

# Housing Choices

*A Newsletter for Mental Health Professionals*

Fall 2004

*Sponsored by the Pennsylvania Office of Mental Health and Substance Abuse Services*

## Joining Forces to End Homelessness

By Peggy Robertson

### ***Collaborative Initiative***

Philadelphia has emerged as a leader in fighting the nationwide battle to end chronic homelessness. Philadelphia successfully competed against more than 100 applicants around the country for funding through the Collaborative Initiative to Help End Chronic Homelessness. This was a \$35 million joint funding effort of the U.S. Departments of Housing & Urban Development (HUD), Health and Human Services (SAMHSA and HRSA), and Veterans Affairs coordinated by the U.S. Interagency Council on Homelessness (USICH). The Collaborative Initiative, which began in October 2003, seeks to create a collaborative and comprehensive approach to addressing the problems of chronic homelessness by providing a range of supportive services coordinated with housing needed to promote and maintain self-sufficiency. It includes improving access to mainstream housing services, substance abuse and mental health services and primary health care services.

*Note: one of the goals of the Collaborative Initiative was to promote a greater awareness of the existence of other federally funded programs for which chronically homeless persons may be eligible not necessarily because they are chronically homeless but by virtue of their income or disability.*

In describing the purpose of this Initiative, Philip Mangano, Executive Director of the U.S.

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Interagency Council on Homelessness noted that, "People experiencing chronic homelessness are disproportionately on the streets and these initiatives are intended to create a visible and measurable change for that population. This is the first time federal agencies have collaborated on this scale to improve the delivery of federal homelessness assistance across the country. The development of more effective service delivery through such interagency collaborations is a key theme of the Interagency Council's work."

The Managing Directors Office for Adult Services is the lead agency for a Collaborative Initiative grant totaling \$4.1 million to address the comprehensive needs of Philadelphia's chronically disabled homeless. The Collaborative Initiative provided access to four different federal funding and activity streams, facilitated through the relationship of the lead agency and the federal government. The Philadelphia Managing Directors Office of Adult Services is collaborating with other community partners including Horizon House, Inc., 1260 Housing Development Corporation/Columbus Property Management, Philadelphia Health Management Corporation, and the Philadelphia VA Medical Center.

In addition to Philadelphia, ten other communities received funding under this initiative: Broward County FL, Portland OR, Chicago IL, Denver CO, Columbus OH, Contra Costa County CA, Chattanooga TN, New York City NY, San Francisco CA, and Los Angeles (Skid Row) CA. It is expected that these 11 cities will be able to provide housing and supportive services to more than 900 chronically homeless persons with these grants.

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### **Definition of Chronic Homelessness**

A chronically homeless person is defined as an “unaccompanied disabled individual who has been sleeping in one or more places not meant for human habitation, or in one or more emergency homeless shelters for over one year, or who has had four or more periods of homelessness over three years.” The term disabled means that the individual's ability to work or perform one or more activities of daily living is limited due to diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions.

### **Philadelphia Funding**

Philadelphia received a combination of four different funding streams from four different federal agencies through a single application to help end chronic homelessness in the city. Horizon House, Inc. was awarded \$1.9 million from HUD for 70 units of supportive, subsidized housing and \$1.4 million from SAMSHA to provide services using an ACT Team. The Philadelphia Health Management Corporation (PMHC) received a \$300,000 grant to provide primary health care support with the addition of two nurses to the ACT team. The Veterans Administration in Philadelphia received \$500,000 to support the ACT team with transportation and staffing, including a social worker and a program administrator.

With these different streams of funding, Philadelphia is helping disabled chronically homeless individuals move from the streets to permanent rental housing with intensive supportive services.

The City of Philadelphia has steadily reduced the population of adults living on the streets from more than 800 in the summer of 1997 to less than 300 at the height of the 2004 summer season, according to a quarterly census organized by the city's Outreach Coordination Center at Project HOME. Together with advocates and service providers, the city has implemented systems to better coordinate and increase street outreach and increase the number of entry-level and treatment beds for individuals with addictions, mental illness, and co-occurring disorders.

### **Housing First**

Home First, the Collaborative Initiative program in Philadelphia, utilizes a "housing first" approach. This approach is based on the principle that it is more cost effective and successful to provide immediate access to housing and services to keep the person stable. A cost analysis reveals that placing a person in housing immediately with intensive supportive services is in fact less costly than a day in the hospital, a prison, or a detox program - none of which provide permanent housing and long-term services.

In fact, Philadelphia and its community partners led the way in the Collaborative Initiative to Help End Chronic Homelessness by housing the first client nationwide. In February 2004, just four months after the initiative began, the first participant in the Home First program signed his lease. Michael G, who had been working with the Home First team for four weeks, signed his lease and headed off with his new bed tied to the top of the Home First van. Mr. G had spent 1,100 days in shelter over the past four years. As of August 2004, 45 individuals have been engaged for housing and services, and 20 of those individuals have been placed in supportive housing through the Initiative. The housing component of the Initiative will accommodate 70 individuals. *(Please note that these numbers refer only to the Philadelphia effort; nationally more than 300 persons have been housed to date.)*

The “housing first” approach is not new to Philadelphia. In 2002, Horizon House, Inc. was awarded a grant from SAMHSA to develop the city's first “housing first” program. Dubbed New Keys, this program has provided case management services and supportive housing to chronically homeless, street-dwelling individuals with diagnoses of co-occurring mental illness and substance abuse. New Keys uses the Assertive Community Treatment (ACT) model (part of the housing first approach) to help

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*(Coalition Initiative continued from page 2)*

chronically homeless individuals leave the streets and become stabilized in permanent housing. All New Keys program participants have been selected from a database compiled by the city's Outreach Coordination Center. Since the New Keys program began, 58 consumers have been identified and engaged and 38 are in housing.

Dr. Marcella Maguire, Director of Chronic Homeless Initiatives for the City of Philadelphia, has been instrumental in helping to coordinate the New Keys program as well as the Collaborative Initiative. She stated, "One of the things we learned from the New Keys program is that not everyone is willing to engage and not everyone is ready for independent living. Some individuals tried housing and realized they needed a much more structured setting. Therefore, with the Collaborative Initiative, in addition to housing 70 individuals, we will be able to provide intensive support services for 10 individuals who need more structured mental health housing."

Dr. Maguire is very enthusiastic about the Collaborative Initiative. She noted, "Aside from a few minor coordination obstacles that arose because staff is paid by one agency but working for another, the program was up and running very quickly. The partners know how to connect with people on the streets and in the shelters. Once an individual who is chronically homeless and dually diagnosed has been targeted and engaged,

the team then works with 1260 Housing Development Corporation to identify and inspect available housing units. The units are located in scattered sites throughout the community."

### ***Philadelphia Partnership***

David Dunbeck, Director of Homeless Services for Horizon House, Inc. is ecstatic about how the program has been running. He explained, "There are really good people at our agency and at our partner agencies who are making this program work. We had a strong start-up and it is great to see how quickly our clients are getting engaged and in housing. This reinforces the value of the [Housing First] model and proves through the implementation that this type of service works for these clients. And all of our partners have a member on the ACT Team."

The clients in the program are chronic shelter users with referrals being received from different shelters throughout the city including Resources for Human Development Ridge Center, Bethesda Project, Our Brothers Place, the Office of Mental Health and other safe havens. Mr. Dunbeck noted, "Because our clients are already in shelters they are easier to identify and many individuals have a greater level of stability because they have built a relationship with the shelter staff."

Mr. Dunbeck then described the client selection process. "Our

clients must meet the federal guidelines for chronic homelessness (defined at the top of page 2). In addition, clients must have a behavioral health disability which can either be substance abuse or mental health, although most of the time they are dually diagnosed. Our selection team, consisting of the ACT team leader, and representatives from PHMC, the shelter system, the VA, and the behavioral health residential system, meets once a month at which time we can add five new clients to our case list. This is difficult because over 500 people meet the eligibility requirements for the program."

Mr. Dunbeck further explained, "Therefore we have come up with a selection process to try and meet the needs of the people who need the services the most. A person is recommended based on the number of days he or she has spent in the mental health system and the number of days the individual has spent in a shelter. We then correlate that data with information about the individual's diagnoses, treatment and service utilization. The shelter system submits 10 names, the behavioral health residential system submits 10 names, and the VA and PHMC submit 5 names each to be considered. From those 30 names, we make a case for who we want in the program and then select five individuals who have the greatest need. This has been a very cooperative effort but it is not always easy deciding on only five individuals."

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*(Coalition Initiative continued from page 3)*

Mr. Dunbeck explained what happens after clients are recommended for the program. "After the clients are selected, the team meets with the individual within a day or two. On occasion, the team has found that there needs to be time for engagement and trust building. Once a client is ready, there is a research component that involves a client assessment, an in-depth interview, and the paper work needed to secure housing. Sometimes the paper work can hold up the process if, for example, important documents like a birth certificate can't be found. Throughout the process we make every effort to ensure that we can provide the supports that the client truly needs and wants. The housing units we provide are one bedroom apartments in scattered sites. We are now considering the idea of providing different housing alternatives for our clients that may better suit their needs, such as studio apartments and SROs (Single Room Occupancy)."

"There are non-stop challenges in working with clients but we have achieved success because we have a strong, multidisciplinary team who are skilled at outreach and engagement. This includes a psychiatrist, nurses, a clinical director, clinical social workers, professionals from the Office of Mental Health and Substance Abuse Services and representatives from Veteran Affairs. And it goes without saying that our housing partner strengthens the service we do. Housing is an essential and

therapeutic part of the program and a value that must be recognized."

Describing the efforts being made in Philadelphia, Philip Mangano has said that "Philadelphia is a city on a mission to be the first city in the U.S. to end chronic homelessness. From Mayor Street to Rob Hess and his team in the Special Needs Housing Office to the police department, social services agencies, businesses and community programs, they are all moving in unison to restore the streets of this historic city and improve the lives of people whose disabilities have kept them living on the streets for far too long."

#### ***Evolution of The Initiative***

Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. Active until 1996, the Council was dormant for 6 years and then revitalized in 2002.

The Council, comprised of the cabinet secretary and heads of 20 federal departments and agencies, is responsible for providing Federal leadership for activities to assist homeless families and individuals. The Council recognizes that homelessness is affected by factors that cut across Federal agencies, including housing costs, job readiness, education, substance abuse and mental health.

Mary Silveira, Legislative Representative with the United States Interagency Council on Homelessness, explained, "We felt it made sense to bring these federal agencies together through a single grant that combines all of the housing and support service funding, making it easier for communities to get the resources they need. Through innovative partnership and leadership, our goal is to end chronic homelessness within a decade. We think this is realistic and doable."

Research that has been done by Dennis Culhane of the University of Pennsylvania and others supports this goal. The research shows that chronically homeless persons are only 10% of the homeless population but consume over 50% of homeless shelter resources and they cycle repeatedly through a variety of expensive community care systems. The Council realized that this was a more limited number of individuals than originally estimated and by getting this population off the streets, and providing them with an array of supportive services and housing, the Council would also be freeing up homeless funds for people who are more in need of emergency services.

Ms. Silveira noted, "We wanted the Collaborative Initiative to be for the people who are hardest to serve, who many have given up on, and who are consuming a disproportionate share of

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resources and community social services. The program is for men and women who have been living long term on the streets and in shelters and who often ricochet through expensive systems of emergency care. It is costing a lot to do nothing, and this provides the incentive to make systems changes based on evidence-based practices. And so far, the results indicate a sustained tenancy rate.”

### ***The Samaritan Initiative***

The Council decided that it made sense to pool previously separate federal housing and services resources so that communities could apply for funds in a single application. The Administration's

2005 budget presented to the Congress includes a proposal for a Samaritan Initiative which would create the statutory framework for a continuing collaboration among HUD, HHS and the VA and provide \$70 million in new funding from HUD, HHS and the VA to continue supporting community efforts to end chronic homelessness. Providing statutory authority for the program would significantly reduce the type of administrative hurdles faced by the agencies, applicants, and grantees in the Collaborative Initiative. In addition, the Samaritan Initiative will provide joint technical assistance that will help

streamline the process for people to more easily access the services for which they are eligible. If, in fact, individuals are eligible for funding from other sources, then even more homeless funds can be freed up for others in need.

Dr. Maguire remarked about this possible new initiative. “If this legislation is passed, you can bet that we in Philadelphia will be all over it!”

*For more information about the Collaborative Initiative to Help End Chronic Homelessness, the Samaritan Initiative and the Interagency Council on Homelessness, visit their website at [www.ich.gov](http://www.ich.gov).*

## **SAVE THE DATES!**

### **OMHSAS Housing Specialists Meeting Schedule for 2004 – 2005**

**Tuesday, December 14, 2004**

PA Department of Aging  
555 Walnut Street  
5<sup>th</sup> Floor Conference Rooms 5A, B, C  
Harrisburg

A PATH Meeting immediately following this meeting will be held from 3:00 - 5:00 P.M.

**Wednesday, March 5, 2005**

Department of Conservation and Natural Resources  
400 Market Street  
Rachel Carson State Office Building  
Room 105  
Harrisburg

**Wednesday, June 5, 2005**

PA Housing Finance Agency  
211 North Front Street  
Board Room, First Floor  
Harrisburg

Agenda information will be provided closer to the meeting dates.

## 20<sup>th</sup> Annual National Fairweather Lodge Conference

*The 20<sup>th</sup> Annual National Fairweather Lodge Conference was held September 8 – 10, 2004 in Erie, PA, the home of Pennsylvania's exclusive provider for Fairweather Lodge development in the state.*

Fairweather Lodge is a housing and employment program that enhances the lives of adults with a mental health disability. The Community Lodge Program helps people reintegrate themselves into the community. Its goal is to provide emotional support, a place to live, and employment for its members. The program was developed by Dr. George Fairweather in California in 1963 as a result of extensive experimental research. In his studies, Dr. Fairweather found that people with serious mental illness are less likely to return to the hospital when they live and work together as a group, rather than live and work individually. His research also showed that the Lodge Program helps people stay in the community longer, provides more employment opportunities, and costs less than conventional treatment programs.

*The Conference was sponsored by: Erie County Department of Human Services, Office of Mental Health & Mental Retardation, PA Office of Mental Health & Substance Abuse Services (OMHSAS), Housing Authority of the City of Erie, Stairways Behavioral Health, Wyeth, Hubbarb Bert Karle Weber, Inc./Benefit Administrators, Inc., The Vicary Family, and the Zacks Family Fund.*

**Top Photo:** Individuals honored at the Fairweather Lodge Annual Luncheon. Dr. Fairweather is in the second row on the right.

**Center Photo:** Participants expressing creativity during Lee Steadman's session entitled "Art as Inspiration"

**Bottom Photo:** A mural by the artists of Stairways Behavioral Health, many of whom live in a Lodge

## Pennsylvania Adds Five New PATH Programs

By Peggy Robertson

The PATH program involves a wide network of State and local agencies that contribute comprehensive community-based services for people who are homeless, or at imminent risk of homelessness, and have serious mental illnesses or mental illness and substance abuse. PATH (Projects for Assistance in Transition from Homelessness) funds community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing support services.

The federally-funded PATH program is administered by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration, one of eight Public Health Service agencies within the U.S. Department of Health and Human Services.

### ***PATH Provider Services***

PATH providers have succeeded in putting experience and expertise to work to meet the needs of homeless people who have mental illnesses by engaging the services of community mental health centers and other mental health providers, community-based social service agencies, health care providers, and substance abuse service providers. Local PATH-supported organizations

provide a wide range of services to people who are homeless. Among the services eligible for funding under PATH are:

- outreach services
- screening and diagnostic services
- habilitation and rehabilitation services
- community mental health services
- alcohol or drug treatment services (for people with mental illnesses and co-occurring substance use disorders)
- case management services
- supervisory services in residential settings
- a limited set of housing services and services to help clients access housing resources

The PATH program reaches some of the most vulnerable members of our society. It delivers essential services, leverages significant State and local resources, and marshals a creative network of human service organizations to improve the mental health and well being of people who are homeless and have mental illnesses.

The information above is from the PATH website at [www.pathprogram.samhsa.gov/](http://www.pathprogram.samhsa.gov/).

The site also includes information about the individual states.

### ***PATH in Pennsylvania***

Beth Gallenz is the PATH Coordinator for Pennsylvania. She has oversight over the 23 programs in Pennsylvania and is often traveling to the PATH counties to find out more about how PATH funds are being used. She has been impressed with what she has seen. She stated, "I think Pennsylvania's PATH program, as a whole, is unique in that the county PATH programs help to supplement a variety of existing community mental health services, a number of which are promising practices such as Assertive Community Treatment teams (ACT) and Fairweather Lodges. The flexibility of PATH has also provided opportunities for programs to tailor services to special populations such as youth transitioning into adulthood who also have to contend with housing and mental illness."

Ms. Gallenz further explained, "At least two programs make use of PATH staff to reach out to other community systems where the homeless and at-risk populations may end up, including hospital emergency rooms and psychiatric units. For example, Dauphin County uses PATH funds to support their

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larger mental health crisis program which in turn makes itself available to local hospitals for support during crisis planning. *Operation Safety Net*, a program in Pittsburgh that receives PATH funds, also offers this support to community hospitals. Intervening with this population at the hospital prior to discharge can be very valuable for a number of reasons. It provides for early engagement, coordinated face-to-face assessment and communication of needs among all individuals involved, as well as improved continuity of care when the individual leaves the hospital. As I continue to learn more about and talk with others involved with PATH programs throughout the country, I'm eager to share the innovative ways in which Pennsylvania's programs have utilized PATH funds in an attempt to meet the needs of this vulnerable population. The dedication and creative thinking demonstrated by the PATH programs in our state has been remarkable."

The Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) received an increase in PATH funds for the 2004 – 2005 fiscal year. In response to the high incidence of homelessness, particularly chronic homelessness among the PATH population, funds are being used to promote supportive, housing-first models in Pennsylvania. The housing-first model, which

provides housing prior to or in conjunction with engagement in services, has demonstrated success in increasing treatment responsiveness. It reflects the notion that the key to recovery often comes simultaneously with the key to safe, supportive and permanent housing.

OMHSAS sent out a Request for Concept Paper to County MH/MR programs and Single County Authorities (SCA) to apply for PATH grant funds specifically to be used to develop and implement housing-first models. The goal of OMHSAS is to develop and implement at least five supportive, housing-first models for the PATH population in Pennsylvania. Although PATH funds cannot be used to provide the housing component to this model, the County MH/MR or SCA were asked to establish and maintain a collaborative relationship between local housing systems and other entities to provide the housing component of this model.

In addition to the 17 programs already funded in Pennsylvania, five new programs that will use the housing-first approach have recently been approved for funding. The following is a brief summary of the projects.

**Blair:**

***Applicant:*** Blair County M/H, M/R, D&A

***Population Served:*** Homeless adults with a serious mental

illness or dual diagnosis who are living on the streets, in shelters, or transitional housing.

***Program:*** PATH dollars will be used to fund staff (including one consumer staff) who will provide supportive services and life skills for this population prior to, and throughout the time of their transition from unstable to stable housing. Existing community services will also be used and this program has identified an outreach/engagement component to be provided on streets, in shelters, and transitional sites. The housing-first approach will be used. Blair County will develop a Local Housing Option Team (LHOT) within the first year to assist in the movement of these individuals from temporary to stable housing. There are identified sites that will provide the housing that include community apartments, single room occupancies, and a Personal Care Home.

**Butler:**

***Applicant:*** Butler County MH/MR

***Population Served:*** Homeless youth of transitional age (16-22) who have been diagnosed with a serious mental illness or dual diagnosis.

***Program:*** The Living Independently Program is a permanent supportive housing program that will use a housing-first approach and move youth

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from the streets directly into safe, stable housing. PATH funds will be used to pay for supportive services necessary for stabilization and recovery. There are a number of components in this program, not all of which are funded with PATH money. These components include but are not limited to outreach, case management, vocational/educational, life skills, habilitation/rehabilitation and housing. Through this program up to six disabled youth will be able to access scattered site apartment throughout the city of Butler.

**Crawford:**

***Applicant:*** Crawford County Human Services

***Population Served:*** Adults who are homeless or at-risk for homelessness and have a serious mental illness or dual diagnosis.

***Program:*** PATH funds will be used to hire staff that will provide support services for a Fairweather Lodge that will be developed. The housing-first approach will be used. Generally speaking, the Fairweather Lodge is a congregate living model with 4 – 6 residents who share living expenses, home and job responsibilities. Vocational and rehabilitative supports will be a component of this program and mainstream services will be used. The

housing site will be secured and provided for by Crawford County Human Services. In addition to Crawford County's long history of collaborative relationships with local housing entities, they will increase their cooperative efforts to better meet the housing needs of individuals with disabilities by developing a Local Housing Option Team.

**Delaware:**

***Applicant:*** Delaware County Department of Human Services – Office of Behavioral Health

***Population Served:*** 40 chronically homeless adults with a serious mental illness or dual diagnosis.

***Program:*** PATH funds will be used to provide a housing-first approach to their existing Engagement Assessment Stabilization and Referral (EASR)/PATH program which is similar to an Assertive Community Treatment (ACT) model. It is designed to help chronically homeless individuals leave the streets and become stabilized in permanent housing. Specifically this includes the funding of one staff (consumer staff) who will provide habilitation/rehabilitation services and other support services for the identified population as they transition from unstable to stable housing

sites. To meet the housing needs, 13-21 scattered sites have been identified and congregate living options will be available as a result of collaborative efforts with local housing entities and their LHOT.

**Erie:**

***Applicant:*** Erie County Department of Human Services

***Population Served:*** Youth of transitional age (16 – 21) who are at risk for chronic homelessness and have a serious mental illness or dual diagnosis. The program will target youth who are leaving Residential Treatment Facilities and have been kicked out of their home, doubled up, or on the streets.

***Program:*** The program is based on the overall mission of preventing chronic homelessness through a housing-first approach and moving youth into a Fairweather Lodge. PATH money will be used to provide support services in the Lodge along with existing community resources. The Fairweather Lodge will provide the housing component – made available through collaborative efforts with a local builder.

For more information about the PATH Program in Pennsylvania, contact Beth Gallenz at [bgallenz@state.pa.us](mailto:bgallenz@state.pa.us).

## PATH Meeting

Tuesday, December 14, 2004 3:00 - 5:00 P.M.

Immediately following the OMHSAS Housing Specialists Meeting

PA Department of Aging, 555 Walnut Street, 5<sup>th</sup> Floor Conference Rooms 5A, B, C, Harrisburg

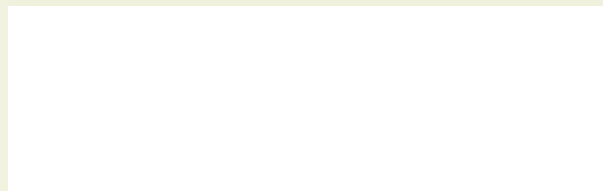
**Daniel B. Fisher**, M.D., Ph.D., Executive Director of the National Empowerment Center (pictured at right), was a special guest and speaker at the 20th Annual National Fairweather Lodge Conference in Erie, PA. Dr. Fisher has recovered from schizophrenia and serves as a role model for others who are struggling to recover. His recovery and work in the field have been recognized by his selection as a member of the White House Commission on Mental Health.

Dr. Fisher’s session at the Conference entitled “Nothing About Us Without Us” described the evidence-base for recovery from a personal and research perspective. Dr. Fisher reviewed the principles of recovery and the empowerment model of recovery which have emerged from the consumer/survivor movement and research. Dr. Fisher also suggested ways to connect the Fairweather Lodge movement with the consumer recovery movement.

**Housing Choices** is published by: Diana T. Myers and Associates, Inc. and sponsored by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS).

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We welcome your submissions, ideas for articles, and information on related housing efforts and projects. If you have information about a related project or would like more information about a project described here, please contact us at the following address: Diana T. Myers and Associates, Inc., 6 South Easton Road, Glenside, PA 19038  
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