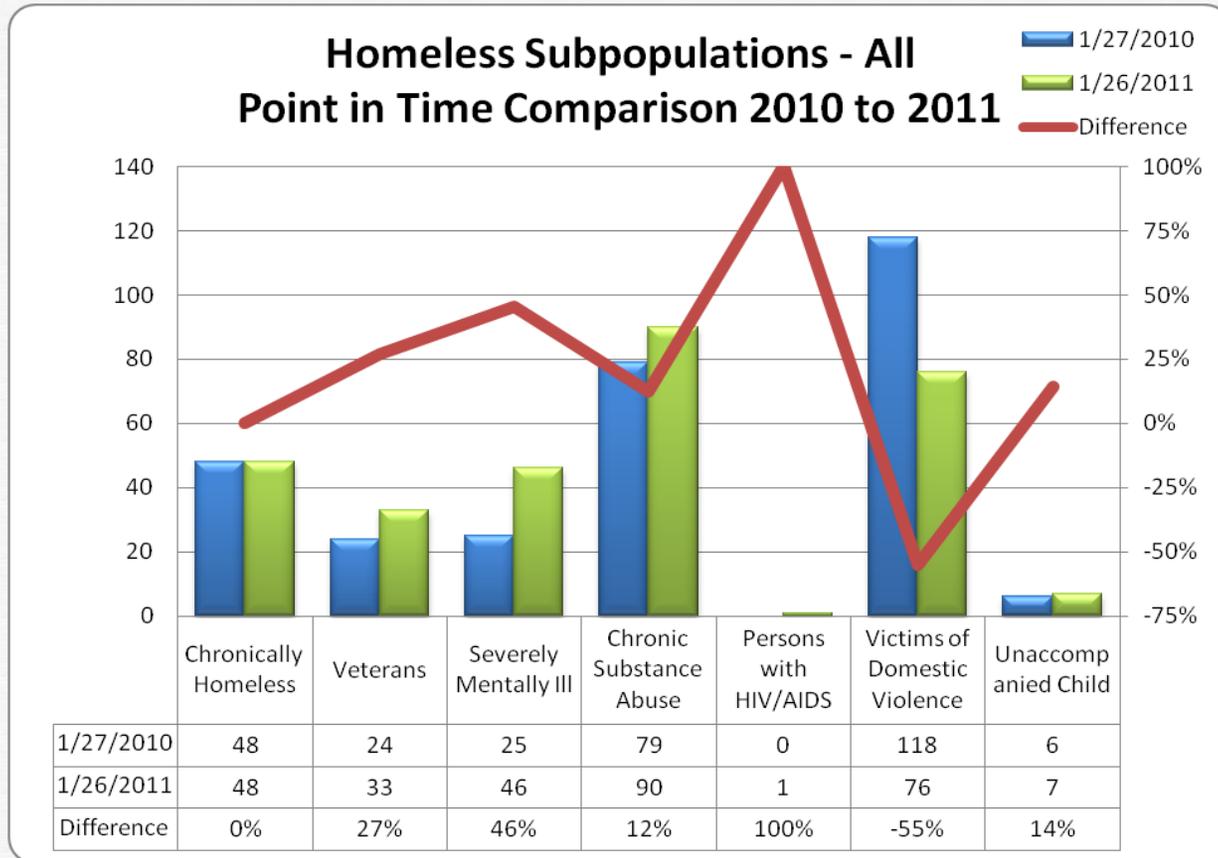
Homelessness increases 4% from 2010 to 2011

No "Couples Only" or "Families with Only Children" were counted. Emergency and Transitional shelters often cannot accommodate couples

- ❖ **493 (65% of Total) were in homeless families**
- ❖ Persons in Households with Children increased slightly from 486 in 2010 to 493 in 2011
- ❖ **256 (34% of Total) were singles without children and 7 (<1%) were unaccompanied youth under 18 yrs. of age**
- ❖ Persons in Households Without Children increased 3% from 248 in 2010 to 256 in 2011
- ❖ **33 (4.4% of Total) were unsheltered.** The number of unsheltered homeless persons decreased 33% from 49 in 2010 to 33 in 2011
- ❖ 342 youth and children (45% of Total) are estimated to be among the homeless counted in this census

Source: 2011 Single Day Point in Time Homeless Count for PA-509, January 26, 2011

Of the 167 Family Heads of Household and 263 Persons not in Families counted on January 26, 2011,



76 (18% of Total) were fleeing domestic violence; 118 were identified in the 2010 count. This shows a significant (55%) decrease from the 2010 count.

Of the 167 Family Heads of Household and 263 Persons not in Families counted on January 26, 2011 (continued from previous page)

A continuum of care system is designed to address the critical problem of homelessness through a coordinated community-based process of identifying needs and building a system to address those needs. The approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying physical, economic, and social unmet needs.

90 (21% of Total) report a substance abuse disorder; 79 were identified in the 2010 count. Substance abuse now represents the largest subpopulation, a reversal of a downward trend identified since 2007.

48 (11% of Total) were chronically homeless. Of this total, 16 slept on the streets the evening of the PIT count. This represents a 2% decrease, continuing a downward trend year over year.

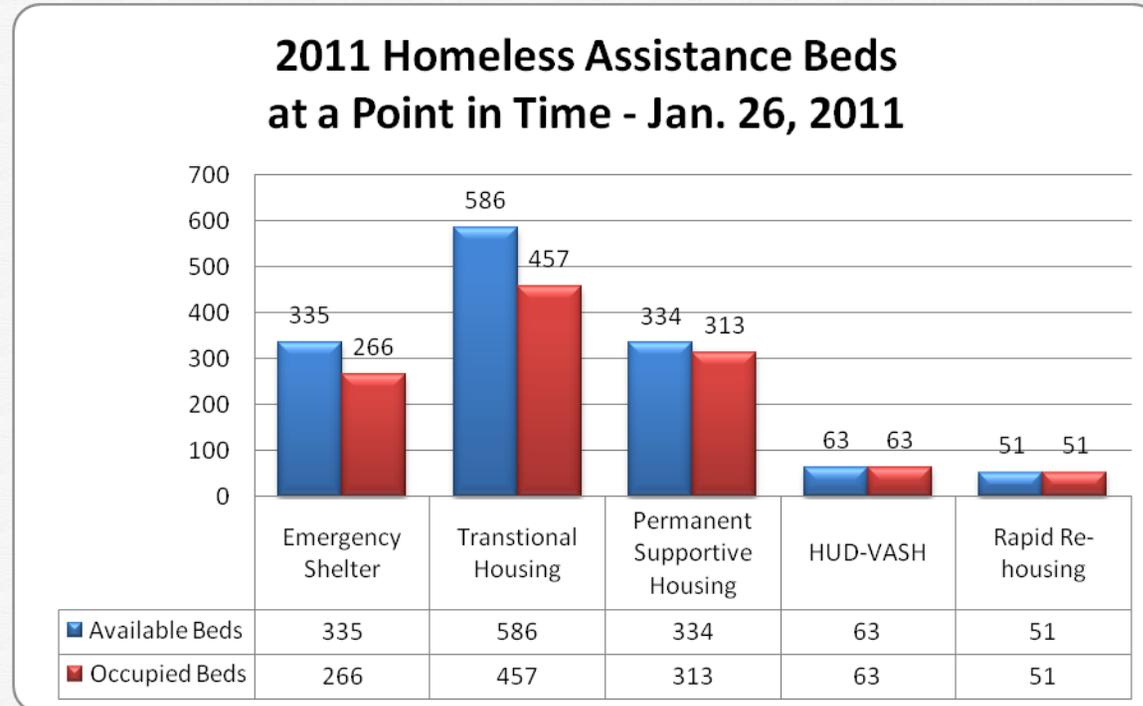
46 (11% of Total) report a serious mental illness; 25 were identified in the 2010 report. This represents a 46% increase over the previous year, and is potentially linked to pressure created along the mental health continuum with the closure of Allentown State Hospital in 2010, straining resources in the mental health community.

33 (8% of Total) were veterans This number represents a 2% increase over the 2010 count.

7 (2% of Total) were unaccompanied youth

1 (0.2% of Total) were persons with HIV/AIDS

Table: Available Homeless Assistance Beds



Permanent Supportive Housing is long-term, community-based housing that has supportive services for homeless individuals with disabilities. There are 334 PSH beds across the CoC, at 94% occupancy.

63 Beds are available and targeted to Veterans facing homelessness. The HUD-Veterans Affairs Supportive Housing (*HUD-VASH*) program combines Housing Choice Voucher (HCV) rental assistance for homeless veterans with case management.

The impact of the late 2000s recession resulted in the 2009 American Recovery and Reinvestment Act. Part of the “Economic Stimulus Package” created Homelessness Prevention and Rapid Re-housing (HPRP) beds for homeless families. 51 beds were occupied the night of Jan. 26, 2011. 51 Persons in Families facing a homeless episode were rapidly housed and receive short-term financial support coupled with support services; this assistance helped to maintain urban homelessness at levels below that of 2009 and may have contributed to the 55% reduction in homeless persons facing domestic violence at a point in time.

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Good News and Bad News:

Good News:

The region's rate of homelessness was 5.8 per 10,000. While this does represent a slight increase over the previous year (0.2%), urban homelessness is stable at levels below those seen in 2009.

Bad News:

Within the Greater Lehigh Valley four persons who routinely sleep on the streets died of exposure-related incidents Winter 2010. The region's unmet need for new homeless assistance beds include: 43 Permanent Supportive Housing Beds for Singles, 114 Permanent Housing Family Beds, 8 Transitional Housing Beds for Singles, and 25 Safe Haven beds for chronically homeless and disabled individuals and families.

Policymakers should recognize that government financing of new housing units alone is unlikely to be an effective response to low household income, and that jobs creation coupled with increasing the stock of affordable housing will yield more cost-effective results.

Good News:

Tioga, Bradford and Sullivan counties, areas affected by the Marcellus Shale gas play, faced severe increases in housing costs yet decreased homelessness by 40% in three years (2009-2011). A Regional Housing Coordinator works collaboratively with local stakeholders in the private and public sector to impact systems change. High level engagement is typical of providers in this rural area.

Bad News:

89% of rural homeless assistance providers polled do not wish to participate in the Regional Homeless Planning Process. This is an alarming finding given the 27% increase from 151 persons to 192 persons identified as homeless in rural communities at a Single Point-in-Time. In 2010 The National Alliance to End Homelessness identified five critical success factors for making progress in rural areas.

Good News:

Rates of chronic street homelessness continue to decrease and homeless persons fleeing domestic violence decreased by 55% at a Point-in-Time.

Bad News:

Among those homeless and living with a serious mental illness, a 46% increase over the previous year is potentially linked to pressure created along the mental health continuum with the closure of Allentown State Hospital in 2010. HPRP Homeless Assistance beds authorized under the Recovery Act will reach the three year ceiling limit for this grant funding this coming year.

Source: 2011 Single Day Point in Time Homeless Count for PA-509, January 26, 2011

On-line References

The United States Department of Housing and Urban Development (HUD) **Homelessness Resource Exchange** is a one-stop shop for information and resources for providers who are assisting persons who are homeless or at risk of becoming homeless, accessed 05/04/2011

<http://www.hudhre.info>

The multi-year data contained within this report was submitted to HUD as part of the annual Regional Homeless Assistance Process. The Allentown/ Northeast Regional Homeless Advisory Board certifies the integrity of its data annually. HUD archives this data and HUD provides tools to locate CoCs around the country, find CoC contact information, find report data, and view CoC and ESG awardees since 2005. Interested persons can **learn more about the PA-509 Continuum of Care** at the following website, accessed 5/4/11

<http://www.hudhre.info/index.cfm?do=viewCoCMapsAndReports>

On May 20, 2009, President Obama signed the **Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009**. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, accessed 05/25/2011

<http://www.hudhre.info/hearth/>

Track the impact of the current economic crisis and the results of the 2009 American Recovery and Reinvestment Act through the **Homeless Pulse Project Fifth Quarterly Report**, accessed 05/31/2011

<http://www.hudhre.info/documents/HomelessnessPulseFifthReport.pdf>

Pioneering homeless data and research is available through **The National Alliance to End Homelessness** website, of special significance is the new report concerning the **Geography of Homelessness**, accessed 06/12/2011

<http://www.endhomelessness.org/content/article/detail/2675>

Rural communities are encouraged to review the **National Alliance to End Homelessness** in-depth interviews with administrators and service providers in four rural Continuums of Care, including Lancaster County, PA., accessed 06/12/2011

<http://www.endhomelessness.org/content/article/detail/2681>

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Questions about this report may be directed to the Allentown/ Northeast Regional Homeless Advisory Board in care of:

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