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From Crisis to Care:
Non-Profit Approaches to Homelessness and Mental Health in
Philadelphia Throughout COVID-19

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Swarthmore College

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Acknowledgments

Having been born and raised in Philadelphia has always filled me with a sense of pride. In my youth, I viewed Philly as a vibrant city teeming with culture and diversity. However, as I matured, I came to realize that beneath its beauty lay profound needs that I had not fully grasped.

So to my parents, thank you for instilling in me the value of looking beyond surface appearances and taking action to address those needs. Both hailing from different parts of Puerto Rico and Philadelphia, you both intimately understood the challenges of growing up in poverty and inequality. Throughout my upbringing, you emphasized the importance of serving our community and city and this is what I aim to do.

To my mom for emphasizing the significance of mental health awareness. Mom, you've taught me that we transcend our circumstances, illnesses, and struggles. Thank you for consistently reminding me of the importance of prioritizing my mental well-being and for inspiring me to extend that support to others.

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And to Hans, thank you for simply existing my friend.

Abstract

In this study, I explore the intersection of homelessness and mental health in Philadelphia through the lens of three non-profit organizations dedicated to addressing these challenges. Central questions guiding this research include: “How do these organizations understand and integrate mental health considerations into their missions and services? How did the Covid-19 pandemic impact their services?” My methodology involves analyzing data from the City of Philadelphia's Office of Homeless Services to understand homelessness trends, while also examining non-profit organizations' responses to COVID-19 challenges. This includes assessing mission alignment, financial management, and service provision through mission statement analysis, financial allocation, and comparing service provision with funding. Limitations acknowledged include incomplete data from organizations and the inability to directly engage with service recipients due to time constraints. I discovered that the efforts undertaken by these organizations are indeed making a difference, yet there is still considerable work to be done. This includes placing a greater emphasis on adopting a housing-first approach, which has proven effective in assisting homeless individuals in securing and maintaining long-term housing while enhancing their capacity to access and utilize mental health treatments when necessary.

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Introduction

Part 1: Setting the Scene

In the 1980s, the United States was faced with an “epidemic” of homelessness that prompted widespread concern. After the deinstitutionalization of chronically ill patients from public psychiatric hospitals, homeless populations increased from an estimated 250,000 individuals in 1984, to 500,000 in 1987 (Padgett, 2020, p. 197). Unfortunately, despite efforts over the years, these numbers have continued throughout the world. According to the United Nations, there are a staggering 1.6 billion individuals who reside in substandard or non-existent housing conditions worldwide (United Nations). In the city of Philadelphia, thousands of individuals find themselves in the disheartening situation that is housing instability. This instability has been fueled by factors including poverty, inequality, and social marginalization. Philadelphia is considered to be, amongst the top 10 largest cities, “America’s poorest big city.” (Cooper, WHYY.org) By 2020, 23% of Philadelphia residents were estimated to be living off an annual income of less than \$26,000; 11% of Philadelphia residents were estimated to be living off an annual income of less than \$13,000. This citywide poverty is fueled by an endless cycle of systemic racism and inequality by “Philadelphians” who are subject to lower minimum wages and less access to higher-paying job opportunities. There is also generational poverty fueled by systemic racism and unequal investments in education, infrastructure, and accessible healthcare. Philadelphia residents have found themselves constantly overlooked and ignored, which not only perpetuates the cycle of homelessness in Philadelphia but also underscores its systemic nature and reflects broader social inequities that demand urgent attention.

To be homeless or unhoused is to lack stable and adequate housing. Homelessness is an epidemic that affects individuals across a multitude of demographics, including adults, youth, and families. Similarly, mental illness spans a wide, complex spectrum and can affect individuals of all demographics across the world. The intersection of these two is not coincidental, reflecting a deep interplay between socioeconomic, environmental, and individual factors that perpetuate cycles of marginalization.

Recent data collected by the Philadelphia Office of Homeless Services in 2022 reveals that a total of 4,489 individuals in Philadelphia were identified as experiencing homelessness. For this study, Philadelphia serves as a compelling focal point, given its notable reputation of increasing poverty and a significant homeless population and the fact that a number of these individuals are grappling with mental illness and substance abuse. Of the aforementioned 4,489 unhoused individuals, approximately 788 were unsheltered (Office of Homeless Services). For purposes of this research, it is important to note that when referring to the unsheltered population, this includes “persons sleeping in any location not designed for or ordinarily used as a regular sleeping accommodation for humans, such as on the streets,

transportation centers, public parks, abandoned buildings or cars.” Conversely, the sheltered population includes “persons experiencing homelessness that are staying in an emergency shelter, safe haven or transitional housing project.” (Office of Homeless Services)

I have chosen to focus on the city of Philadelphia not only because I am a native, but also because I have witnessed first-hand how homelessness has continued to increase in the city and how much mental illness has exacerbated these numbers. It is important to note that while mental health does not directly lead to homelessness, there is evidence to suggest that homelessness has profound effects on the mental health of those who experience it. In Philadelphia, this intersection highlights the broader challenges urban areas face throughout the United States. Two of the central questions guiding this research are: How do non-profit organizations in Philadelphia understand and interpret the intersection between mental health and homelessness? How is this reflected in their mission statements and services?

In this study, I have chosen to focus on three non-profit organizations that operate in Philadelphia, each dedicated to addressing the intertwined challenges including homelessness and mental health. By examining these non-profits, I believe we can gain valuable insights into the dynamics and needs of the homeless population, including those in need of mental health treatments and support. Specifically, by analyzing each organization's mission and services, we can discern the extent to which mental health considerations are integrated into the broader system of homeless services and support in Philadelphia.

In addition to researching these non-profits, this study also examines the COVID-19 pandemic as it represents a time of crucial impact on the efforts of these organizations. Therefore, the remaining central questions are: “How did the 2020 COVID-19 pandemic affect the efforts put forth by these non-profits? Where is the city of Philadelphia now, and where do we go from here?” The Covid-19 pandemic ushered in an unprecedented era of uncertainty, disruption, and profound social and economic crises. The pandemic cast a bright light on the preexisting vulnerabilities and inequities throughout the world, exacerbating the challenges faced by individuals experiencing homelessness and grappling with mental health issues. This study offers a view into how each of the non-profit organizations of focus was able to offer services and support for the homeless community before, during, and after the height of the pandemic. I seek to assess how much of each organization’s revenue goes towards each respective service, how many people were offered these services, and how the pandemic affected access to these services. As social isolation increased, economic uncertainties heightened, and access to necessary services decreased, the homeless population faced heightened mental health vulnerabilities. By looking into the successes and shortcomings of these organizations' efforts, I hope to identify areas in need of improvement.

Despite growing recognition of the intersecting challenges of mental illness, disabilities, and homelessness, the efforts made to tackle these issues have been ongoing but have often failed to meet the complex needs of the individuals impacted by them. Limited resources, lack of funding, and lack of affordable and accessible health services are just a few

of the many challenges that limit access to appropriate systems. There is an urgent need for continued research and collaboration to develop more effective approaches to addressing these intersecting issues. This can include expanding access to affordable housing, integrating mental health services into homeless support services, and fostering greater coordination among stakeholders across all sectors. By addressing the gaps, I believe that we can work towards ensuring that all individuals impacted by homelessness and mental health challenges receive the support and care that is needed to thrive.

Part 2: The Dynamics of Homelessness and Mental Health

Defining Homelessness:

Before we can dive into the dynamics of homelessness in Philadelphia, it's important to first understand what it *means*. According to the Department of Housing and Urban Development (HUD), there are four categories under which an individual or family may be considered homeless. While acknowledging the significance of these various definitions and situations surrounding homelessness, it is important to note that this paper focuses on homelessness as defined within the first category of "literally homeless."

Literally homeless individuals/families	
Category 1	<p>Individuals and families who lack a fixed, regular, and adequate nighttime residence, which includes one of the following:</p> <ul style="list-style-type: none"> Place not meant for human habitation Living in a shelter (Emergency shelter, hotel/motel paid by government or charitable organization) Exiting an institution (where they resided for 90 days or less AND were residing in emergency shelter or place not meant for human habitation immediately before entering institution)
Category 2	<p>Individuals/families who will imminently (within 14 days) lose their primary nighttime residence, which includes ALL of the following:</p> <ul style="list-style-type: none"> Have no subsequent residence identified AND Lack the resources or support networks needed to obtain other permanent housing
Category 3	<p>Unaccompanied youth (under 25 years of age) or families with children/youth who meet the homeless definition under another federal statute and includes ALL of the following:</p> <ul style="list-style-type: none"> Have not had lease, ownership interest, or occupancy agreement in permanent housing at any time during last 60 days Have experienced two or more moves during last 60 days Can be expected to continue in such status for an extended period of time because of: chronic disabilities, OR chronic physical health or mental health conditions, OR substance addiction, OR histories of domestic violence or childhood abuse (including neglect) OR presence of a child or youth with a disability, OR two or more barriers to employment
Category 4	<p>Individuals/families fleeing or attempting to flee domestic violence, dating violence, violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member and includes ALL of the following:</p> <ul style="list-style-type: none"> have no identified residence, resources or support networks Lack the resources and support networks needed to obtain other permanent housing

Source: http://www.hudhre.info/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Understanding Homelessness in Philadelphia:

In the city of Philadelphia, one can find a long history of homelessness which has long been shaped by social, economic, and policy factors. Amidst the constant fluctuations in both the scale and scope of homelessness, there have been different responses over the years to the epidemic of homelessness in Philadelphia. This has included emergency shelters, outreach programs, and housing programs (Project HOME). In 2019, a Point-in-Time survey conducted by the City of Philadelphia's Office of Homeless Services reported that there were 5,700 individuals experiencing homelessness in one single night in Philadelphia (Axios). The truth is, there's no reason for this situation to exist. The United States can guarantee affordable housing for all its citizens. While multiple factors contribute to the issue, a shortage of housing supply isn't among them. "At the end of 2012, there were nearly 18 million vacant housing units in the United States. Instead, because of a complex set of housing (and labor) market policies and practices...there is a lack of supply at a price that people—especially low-income people—can afford." (Patillo, 2013, p. 516)

That being said, there was a notable decrease in the aforementioned 5,700 individuals by 2021 due to housing assistance provided by the federal government during the onset of COVID-19. The Emergency Rental Assistance Program (ERAP) provided "assistance to households that experienced financial hardship and may be at risk for homelessness due to or during COVID-19." (PA Compass). Unfortunately, this decrease did not last very long as there was yet another increase in the unhoused population by 2023. Candice Player, Vice President of Outreach at Project HOME, has stated that it is "the city's lack of affordable housing, combined with the end of pandemic-era assistance programs, [that] are driving the increase." (Axios). According to Project HOME, during the same 2021-2022 period there were about "31.4% of people who were unhoused also had a serious mental illness." (Project HOME)

Ultimately, the relationship between mental health disorders and homelessness presents a complex and long-standing societal challenge with profound implications for individuals, families, and communities. Rates of homelessness continue to rise throughout the world, highlighting the importance of authentically understanding the relationship between mental health and homelessness. By exploring and analyzing existing research on the connections between mental health and homelessness, I hope to shed light on both the causal pathways and the reciprocal effects that characterize this intersection.

Understanding Mental Health and Stigma:

Mental health issues affect millions of people worldwide, encompassing a broad spectrum of conditions that impact thoughts, emotions, and behaviors. These conditions can range from mood disorders like depression and anxiety to more severe illnesses such as schizophrenia and bipolar disorder. Mental health issues can arise from a combination of genetic, biological, environmental, and psychological factors, and they can affect individuals of any age, gender, ethnicity, or socioeconomic status.

In the context of housing insecurity, mental health issues often become more pronounced and challenging to manage. The stress and uncertainty of not having a stable place to call home, or the possibility of losing the place one calls home, can exacerbate existing mental health conditions and lead to the development of new ones (Keene et al., 2015, p. 1011). Individuals experiencing homelessness or housing instability often face significant barriers to accessing mental health care, including limited financial resources, lack of insurance coverage, and difficulty navigating the healthcare system. As a result, many individuals are left untreated or underserved, perpetuating a cycle of poor mental health and housing instability.

Moreover, the stigma surrounding mental health adds another layer of complexity to the issue. Despite increased awareness and advocacy efforts in recent years, mental illness continues to be stigmatized and misunderstood in many communities. This stigma can prevent individuals from seeking help or disclosing their struggles, fearing judgment, discrimination, or social ostracism. In the context of housing insecurity, the stigma surrounding mental health can further isolate and marginalize individuals, making it even more difficult for them to access the support and resources they need.

Addressing mental health issues in the context of housing insecurity requires a multifaceted approach that addresses both the individual and systemic factors contributing to the problem. This includes expanding access to mental health services, destigmatizing mental illness through education and awareness campaigns, and implementing policies that prioritize housing stability and mental well-being for all individuals. By acknowledging the interconnectedness of mental health and housing insecurity and working to dismantle stigma, we can create a more supportive and inclusive society where everyone has the opportunity to thrive (Montgomery et al., 2013, p. 76).

The Housing-First Model:

The Housing First approach seeks to “reverse the usual care continuum of first requiring medication adherence, abstinence and proof of ‘housing worthiness’, Housing First is the prime exemplar of an evidence-based, cost-saving enactment of the right to housing. Importantly, it is not ‘housing only’, i.e. support services including mental healthcare are essential to its success.” (Padgett, 2020, p. 198). It recognizes that there is an importance in providing stable housing for individuals dealing with mental illness as a pathway to addressing their mental health needs and treatments. By securing stable and affordable housing as a first step, Housing First aims to provide individuals with the ability to address their mental health without the added stress of housing instability. This is especially crucial because the first month after discharge from any psychiatric ward or treatment is a period of much higher risk and need for support (Dixon, et al, 2009, p. 451). Housing First programs have already “been shown as both effective (and cost-effective) in facilitating high tenant retention among persons who were considered to be among the most difficult to house” (Culhane et al., 2011, p. 300). This is even more important to recognize when realizing how various treatment programs and outpatient center efforts work best when patients can sustain a structured system for medication adherence and treatment follow-up. When individuals can dedicate their time, energy, and money to treatment and recovery first, their chances of progress and sustained improvement increase substantially. Published works like *Evicted* by Matthew Desmond can serve to shed light on this reality.

Desmond takes the time to follow 8 individuals/families and their unique situations and circumstances as they struggle to obtain or sustain housing. One individual in particular that I found important to focus on was found in Crystal, a then 19-year-old young woman who tackled several mental and behavioral health issues including Bipolar Disorder and PTSD. The psychologist who examined and diagnosed her reported the anticipation that Crystal would need “long-term mental health treatment and supportive assistance if she was to be maintained in the community as an adult” (Desmond, 2016, p. 214). And yet, after aging out of the foster care system, Crystal found herself in-and-out of several different housing situations with limited resources and income. At one point, Crystal was deemed ineligible to continue to receive SSI, her only source of income, and turned to sex work to make ends meet (Desmond, p. 268). Despite having multiple clinical diagnoses and a clear need for assistance, Crystal found herself without any true support after leaving foster care. Instead, she was thrust into the world to fend for herself. Situations like these are where it is most important to discuss the Housing First model, which could have relieved Crystal’s worry about paying for housing, and instead allowed her to seek mental health care and treatment and have a stronger chance at a life of wellness.

What other approaches are there?

While the Housing First model is becoming more popular in the non-profit community, there is still another approach that has long been utilized: the 'treatment-first model.' This alternative approach stems from the belief that individuals experiencing chronic homelessness may struggle to maintain stable housing unless their mental or behavioral health issues are addressed first. In the treatment-first model, the emphasis is on providing mental health treatment and support for homelessness before securing housing (National Academies of Sciences, Engineering, and Medicine, 2018, p. 40). Recognizing the different approaches and wanting to understand their effectiveness, researchers conducted a study in New York City, investigating and comparing two groups: one receiving housing with treatment and sobriety requirements first, and the other receiving immediate housing without these prerequisites (Tsemberis, et. al., 2011, p. 651). Over 24 months, they found that the group receiving immediate housing obtained housing sooner remained stably housed, and reported feeling more in control of their choices. The study showed that participants in the Housing First program were able to attain and sustain independent housing without exacerbating psychiatric or substance abuse symptoms, proving to be more effective than the alternate “treatment-first” approach (Tsemberis, et. al., p. 654-655).”

After reviewing the study, I find myself in agreement with Tsemberis's research. It is evident that prioritizing housing stability and individual choice over prerequisites, as demonstrated by the Housing First program, not only facilitated swifter access to housing but also significantly bolstered long-term housing retention. Reflecting on the unhoused community in Philadelphia, one cannot help but contemplate the potential impact of implementing—or neglecting—such an approach on the number of individuals remaining unhoused or unsheltered. With these insights in mind, the following section outlines the methodology employed to investigate the feasibility and effectiveness of each respective approach implemented by three organizations in Philadelphia that are helping to combat homelessness in Philadelphia.

Methodology

1. City of Philadelphia's Office of Homeless Services Data Analysis

1.1. Data Snapshots

I first began my research by analyzing data provided by the City of Philadelphia's Office of Homeless Services and the Department of Housing and Development (HUD) to determine how the homeless community in Philadelphia has developed over time. This included Data Snapshots provided by the City of Philadelphia which reported each year's Point-in-time (PIT) counts. These PIT counts are "annual counts of sheltered and unsheltered homeless persons on a single night in January" (Office of Homeless Services). They provide data to "understand the number and characteristics of persons who are experiencing homelessness" (Office of Homeless Services).

1.2. Annual Reports

With the aforementioned data in mind, I was also able to utilize the City of Philadelphia's Office of Homeless Services Annual Reports to determine the efforts that are being made to combat homelessness. Each annual report details the services provided by the office to those individuals facing homelessness. They provide information on their mission to help end homelessness in Philadelphia, including providing permanent housing instead of shelters. (Office of Homeless Services) These reports also provide quantitative data regarding how many individuals have been served and the effects that these services have had on their likelihood of returning to homelessness. (Office of Homeless Services) By analyzing these reports, I was able to determine that the Office of Homeless Services understands homelessness as being caused by the lack of affordable housing. The overall belief that the office holds stems from the concept that if there were an affordable home for every person who needs one, we would have an end to homelessness.

2. Organizations' Data:

2.1. Mission Statement Analysis

In this study, I conducted a comprehensive analysis of each non-profit's responses to the challenges posed by the COVID-19 pandemic, focusing specifically on their mission alignment, financial management, and provision of services. The methodology I chose to use involved an intense examination of each organization's website, each of which encompassed the multi-faceted elements of their operations. I began my research by analyzing the mission statements of each non-profit organization. For each, I broke down their mission statements and compared each piece to the array of services offered. This included identifying each goal that the organization sought to achieve and assessing whether or not its service portfolio corresponded with these mission statements. For instance, if an organization's mission

statement included a dedication to mental health advocacy and treatment services, I examined the reported services provided and assessed whether or not the data mimicked this goal.

2.2. Financial Analysis:

I continued by conducting an in-depth analysis of these organization's reported revenue and expenses over three years: 2019, 2020, and 2021. These years encompassed the period before, during, and immediately following the onset of the Covid-19 pandemic. The purpose of this analysis was to gain insight into the financial resilience and overall management of finances amidst the pandemic. By comparing this financial data over these three years, I hoped to discern the impact of COVID-19 on each organization's ability to allocate funds based on the revenue they generated each fiscal year. This involved finding and analyzing the expense reports and 990 forms submitted by each respective organization. In doing so, I was able to discern how much each organization was putting into the services they provided and whether or not this was in alignment with their stated missions.

2.3. Service Provision Comparative Analysis:

Additionally, I examined the reported number of individuals served by each organization through the aforementioned three-year period. By comparing these figures with the financial data found, I sought to identify any notable trends, positive or negative, between service provision and funding allocations. Was there a parallel correlation between the organizations' reported number of housing provided and how much of their revenue was allocated to housing services? Or is there a gap between the two? By analyzing the data with these questions in mind, I was able to determine if an increase or decrease in funding had any significant impact on the organization's efforts to provide as much assistance as possible to their targeted communities.

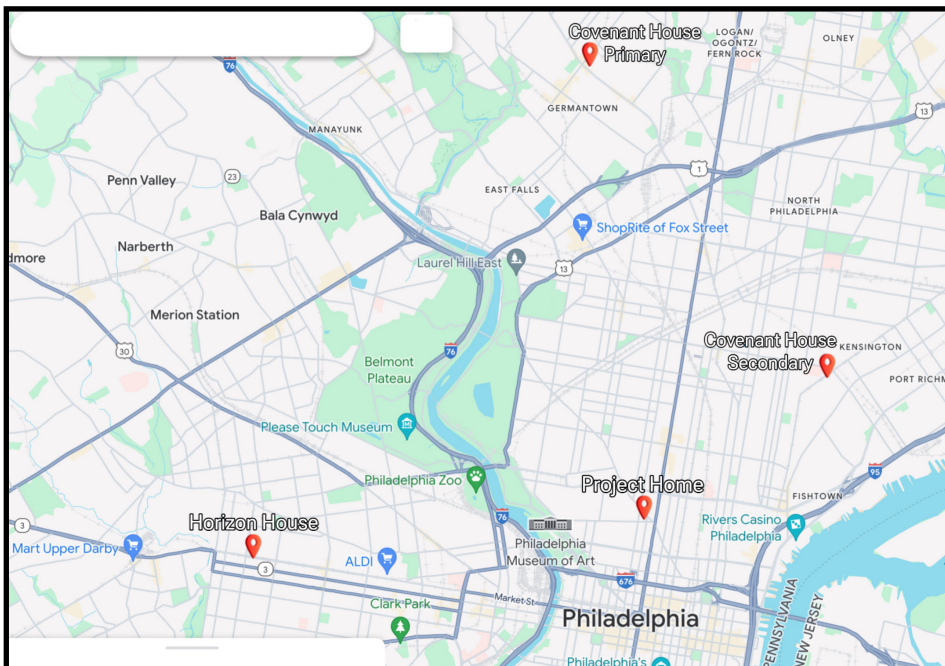
2.4. Limitations

While the methods that I chose to use to investigate provided me with an abundance of statistical data and information, I recognize how crucial it is to acknowledge the limitations presented. If an organization is unable to report data during a given year, for any category, it limits my ability to compare and contrast in the most accurate way possible. Another limitation that presented itself was the absence of direct engagement with individuals who currently receive services from the selected organizations. Time constraints prevented the ability to meet with these individuals, thus limiting the valuable perspectives that could have further explained the effectiveness, accessibility, and satisfaction levels of the services provided. This is something that could offer a more holistic understanding of the organization's impact and long-term effects.

Results and Discussions

2.1. Mission Statement Analysis and Breakdown of Services

In this section, I present the findings of my research which focuses on three non-profit organizations within Northern Philadelphia: Project Home, Horizon House, and Covenant House. I selected these non-profit organizations due to their shared commitment to serving the homeless communities in Northern Philadelphia. Collectively, these organizations offer a diverse range of services spanning across Northern Philadelphia, creating a robust network of resources accessible to individuals experiencing homelessness. I chose these three organizations not necessarily for their location but because I believe that, collectively, they support a much larger demographic in Philadelphia's unhoused community. This includes but is not limited to young adults, individuals with mental health vulnerabilities, individuals with disabilities, and individuals of all gender and sexual identities. In their way, each organization contributes to a cohesive and extensive support system, unequivocally increasing the chance that assistance is readily available to those who need it at any given time. However, it's important to note that even with these efforts and the availability of temporary housing and shelters, many people remain on the streets due to limited capacity, accessibility issues, safety concerns, preferences for independence, and the lack of permanent solutions to address homelessness. Addressing this complex issue requires not only providing shelter but also tackling root causes such as poverty and housing insecurity through coordinated efforts among various stakeholders.



(Figure 1. Map displaying the locations of all three organizations in comparison to the broader Philadelphia area. Notably, one of the organizations is depicted with two distinct locations, both marked on the map. This visual offers a clear perspective on the geographical distribution of these organizations within the context of the Philadelphia region.)

Project Home:



(Figure 2. Outside view of Project Home's primary location, 1515 Fairmount Avenue)

Starting with Project Home (see figure 2), situated at 1515 Fairmount Avenue in North Philadelphia, this organization articulates its core mission as being dedicated “to empower adults, children, and families to break the cycle of homelessness and poverty, to alleviate the underlying causes of poverty, and to enable all of us to attain our fullest potential as individuals and as members of the broader society” and to “create a safe and respectful environment where we support each other in our struggles for self-esteem, recovery, and the confidence to move toward self-actualization.” The important question therefore becomes: how do they consistently fulfill this mission?

The first resource they provide is in the form of housing. Project Home offers 3 different housing facilities:

1. Safe Haven Housing: housing for homeless adults with mental illness or disorders that offers access to shelter, meals, health care, psychiatric and recovery services
2. Recovery Housing: housing for homeless adults with special needs. This service provides private rooms, meals, psychiatric and recovery services, and specialized addiction programs. This housing unit also works to help residents move toward the goal of finding permanent housing and greater self-sufficiency.
3. Permanent Support Housing: housing for adults and families who have stabilized their lives and are ready for more independent living. Residents who have a disability that requires regular (but not constant) support services and/or case management will only have to pay 30% of their income for rent, with the remainder being covered by federal housing subsidies.

The next service Project Home offers is access to employment opportunities and resources, specifically at the Honickman Learning Center located at 1936 N Judson St. These services include:

1. Job support services:
 - a. Interview prep
 - b. Assistance with career planning
 - c. Job search/applications process
 - d. Access to training and advancement opportunities including:
 - i. Industry-specific career track training classes, which will result in certification or credentialing
 - ii. Creative arts classes
 - iii. Workshops (i.e. life readiness, resume making, etc.)
 - e. Access to a public computer lab
2. Recruiting residents for available job opportunities within Project Home's organization
 - a. This includes "Social Enterprise" which is a group of small businesses fully led and staffed by residents that acts as a supportive and skill-building environment for residents of Project Home

The next set of services includes affordable health services offered at the Stephen Klein Wellness Center, located at 2144 Cecil B. Moore Avenue, where they accept patients both with and without insurance. At this location, they offer:

1. Behavioral health services
2. Family planning services
3. Pediatric services

Project Home also offers access to dental services at their "Hub of Hope" located at 1400 Arch Street. They also partner with Thomas Jefferson University Hospital which offers expanded access to physicians. The last set of services offered by the organization includes adult and youth education services and after-school/college access programs.

Upon reviewing the services provided by Project HOME and comparing them with the organization's mission statement, a striking alignment emerges. Project HOME's primary objective is to combat the intergenerational cycles of homelessness and poverty by addressing their root causes. This commitment is exemplified through examples like their provision of three distinct types of housing facilities, catering to a diverse array of needs among their clientele. These facilities collectively offer comprehensive support, significantly enhancing the likelihood of individuals accessing the housing assistance they require.

Project HOME also extends its mission beyond housing provision, actively assisting individuals in their pursuit of employment opportunities. This aspect of their services underscores their dedication to breaking the cycle of poverty by empowering individuals with the skills and resources necessary for sustainable livelihoods. Their comprehensive approach encompasses not only job placement but also comprehensive support throughout the

employment-seeking process, including interview preparation and access to training programs. Ultimately, it is evident that Project HOME diligently upholds its mission statement through its multifaceted services, demonstrating a tangible commitment to addressing the complex challenges of homelessness and poverty within the communities it serves.

Horizon House:



(Figure 3. Outside view of Horizon House's primary location at 5901 Market Street)

The next organization at the focus of this research is Horizon House, located at 5901 Market Street. Horizon House's mission is to, "in partnership with individuals with disabilities and their families, advocate and provide comprehensive community-based services." They also serve to "create opportunities for those served to manage their lives through environments that emphasize individual strength and choice." Horizon House provides a myriad of services including:

1. Behavioral Health services
 - a. Individual and group psychotherapy
 - b. Medication evaluation and management
 - c. Diagnostic assessments
 - d. Crisis intervention

- e. Outpatient services
- f. Access to outside programs that provide psychiatric and substance abuse rehabilitation services
- 2. Intellectual and Developmental Disabilities Services
 - a. Providing therapeutic supports
 - b. Addressing the individual's healthcare needs
- 3. Employment services
 - a. Training
 - b. Supported employment services
 - c. Young adult employment services
- 4. Education services
 - a. Supported education
- 5. Housing Services
 - a. Emergency short-term housing for women with mental health needs and substance abuse
 - i. Weekday location (Monday through Friday, 7am - 3pm): Appletree Family Center, 1430 Cherry Street, Philadelphia, PA 19102
 - ii. After-hours/weekend/holiday location: Gaudenzia House of Passage, 111 N. 48th Street and Haverford Avenue, Philadelphia, PA 19139
 - b. Overnight services, offered 365 days a year, including sleeping accommodations, food, shower access, clean clothing, and laundry facilities
 - c. Rental assistance and subsidies
 - d. Partnered with other permanent housing programs that provide long-term, supportive service for adults, including:
 - i. Supports to Achieve Self Sufficiency (SASS): provides housing services for homeless, single adults in individual apartment units
 - ii. Housing First Treatment Teams: provides housing services, counseling, and other supports to homeless persons with behavioral health disorders who have been unable to address their treatment needs
 - iii. Shelter Plus Care: helps individuals (and some families) with histories of homelessness and substance abuse obtain housing, benefits, access to education and health care

Upon examining the services provided by Horizon House and aligning them with their mission statement, it becomes apparent that the two are closely intertwined as well. Although Horizon House does not singularly emphasize one specific area of need like "homelessness" or "poverty," a comprehensive review of its offerings does reveal a predominant focus on health-centered approaches as an initial step. This is evidenced by their provision of diverse mental and behavioral health treatments, as well as disability services.

Within this framework, Horizon House effectively upholds its mission statement's objectives, particularly in "creating opportunities for those served to manage their lives through environments that emphasize individual strength and choice." By affording access to

educational and employment programs, they equip individuals with the tools needed to navigate toward a brighter future. Also, while housing is not explicitly emphasized in its mission statement, Horizon House does provide several housing services. Some are tailored to specific demographics, such as emergency housing exclusively for women facing mental health challenges and substance abuse difficulties, while others cater to a broader spectrum of needs. Collectively, these services reflect Horizon House's overarching mission to support individuals grappling with issues like mental illness and substance abuse in breaking detrimental cycles and striving for improved livelihoods.

Covenant House:



(Figure 4. Outside view of Covenant House's primary location, 31 E Armat Street)



(Figure 5. Outside view of Covenant House's secondary location, 2625 Kensington Avenue)

The final organization is Covenant House (see Figure 4), which has two locations (one at 31 E. Armat Street and the other at 2625 Kensington Avenue) that are open 24/7. Covenant House is a non-profit organization that specifically caters to young adults and children between the ages of 16 and 22 who are experiencing homelessness or human trafficking. The organization's mission is to "serve suffering children of the street, and to protect and safeguard all children."

The organization also shares its five principles as such:

1. Immediacy: “Young people are welcomed without question or cost”
2. Sanctuary: “Provide a safe haven from the hardships of the street”
3. Structure: “Structured in order to help [our] young people find direction and support”
4. Value communication: “Communicate values which are life-enhancing and not destructive”
5. Choice: “Empower the young people...show them that they enter this relationship freely... help them make informed decisions about their future”

Covenant House Pennsylvania is a “safe space,” meaning it provides a physically and emotionally safe environment for youth of all demographics (including, but not limited to, young people of color, those who identify as LGBTQIA+, and pregnant youth).

This organization provides various services including:

- A. An emergency shelter (located on Armat Street): this is a 76-bed crisis center where young men, women, and families can seek shelter. This location provides:
 - a. a clinic with two doctors, a psychiatrist, and a clinical coordinator
 - b. pastoral ministry
 - c. lockers for secure storage
 - d. laundry facilities
 - e. bathrooms with private showers and stalls
 - f. recreational areas
 - g. computer and Internet access
- B. Transition housing (located on Kensington Avenue): this location has 10, two-bedroom apartment units for youth who come either directly from the organization's emergency shelter or other living situations. This location provides:
 - a. private bedrooms where residents can sleep and store personal items
 - b. case management and supervision
 - c. computer and Internet access
 - d. recreation areas for entertainment, exercise, and community building
- C. Rapid Rehousing (located on Kensington Avenue): this program offers the ability to serve an additional 24 youth at the Kensington location. They:
 - a. help youth secure leases and establish a rental history
 - b. provide youth with support for move-in costs
 - c. provide case management and work with youth to ensure they can maintain finances

Upon reviewing the services offered by the last non-profit organization, Covenant House, and aligning them with the organization's mission statement and principles, it becomes evident that they are closely intertwined. While the efficacy of certain principles such as choice and immediacy may not be immediately discernible solely through a review of services, further research, such as examining recent impact statements by youth who have

utilized Covenant House's services or conducting in-person interviews, could shed more light on this aspect.

Nonetheless, a close examination of the services reveals a strong alignment with principles such as sanctuary and structure. The organization's housing process exemplifies this alignment, beginning with emergency shelter provision which includes vital services like health clinics, secure shower facilities, and access to internet and computers, all essential for ensuring the safety and security of those seeking assistance. Covenant House goes beyond merely providing a place to sleep, striving to create an environment of sanctuary where individuals feel protected and supported.

Additionally, the principle of structure is evident in the organization's approach to assisting individuals in transitioning from emergency shelter to transitional housing with case management support, fostering the development of independence, and ultimately to more permanent housing through programs like Rapid-Rehousing. Similar to Project Home, Covenant House places a strong emphasis on housing as a foundational aspect of its services, a focus that is reflected in its offerings. Ultimately, Covenant House demonstrates a commitment to honoring its mission and principles through the services it provides, prioritizing the well-being and empowerment of the individuals it serves.

Based on a comprehensive review of solely their services and provided information, it becomes apparent that these three organizations collectively offer comprehensive services, significantly contributing to efforts to address homelessness and support a wide demographic of vulnerable populations. Following this qualitative analysis, I proceeded to delve into the quantitative data presented by each organization to ascertain whether the numbers further corroborate this notion.

2.2. Layout of Organizations' Funding and Expenses

In the following section, I break down the quantitative data provided by each non-profit organization. The following data sets will encompass different metrics, including the numbers of individuals assisted with housing and medical/behavioral health treatment, alongside revenue versus expenses reported by each respective organization. The primary object of this analysis is to discern any correlations between the outreach efforts of the programs. I hope to eventually expand upon and analyze any potential patterns and trends that emerge, offering valuable insights into the efficiency and effectiveness of resource utilization within each organization. The data provided extends across the periods before, during, and after the onset of the Covid-19 pandemic.

Project Home:

Table 1: Revenue v. Expenses

	2018-2019	2019-2020	2020-2021
Operating Revenue	\$44,724,588	\$51,500,818	\$48,160,499
-----	-----	-----	-----
Amount spent on housing	\$21,109,693 (47%)	\$15,850,615 (30%)	\$27,847,992 (58%)
Amount spent on medical	\$5,958,070 (13%)	\$7,395,544 (14%)	\$8,682,534 (18%)
Amount spent on education/ employment services	\$3,152,284 (7%)	(costs were merged on 990 Form)	(costs were merged on 990 Form)
Amount spent on advocacy/outreach	\$665,847 (1%)	\$7,452,429 (14%)	\$6,364,466 (13%)
Amount spent on management, fundraising, and general expenses	\$5,640,379 (13%)*	\$6,435,874 (12%)**	\$6,716,656 (14%***)

discrepancy in the given fiscal year:

* the organization listed \$8,288,315 in revenue-less expenses

** the organization listed \$14,366,356 in revenue-less expenses

*** the organization listed a \$1,451,149 deficit in revenue-less expenses

Table 2: Services/Outreach Data

	2018-2019	2019-2020	2020-2021
# of individuals helped with housing	1,080	1,120	1,106
% of individuals who retained housing for at least 1 year	93%	94%	94%
# of medical and behavioral health visits provided	19,208	22,054	24,751

Upon analyzing the provided data, it becomes apparent that in the period immediately preceding the onset of the COVID-19 pandemic, Project HOME maintained its robust outreach efforts, effectively extending its services to a significant segment of the community. This operational continuity underscores Project HOME's steadfast commitment to its mission of breaking the cycle of homelessness, particularly evident in the array of services tailored to address the housing needs of its beneficiaries. Throughout each fiscal year under review, Project HOME consistently allocated a substantial portion of its operating revenue to housing assistance programs. Notably, this allocation steadily increased from at least 30% in earlier years to 58% by 2021 (refer to Table 1). While the initial 30% allocation in 2019 may seem relatively modest compared to subsequent years, it's essential to recognize that it still represented the largest share of funds directed towards any single program within the organization's portfolio.

Moreover, the focused efforts on housing initiatives yield discernible results, as evidenced by a notable upward trend in the number of individuals assisted with housing from 2018 to 2021, representing an approximate 2% increase (refer to Table 2). Although this increase may seem incremental at first glance, it underscores the impact of Project HOME's interventions, particularly in facilitating stable housing transitions within the same year. In each documented fiscal year, the organization consistently achieved an impressive average of 93% of individuals who secured long-term housing through Project HOME were able to maintain it. This statistic holds significant importance as it underscores the primary goal of the organization: to assist individuals in attaining stable housing and breaking the cycles of homelessness. As previously noted, Project HOME adheres to the Housing First model, prioritizing the provision of less temporary and more sustainable housing options to best support those in need. The substantial proportion of individuals who were able to retain housing for at least one year speaks volumes about the effectiveness of Project HOME's approach. It indicates that the organization's efforts are not only successful in securing housing for individuals but also in ensuring their ability to maintain it over the long term. This retention rate suggests that Project HOME's comprehensive support services, coupled with its commitment to Housing First principles, are instrumental in facilitating lasting stability and empowerment for those served.

While housing remains the primary mission of the organization, Project HOME recognizes the critical importance of medical and behavioral health services for the homeless community. Upon examining the provision of these services, a notable increase is observed, mirroring the trends seen in housing assistance. The organization witnessed growth in both the number of individuals served and the financial resources allocated to medical and behavioral health services. As depicted in the data, the allocation of funds to medical services experienced a steady rise between 2018 and 2021, culminating in approximately 18% of the total funds allocated by the latter year. This increase in financial support correlates with a significant uptick in the number of individuals accessing medical services. Specifically, there was a stark rise of 5,543 more individuals serviced in 2021 compared to 2018.

The surge in healthcare support can be attributed to the prolonged effects of the pandemic, which exacerbated the need for health-related aid among the homeless. Despite the hurdles posed by COVID-19, such as space constraints and operational regulations, Project HOME appeared adept at surmounting these obstacles. It begs the question of whether the consistent increase amidst limited operations stems from Project HOME's comparatively robust operational revenue and funding, as compared to other nonprofits analyzed below. Predominantly sourced from government grants, this operational revenue has shown a steady rise since the pandemic's onset. The substantial influx of government grants received by Project HOME evidently played a pivotal role in their capacity to allocate resources effectively and extend aid to those most in need during this period. Project HOME's response to this heightened demand underscores its dedication to addressing the comprehensive well-being of its beneficiaries, acknowledging that access to medical and behavioral health services is crucial for nurturing stability and resilience among vulnerable populations.

However, I admit that one aspect that initially confused me and warranted my attention was the apparent disparity in funding allocation between healthcare support services and housing support services at Project HOME. Despite receiving less than half of the funds allocated to housing support services each fiscal year, there was a notable increase in the provision of medical services over the three years. However, upon closer examination of the types of services provided by each respective program (housing versus medical), a plausible explanation for this trend emerged. The higher cost associated with housing expenses likely contributes to the discrepancy in funding allocation. Project HOME operates multiple housing support locations, each requiring significant financial resources to maintain. Additionally, there are limitations on the number of housing units and beds available at any given time. In contrast, the organization's single medical clinic can serve a larger number of patients in a day, as these individuals are not housed on-site. Therefore, while healthcare support services may receive a smaller share of the overall funding, they can accommodate a greater volume of individuals due to the clinic's operational capacity.

Horizon House:

Table 3: Revenue v. Expenses

	2018-2019	2019-2020	2020-2021
Operating Revenue for Program Services	\$44,749,101	\$45,685,757	\$47,190,161
-----	-----	-----	-----
Amount spent on housing services	\$17,065,379 (38%)	\$17,340,676 (38%)	\$17,287,069 (37%)
Amount spent on medical/behavioral health	\$23,508,512 (52%)	\$23,887,749 (52%)	\$24,764,967 (52%)
Amount spent on management and general expenses	\$5,199,166 (12%)*	\$5,143,508 (11%)**	\$5,272,752 (11%)***

discrepancy in the given fiscal year:

* the organization listed a \$1,023,956 deficit in revenue-less expenses

** the organization listed a \$686,176 deficit in revenue-less expenses

*** the organization listed a \$134,626 deficit in revenue-less expenses

Table 4: Services/Outreach Data

	2018-2019	2019-2020	2020-2021
# of individuals helped with housing	96	no data	95
% who exited to stable housing	no data	no data	no data
# of medical and behavioral health visits provided	no data	no data	no data

In attempting to compare and analyze the data, I encountered challenges with Horizon House that differed from those experienced with the other two organizations under examination. Despite concerted efforts to address these limitations and fill in the data gaps, Horizon House presented constraints in terms of data availability, particularly regarding outreach efforts. Nevertheless, the limited data available regarding outreach still suggests a consistent effort on the part of Horizon House. Notably, there is no significant difference observed in the number of individuals assisted with housing from the beginning of the focused period in 2018 to the middle of 2021. While additional information concerning housing assistance and medical/behavioral health visits would have been beneficial, I found value in the financial data provided for all fiscal years.

The allocation of funds to these programs sheds light on Horizon House's emphasis on providing healthcare services to those in need. Over the analyzed three-year period, Horizon House remained consistent in allocating 52% of funds (*Table 3*) for medical and behavioral health programs and services. Horizon House does put more of an emphasis on medical and mental/behavioral services than the other organizations, but this aligns with its overall mission: "to advocate and provide comprehensive community-based services" for individuals with disabilities and their families. By prioritizing medical and mental health services, Horizon House aims to address not just the immediate housing needs but, seemingly more importantly, the underlying health challenges faced by many individuals with disabilities, promoting long-term stability and well-being echoing the aforementioned "treatment-first" model.

It's crucial to understand that Horizon House relies heavily on operational revenue derived from its program services. Program service revenue constitutes funds received from the sale of goods and services directly aligned with a nonprofit's mission and objectives. In the case of Horizon House, the majority of this revenue stems from fees generated by their medical and behavioral health services. Notably, these fees aren't directly paid by individuals seeking treatment but are instead covered by partnering HMO insurance plans that offer low-to-no-cost healthcare. To ensure compliance with nonprofit regulations, the revenue generated must be utilized for the organization's designated purposes, which is evident in Horizon House's consistent allocation of 52% of revenue towards medical and behavioral health services. Additionally, similar to Project HOME, Horizon House also benefits from government grants, which significantly bolster their endeavors. Over the course of the three years examined, there was a steady increase in government grant funding as well. This combined with their program revenue has a tangible impact on resource allocation, predominantly directed towards medical and behavioral health services, aligning with their treatment-first approach.

Despite this connection, I still found myself questioning why there seemed to be a lesser emphasis on housing services compared to medical services considering "treatment-first" does not eradicate the act of providing housing. Upon closer examination of the types

of housing assistance offered, though, it became apparent that a significant portion of Horizon House's housing efforts are tailored towards providing short-term housing to individuals with mental/behavioral health needs and individuals dealing with substance abuse challenges. Therefore, their housing services have a narrower scope compared to other nonprofit organizations, which also limits the amount they need to allocate toward housing. Additionally, it's notable that Horizon House does not solely bear the burden of funding housing services, as they collaborate with other permanent housing programs to provide long-term housing solutions for adults in need. Considering this partnership approach alongside the organization's mission statement, the allocation of resources and funding becomes much clearer. Horizon House remains aligned with its mission objectives while simultaneously addressing diverse challenges faced by the homeless community.

Covenant House:

Table 5: Revenue v. Expenses

	2018-2019	2019-2020	2020-2021
Operating Revenue	\$5,285,205	\$8,481,834	\$6,343,251
-----	-----	-----	-----
Amount spent on housing/medical/crisis care	\$3,612,350 (68%)	\$3,976,783 (47%)	\$3,337,440 (52%)
Amount spent on housing programs outside of Philadelphia	\$496,930 (9%)	\$521,038 (6%)	(combined on 990 form)
Amount spent on outreach programs	\$185,409 (4%)	\$185,429 (2%)	\$474,922 (7%)
Amount spent on education and vocational programs	\$197,465 (4%)	\$206,961 (2%)	not reported
Amount spent on management, fundraising, and general expenses	\$816,212 (16%)*	\$717,569** (8%)	\$1,484,718 (23%)***

discrepancy in the given fiscal year:

* the organization listed a \$23,161 deficit in revenue-less expenses

** the organization listed \$2,874,054 in revenue-less expenses

*** the organization listed \$1,046,171 in revenue-less expenses

Table 6: Services/Outreach Data

	2018-2019	2019-2020	2020-2021
# of individuals helped with housing	640	541*	391*
% who exited to stable housing	20%	29%	27%
# of medical and behavioral health visits provided	827	625	820

*Note: According to the 990 Form submitted by the organization for the fiscal years of 2019-2020 and 2020-2021, Covenant House's Armat St. location had to reduce its daily capacity from 76 beds to 67 beds due to COVID-19 restrictions

After reviewing the data provided by Covenant House, a noticeable decrease in the number of services provided during the initial stages of the COVID-19 pandemic became apparent. It is plausible to infer that this decline stems from the implementation of limited operations and reduced operating hours brought on by the start of the pandemic. While reviewing Covenant House's 990 Forms, I found that there was a note explaining that due to social-distancing requirements and other COVID-19-related restrictions, the organization's primary location at Armat Street was forced to reduce its daily capacity from 76 beds to 67 beds available. As previously mentioned, Covenant House shares similarities to Project HOME in the matter of implementing a House First approach in its mission statement and provision of services. So, when taking into account how COVID-19 affected their ability to provide as much shelter and housing assistance as usual, the noticeable downward trends do come to make a lot more sense.

At the outset of the three years reviewed, 640 individuals received housing assistance. Among them, a confirmed 20% were able to transition into stable housing. While this percentage may appear modest in light of the total, it's essential to recognize two facts: 1) most of those unable to secure stable housing came from Covenant House's crisis shelters, and 2) 4/5ths of the individuals within this 20% transitioned into stable housing after exiting the organization's transitional and long-term housing programs. Covenant House's emergency and crisis shelters offer up to 90 days of short-term or emergency shelter, with the opportunity for participants to progress into longer-term housing options provided by the organization. Unfortunately, for many seeking crisis care or emergency shelter, their eventual destination upon leaving is uncertain. This indicates that during their shelter stay, they couldn't secure stable, longer-term housing and are uncertain about their future accommodations.

There's a question about whether the emergency shelter services adequately equip youth with the necessary information and support to transition to more long-term housing. While Covenant House emphasizes "structure" as a founding principle and appears to offer a structured progression in housing options, it's uncertain whether they can provide the same level of support for every individual seeking assistance. This could be constrained by factors like limited capacity and financial resources. Nevertheless, there's a glimmer of hope evident in the data over the years, as there's an increasing percentage of youth exiting into stable housing. Despite the overall decrease in the number of youth assisted due to COVID-19, what's significant is the higher percentage of youth exiting into stable housing during the fiscal years 2019-2020 and 2020-2021. This suggests that despite the challenges posed by COVID-19, including limited capacity, the organization remained steadfast in its efforts to assist those in need, positioning them for a better future. (Also worth noting is that some individuals with an unknown exit destination might have found stable housing after the data collection period, which wouldn't be reflected in the research.)

As mentioned previously as well, the majority of the 20% of individuals who transitioned into stable housing exited from the organization's transitional and long-term housing programs. This fact underscores the significance of providing a stable foundation and assistance for those seeking to establish themselves outside of the program. It emphasizes the critical importance of stable and affordable housing in fostering growth, health, and overall well-being for all individuals. While shelters and crisis care are undoubtedly vital, this data highlights the imperative argument for prioritizing the provision of stable housing to support individuals in their journey toward stability and empowerment.

To continue, while Covenant House didn't offer specific financial figures for housing, they did provide details on the number of medical visits. Interestingly, the combined funds allocated to housing/medical/crisis care experienced a significant drop of nearly 20% during the 2019-2020 fiscal year compared to the previous year's report. Considering the decline in housing services due to COVID-19, it's plausible that a similar trend affected the provision of medical/behavioral health services. Notably, during the peak of the COVID-19 outbreak (fiscal year 2019-2020), there was an approximate 11% decrease in medical/behavioral health visits compared to the previous year. While this decline isn't as pronounced as the drop in housing services, it's crucial to highlight the decrease in medical visits, particularly given the importance of medical and behavioral health support during the challenges of the pandemic. This decline likely stemmed from capacity and social distancing restrictions mandated by the city in response to the rapid spread of COVID-19 and its significant impact on the community.

However, it's important to acknowledge that despite COVID-19 disruptions, medical and behavioral health operations continued, albeit with limitations. While many individuals affected by COVID-19 were able to access treatment or recovery facilities, unhoused and uninsured individuals faced limited options. Clinics like those at Covenant House could only provide a certain level of assistance with the resources and capacity available to them. Unlike Horizon House and Project Home, Covenant House doesn't derive a significant portion of its program revenue from government grants. Instead, they primarily rely on other sources such as fundraising, donations, and funding from their parent organization, Covenant House International. While government grants have proven vital for the effectiveness of the other two nonprofit organizations, I'm curious whether an increase in government grant funding would impact the number of youth served in all programs and the availability of stable, permanent housing provided by Covenant House.

Final Thoughts and Recommendations

In the landscape of homelessness and mental health challenges, the efforts to address these interconnected issues have persistently grappled with multifaceted obstacles. Limited resources, insufficient funding, and the unavailability of affordable and accessible health services stand as formidable barriers to ensuring adequate support systems for affected individuals. Therefore, there's an urgent call for sustained research and collaboration to forge more effective strategies for tackling these complex issues. This entails expanding access to affordable and stable housing, integrating mental health services into homeless support frameworks, and fostering enhanced coordination among stakeholders across various sectors. Whether targeting housing or mental health, these organizations share a common objective: to furnish the unhoused community with the space, support, and resources essential for securing a bright and stable present and future.

Examining the data from Project HOME, Horizon House, and Covenant House reveals distinct yet interconnected narratives. Project HOME's unwavering commitment to housing stability, evident in its robust allocation of resources and consistent success in facilitating long-term housing transitions, underscores the organization's efficacy in addressing the root causes of homelessness. Horizon House's emphasis on medical and behavioral health services, while seemingly diverging from traditional housing-centric approaches, aligns with its mission of holistic community-based care for individuals with disabilities. Covenant House's response to the challenges posed by the COVID-19 pandemic underscores the resilience and adaptability of homeless service providers in navigating unprecedented crises.

Both Covenant House and Project HOME adopt a housing-centered approach that has demonstrated success. Despite notable differences in the number of individuals served between the two organizations, there is compelling evidence suggesting that prioritizing housing security yields positive outcomes. This is particularly evident when examining the proportion of individuals who were able to maintain stable housing after receiving long-term housing assistance from these organizations. In both cases, the majority of individuals who achieved long-term housing stability were initially provided with stable, affordable long-term housing rather than short-term shelter. This underscores the importance of addressing housing needs as a primary priority. While shelter and crisis care play crucial roles, it's essential to acknowledge that without ensuring every individual has a secure place to return to each night, addressing diverse needs in Philadelphia remains a challenge.

While mental wellness is crucial, it's also imperative to ensure that treatments are provided in environments conducive to sustained recovery and stability. Without stable housing, the effectiveness of interventions may be limited, as the risks of relapse and instability remain elevated. Therefore, by prioritizing housing security as a foundational element, organizations like Covenant House and Project HOME lay the groundwork for holistic support and long-term well-being among individuals experiencing homelessness and mental health challenges. Now, while I initially gravitated towards using Horizon House in my research due to its alignment with the treatment-first model, I find myself wanting more from their available data. While their website showcases numerous impact stories, the quantitative data provided doesn't offer a clear indication of whether Horizon House's treatment-first approach is as effective as the housing-first approach adopted by the other two organizations. Reflecting on this, I wonder if other organizations in Philadelphia could have provided more comprehensive data regarding this approach and its efficacy.

While the work of these non-profit organizations is commendable and deserving of recognition, it's important to acknowledge that their efforts alone are not sufficient. There remains a clear need for more comprehensive action. The housing-first model has repeatedly proven its effectiveness, and I strongly advocate for increased efforts from city officials to promote this approach and allocate the necessary resources. There is simply no justification for anyone to be unsheltered or lacking secure and affordable housing in Philadelphia. While availability of housing is not the primary issue, affordability remains a significant barrier. Housing is not a luxury but a fundamental right afforded to every individual in this country.

Despite Philadelphia's economic challenges, the city can ensure housing for all who need it. The existing literature underscores the urgency of addressing the housing crisis, and I intend to delve deeper into this topic in future research and endeavors. For now, I hope that shedding light on the responses of these nonprofit organizations in Philadelphia can contribute to the ongoing dialogue about what is being done, whether it is sufficient, and what needs to change.

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