

Info

Info

Ann Thoresen [athoresen@jfsatlantic.org]

Sent: Tuesday, December 10, 2013 6:58 PM

To: Homeless Council

Cc: athoresen@jfsatlantic.org

Attachments: Best Practices in Homeles~1.docx (16 KB)

Hi

Please find info as requested attached.

Please contact me if you have any questions.

Thank you

Ann

Ann Thoresen, MSW, LCSW

Associate Director, Housing and Homeless Services

Jewish Family Service

607 N. Jerome Avenue

Margate, NJ 08402

609-822-1108 x. 301

Fax: 609-822-1106

athoresen@jfsatlantic.org

The information contained in this e-mail, and any attachments thereto, are intended for the confidential use of the addressee(s) named herein. If you are not an addressee or an authorized agent responsible for delivering this e-mail to a designated addressee, you are hereby notified that any dissemination, distribution or copying of this e-mail and any attachments thereto is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately at the phone number or e-mail address above. Thank you.

Best Practices in Homeless Delivery Service and Impediments

- Best Practices

1. Outreach capacity-to be able to meet clients where they are literally and figuratively to allow clients to gain trust and feel safe is paramount to serving many who are experiencing homelessness particularly those who may meet the definition of chronic homelessness. Flexibility of service options as well as clients choice as to where to accept or begin process of receiving services. For example, many clients will request assistance with obtaining identification often putting this before accepting access to other services, by allowing this choice, the sense of trust may be established leading to opening the dialogue as to other client needs. Establishing Collaborative Community Outreach and liaisons that can be used to quickly link client to requested services as often clients cannot tolerate usual route of access. An example, working with local welfare department to obtain specific appointment times for clients to apply or having assigned appointments for medical appointments that limit wait times for clients.
2. The ability to meet client's basic needs, clothing, food, bridge funding for temporary shelter with minimal initial requirement from clients in order to develop long term plan for client to address needs. Using a Housing First Model and wrapping client in services necessary to sustain.
3. Use of Supportive Housing programs that provide a high level of support/daily contact. Our agency has expanded the number of units in this enhanced version of Supportive Housing and targeted individuals who meet criteria for chronic homelessness with great success. Not only is our housing retention rate very high, many clients have accepted services to stabilize mental and medical health needs and have been able to access income through Social Security Disability application.

- Impediments

1. Obtaining identification, while often what clients most frequently request, often need ID to obtain ID, coupled with some services requirements to document homeless status.
2. The lack of affordable housing-waiting lists in Atlantic County is typically over 2 years long.
3. The amount of time to determination for Social Security application.
4. System communication-the system designed to serve this population needs to communicate with each other and direct clients to services in a fashion that makes sense. Often providers have knowledge of client but do not share thus fragmentation of system lead to needs not often being met. Additionally the location of services, for example welfare in Atlantic County begins in one town and ends in another leading to the issue of transportation to complete the process.

About Homeless

About Homeless

Roberto Gerardi [rgerardi@trentonhealthteam.org]

Sent: Tuesday, December 10, 2013 5:54 PM

To: Homeless Council

To Whom It May Concern,

A number of factors make the fabric of the homeless population realm; hence, there is no single bullet to solve such a complex problem. Nevertheless, a small change in the understanding of the problem could cause a tipping point of radical change.

There are three things that are clear about this cohort: 1st lack of permanent housing, 2nd an intrinsic degree of mental health issues (+90%) and 3rd high costs incurred from their recurrent ER usage. So to the Council, encompassing both topics at once - best practices in homeless services delivery and its impediments:
why aren't They (homeless population) housed in/by behavioral health centers?

Most likely this idea, as many others, has been proposed before. It is simply my humble view of this long-lasting and relegated problem.

Best Regards,

--

Roberto Gerardi

Data Analyst

Trenton Health Team

218 North Broad Street

Trenton, NJ 08608

Office: 609-989-3262 x160

rgerardi@trentonhealthteam.org

www.trentonhealthteam.org

Confidentiality Notice:

This e-mail, including any attachments is the property of the Trenton Health Team and is intended for the sole use of the intended recipient(s). It may contain information that is privileged and confidential. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please delete this message and reply to the sender regarding the error in a separate email.

Fwd: Homelessness in New Jersey

Fwd: Homelessness in New Jersey

Rosemary [goebelrj1@verizon.net]

Sent: Tuesday, December 10, 2013 3:30 PM

To: Homeless Council

----- Original Message -----

From: Rosemary

Date: Dec 10, 2013 3:25:33 PM

Subject: Homelessness in New Jersey

To: homeleecouncil@dhs.state.nj.us

Dear Sir or Madam;

The plight of the homeless in our State and in fact any State of the Union is deplorable. How can we call ourselves Christians and allow fellow human beings to live in conditions that are worse than the stray animals within our State.

The manner of caring for them now exists of placing the individual in a motel room for a set period of time, usually 3 days to a few weeks or so, usually in one of the roughest dirtiest rooms around, then shuffling them along to the next motel room every so many days and so on, nothing is done to try heal a spirit that has been beaten and shattered from living with nothing, no one seems to look for the cause and then a cure, some of these souls are managing to hold part time jobs, but can't even get part time help. You must see that paying hundreds of thousands of dollars to motels year after year is simply a gross waste of funds, its like putting a band-aid on a gushing artery, it doesn't do anything without getting to the cause of the problem why bother.

We can build wonderful state of the art animal shelters and beautiful baseball fields but no one, no absolutely not one of our elected officials is willing to raise so much as one hand or lay one brick to shelter a forgotten homeless soul, how can they care so much for mans best friend but not for man himself. Solutions are available, advocacy group are available and have long been available with many great ideas they stand at the ready, but assistance is required with funding from our State and assistance of willing hearts and minds from the local officials Ocean County could be a beacon of hope for all other counties in this great State of New Jersey.

Please listen to these advocates, lets start seeing the faces of the homeless as human and make 2014 the year something of true help is done for them. There but for the Grace of God go I, could be one of your own. Remember the words our Saviour told us that which we do to the least of our brothers we do to him.

Thank you for your time

Sincerely

Rosemary Goebel

Member of H.E.L.P

Homelessness ended through local Partners
and "The Lodge"

Homeless Council Testimony

Homeless Council Testimony

Waulters, Scott D [swaulters@uhc.com]

Sent: Thursday, December 05, 2013 2:50 PM**To:** Homeless Council**Attachments:** CT_CF_Drop_6.txt (105 B)

Commissioner Velez,

Thank you for the opportunity to provide written comment on the impediments to the delivery of high quality healthcare to the homeless population.

Those who are members of our general assistance population and the homeless people are some of the least healthy and most vulnerable members of our society. People living in shelters or on the streets often face isolation and stigmatization and may prioritize safety and sustenance over chronic health concerns. Among the serious issues facing the general assistance population are poor nutrition, exposure to the elements and higher rates of mental illnesses and substance abuse.

Homeless people are three to six times more likely to become ill than housed people (National Health Care for the Homeless Council, 2008). Homelessness precludes good nutrition, good personal hygiene, and basic first aid, adding to the complex health needs of homeless people. Additionally, conditions which require regular, uninterrupted treatment, such as tuberculosis and HIV/AIDS, are extremely difficult to treat or control among those without adequate housing.

Barriers to health care include lack of knowledge about where to get treated, lack of access to transportation, and lack of identification. Psychological barriers also exist, such as embarrassment, nervousness about filling out the forms and answering questions properly, and self-consciousness about appearance and hygiene when living on the streets.

The literature on the General Assistance Population use of the ER for ambulatory diagnosis is very clear and the barriers to appropriate usage are many. It is equally as clear that the case management model use in this population needs to be very forward thinking, interdisciplinary and patient centered.

Respectively,

Scott Waulters

President – New Jersey Health Plan

100 Mulberry Street

Newark, NJ 07102

O: 973.297.5615

M: 757.343.8454

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

The Lodge of Ocean County

Page 1 of 1

The Lodge of Ocean County

Heather Keefe [heather.keefe@mac.com]

Sent: Wednesday, December 18, 2013 9:13 AM

To: Homeless Council

Hello. I'm proud to be a grant writer and Advisory Board member for The Lodge, which is a newly established non-profit organization in Ocean County. Our mission is to build rehabilitation and transitional housing facilities for the homeless.

As you know, large parts of Ocean County were devastated by Superstorm Sandy. As a result, the homeless population in Ocean County increased profoundly. Hundreds of homeless families desperately need comprehensive resources in Ocean County.

The Lodge will offer a full range of rehabilitation services, including services for mental health, physical health, and substance abuse. In addition, The Lodge will offer a comprehensive life-skills program and access to job training. The goal of The Lodge's programs is to empower individuals to become confident, self-sufficient, and productive members of the community.

Volunteers from The Lodge have analyzed potential project sites and are involved in negotiations to purchase a 5.56-acre site in Toms River. We also have acquired fully designed architectural plans for the Lodge facility, including a detailed floor plan. Funding is desperately needed to purchase the site and move forward with the development of The Lodge.

I realize the New Jersey Interagency Council on Homelessness held a hearing to discuss how the state can address the serious problem of homelessness. The Lodge of Ocean County would welcome the opportunity to be part of these discussions.

Moving forward, we realize any solutions to chronic homelessness in New Jersey must be collaborative in nature. Our group has worked tirelessly to get the ball rolling in Ocean County with building The Lodge, but much more work remains.

Please feel free to contact me with any questions or to discuss next steps. The Lodge of Ocean County would be honored to have a seat at the table in addressing homelessness, comprehensively and proactively, in New Jersey.

Thanks very much!

Best wishes, Heather Keefe

Heather Keefe
 Founder and President
 Keefe Communications LLC
Public Relations ~ Grant Writing ~ Strategic Marketing
Non-Profits ~ Small Businesses

Advisory Board Member
 The Lodge of Ocean County

Keefe Communications on Facebook and LinkedIn
 KeefeCom on Twitter
heather.keefe@mac.com
 908-773-3361 Mobile

Untitled Message

Page 1 of 1

Valerie Fox [vfox1122@yahoo.com]

Sent: Wednesday, December 11, 2013 1:41 PM

To: Homeless Council

Cc: Tkelly@monarchhousing.org

These thought I wrote and did do a Letter to the Editor of the Daily Record. The letter was published in yesterday's paper, December 10, 2013. I think the thoughts are relevant.

Valerie Fox

I am going to start this letter by stating America has answered the call to end homelessness.

In the 1980s, when one was homeless, the plight was characterized by hopelessness, victimization, extreme poverty, and no easy way out of homelessness. The homeless were stigmatized while having their human dignity taken. Some died alone while in this condition.

In America's answering the call to end homelessness, today there are soup kitchens, food pantries, shelters, and very important, housing vouchers are available to help the person transition from homelessness to the security of an apartment. Agencies work hard to find homeless persons and build healing relationships with them. Counseling services are made available. Medication needs are also met. Agencies network together for the good of the person. These are what I see as some of the best practices to end homelessness.

The greatest impediment to ending homelessness that I see is sequestration. It must end or the good progress made will backslide. Homelessness is not eradicated yet. The fine work that is being done must continue.

Valerie Fox

PARSIPPANY

vfox1122@yaoo.com

All Saints Community Center - Lakewood

Page 1 of 1

All Saints Community Center - Lakewood

Ginger Harris [gingerh@caregivervolunteers.org]

Sent: Friday, March 14, 2014 2:27 PM

To: Homeless Council

Cc: Hdrael [Hdraesel@aol.com]

Attachments: Proposal 3-14-14.docx (13 KB)

Dear Sir or Madam:

By way of introduction, I wear a couple of hats; I work as a volunteer recruiter for Caregiver Volunteers - a nonprofit serving Ocean County's senior citizens - and I am working with The Rev. Herbert G. Draesel, Jr. on Samaritan House Lakewood - a homeless shelter.

We are in the process of constructing a small homeless shelter at All Saint Episcopal Church in Lakewood, NJ. We hope to be operational by late Spring. I've attached our mission statement/operational plan for your review. Please consider our plan submission as comments for your upcoming hearing on March 25th. I hope to attend your hearing.

Should you have any questions regarding Samaritan House Lakewood in advance of the hearing, please feel free to contact me.

King Regards,

Ginger Harris
(732) 425-3623

--
"Like" us on facebook - [facebook.com/caregivervolunteers](https://www.facebook.com/caregivervolunteers) and [facebook.com/caregivercanines](https://www.facebook.com/caregivercanines)

**Better Health Day
For your Body, Mind, and Spirit**

FREE FOR ALL

Wed. March 19th 10-2; The Pines at Whiting

~ Aromatherapy, Stress Relief & Massage

~ Creating Well Being

~ Healthy Eating & Cooking

~ Health & Wellness

~ Skin & Nail Care

~ Yoga, Tai Chi & General Fitness

**Contact Ginger Harris for registration and more information
732-505-2273x208**

Samaritan House
All Saints Episcopal
Lakewood, NJ
Operating Statement and Occupancy Agreement

Our Mission [Purpose of Project]:

All Saints Episcopal Church wishes to establish Samaritan House, a shelter for adults in its buildings on Rt. 9 in Lakewood; a place for up to 9 people who are homeless to live in community in the lower level of the church. We hope to help our guests get on their feet by offering whatever resources we can, from the parish and community so they may become productive members of society and use their God-given strengths and talents. We are concerned that there are very few options for people seeking shelter in our community and more often, than not, they are forced to leave the community where they have relationships to go to other communities, some even in other Counties.

Who Will this Project Serve?

People, who because of life's circumstances need another chance. We are proposing a temporary shelter for up to 9 adults. Our plan is to serve a population that is willing to work and is capable of setting goals towards that end. Our guests would need to be drug and alcohol-free and committed to sobriety. Our guests need to be able to live in a community of up to 9 people and share in its life.

We are looking to serve a certain population. We are not equipped to accommodate people with active addictions or who are severely mentally impaired. We do believe that there are a significant number of homeless people who have fallen through the cracks and simply need a helping hand to get on their feet.

How Will We Serve? Occupancy Agreement

Each person who becomes a guest in this program will have a one-month contract with us outlining a program for them concerning their participation in the program and what steps they are taking towards a goal of living independently in the community. The guests will develop a plan and set goals with a director who will outline the steps necessary for them to find employment and permanent housing. The guests will also be given tasks related to the common life of Samaritan House. Every week there will be an evaluation of how each guest is doing towards meeting their goals. At the end of the month, if the guest has not yet found a place to live, a decision will be made to either extend their contract or make some other arrangements.

We have several rooms in the basement of the church that used to serve as Sunday school classrooms. These rooms are ideal to house up to 3 guests and will be built into bedrooms. A common area will be set up for eating and socializing.

Over breakfast, the community will gather and will articulate their plans for the day. The director will guide the guest in making their plans for the day. The director will work with each guest on a 'hands-on' basis and will meet with each guest formally at least once a week to make plans and set goals.

A part-time director will work 20 hours a week. Another person will be the night supervisor, who will get \$25 a night to supervise the guests. The guests will assist with both breakfast and dinner preparation and serving. One night a week, the community will meet over dinner with the director and discuss any issues that have come up as well as hopefully offer each other mutual support.

Parish Community Involvement

Each guest at Samaritan House will receive a shepherd parishioner from the church, creating a big-brother/big-sister relationship, which will encourage the guest to achieve their goals and improve their life skills through the community of Samaritan House.

What is the Compelling Need?

Lakewood has been the scene of much controversy over the plight of the homeless. But there are many people in the Lakewood area who are struggling day by day to find a place to sleep, a meal to eat and a job.

Addressing the Need

We at All Saints have a reputation in the community for caring for the troubled, the poor and those who live on the margins of society. We take seriously our commitment to "seek and serve God in all persons" especially the poor and disenfranchised. We have a soup kitchen, a food pantry, a ministry to the Hispanic community, a thrift shop that serves a very poor community and a music program for children whose families have limited resources. Samaritan House is a logical extension of all our present ministries.

What Makes All Saints Unique?

Our congregation is bi-lingual and has a large percentage of people involved in our outreach programs that were mentioned above. We are particularly suited for this new ministry.

Contact information:

All Saints' Episcopal Church
213 Madison Avenue, Lakewood, New Jersey 08701
The Rev. Herbert G. Draesel, Jr., Priest Phone: 732-367-0933 Fax: 732-367-5705
Or Ginger Harris 732-425-3623

Project H.O.P.E. December 17th 2013

December 17, 2013

By Email: HomelessCouncil@dhs.state.nj.us

Homeless Council Public Testimony

NJ Department of Human Services

Office of the Commissioner

PO Box 700, Trenton, NJ 08625-0700

RE: Interagency Council on Homelessness Public Hearing

To Whom It May Concern:

Project H.O.P.E. is pleased to respond to the above-referenced request for comments on best practices in homeless services delivery and impediments to the delivery of homeless services.

Project H.O.P.E. is a Federally Qualified Health Center (FQHC) located in Camden city NJ, providing health care services to the homeless population. In 2013, Project H.O.P.E. provided 10,000 medical visits to 2,700 unduplicated patients.

Best Practices

As a health care provider and medical home to the homeless since 1993, Project H.O.P.E. has identified several best practices that have improved the health outcomes for the homeless population that we serve. The best practices that we have implemented have come from the New Jersey Primary Care Association (NJPCA), the National Health Care for the Homeless Council and from speaking with other social service providers in Camden.

Best Practices

- Project H.O.P.E. provides an array of services at our health center to create "one-stop shopping" to facilitate access to care. The services include medical visits, medications through the federal government's 340b program, case management services, behavioral health counseling services, addiction treatment services (Suboxone treatment), and laboratory testing. South Jersey Eye Center provides vision services at our health center.
- "Enriched Access" scheduling works well for a patient population who cover the entire spectrum of homelessness, from the chronically homeless to "the working poor" and people experiencing temporary homelessness. We found that "Enriched Access", a mix of walk-in appointments, same day appointments, and appointment slots for patients coming from other homeless agencies (shelter, partial care, etc) reduces the wait time for a patient to see their primary care provider (PCP).
- Project H.O.P.E. has integrated behavioral health care with primary care services. Patients have access to licensed clinical social workers during the medical visit with the physicians. Patients have access to psychiatric prescribing, addiction medicine, and case management in the Project H.O.P.E. primary care setting.

Project H.O.P.E. December 17th 2013

- The skill set of our staff, including cultural competency, a willingness to treat patients with complex needs, harm reduction skills, motivational interviewing skills, and homeless prevention skills result in patient satisfaction, increased patient involvement in care and improved health outcomes.
- Networking and partnerships with other homeless agencies have resulted in innovative programs. We are currently working with Cathedral Kitchen in Camden city to provide diabetic patients with healthy cooking classes. Please see attached link to view our Innovations in Community Health video.

<http://www.cvscaremarkfyi.com/buildinghealthiercommunities>

Impediments

Project H.O.P.E. is very much aware of the impediments and barriers that exist to improving the health of our patients. These barriers are both the socio-economic barriers for our patients and shortcomings in current reimbursement methods and current public policy.

- On a policy level, we face barriers getting our patients into housing because there is a shortage of safe, affordable housing options and housing first programs. When basic needs, like housing, cannot be met, medical issues become exponentially harder to manage and improve.
- Interruptions in NJ Medicaid reimbursement and payment denials of legitimate Medicaid claims is a barrier that impairs Project H.O.P.E.'s ability to perform the vital function of delivering healthcare to a vulnerable population. Project H.O.P.E., like all other NJ FQHCs, operates with a limited fiscal margin. It is therefore imperative that Project H.O.P.E. receives timely and fair share payments from the State Medicaid agency for any Medicaid eligible visits.
- Communication becomes a barrier to continuity of care for patients who experience frequent changes to their telephone number and address.
- Social service programs like medication assistance need to be enhanced so that our patients, who often have complex conditions and multiple diagnoses, can get access to the pharmaceuticals they need.
- The greatest barrier we face as healthcare providers for the homeless is social stigma. The negative perception and stereotypes of the homeless population are pervasive, and create barriers to the support system that our patients need to enhance care. Outside providers in the healthcare system also have negatively stereotyped views of our providers, which limits the ability for Project H.O.P.E. to create the collaborations necessary to enhance the quality of care for our patients.

Project H.O.P.E. recognizes there are many challenges in addressing the health and well-being of the homeless population. In our experience, we have seen that collaboration and smart public policy together can improve the lives of our homeless population, and help them on the road to self-sufficiency.

Project H.O.P.E. December 17th 2013

* * *

Thank you for the opportunity to respond. Please do not hesitate to contact me by telephone or email if you have any questions or comments or if you require any clarification on the comments presented herein.

Patricia DeShields MSW, LSW, RN
CEO
Project H.O.P.E.

Testimony for March 25th Hearing

Page 1 of 1

Testimony for March 25th Hearing

Eileen O'Donnell [eodonnell@cominghomemiddlesex.org]

Sent: Friday, March 14, 2014 10:41 AM

To: Homeless Council

Greetings. Attached please find my testimony in the form of slides for the March 25th hearing. Please include me on the list of speakers.

Thank you,

Eileen

Eileen O'Donnell, J.D., MPP

Executive Director

Coming Home of Middlesex

County, Inc., **Creating a System to End Homelessness**

75 Bayard Street, 2nd Floor

New Brunswick, NJ 08901

732-745-3122

Email: eodonnell@cominghomemiddlesex.org

Website: www.cominghomemiddlesex.org

Facebook: <http://www.facebook.com/ComingHomeMC>



**Ending Homelessness
in Middlesex County**

**HOMES FOR
PEOPLE WHO
ARE HOMELESS**

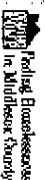
**March 14,
2014**

COMING HOME OF MIDDLESEX COUNTY, INC.

Creating a System to End Homelessness in Middlesex County, NJ

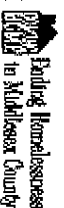
Nonprofit created by Middlesex County and UWCJ

**PROVIDE LEADERSHIP FOR IMPLEMENTATION
OF PLAN TO END HOMELESSNESS**



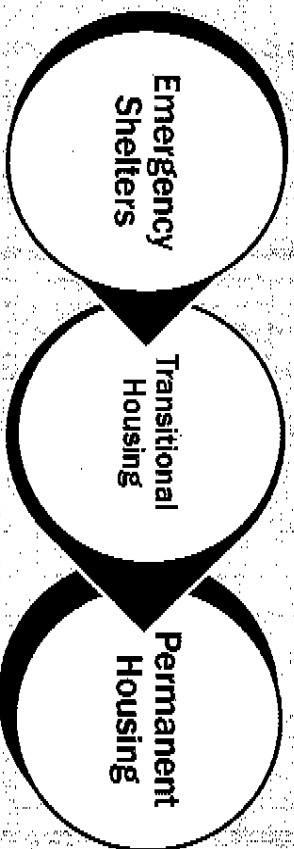
BEST PRACTICES

■ **Creating a system that involves, but goes beyond, the Continuum of Care (Coc)**



CONTINUUM OF CARE

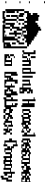
■ Transitioning away from this:



A lot of money spent on first 2 stages: Involves mostly service providers

2013 POINT-IN-TIME (PIT) RESULTS +

- Annual average of 1, 528 people homeless on given night
- Extrapolated to approximately 2,000 throughout course of year
- 13% of those are unsheltered
- Approx. 60% of unsheltered are long-term homeless



PERFORMANCE MEASURES

DELTA

☐ Emergency Shelter

ALOS Goal: 30 days

ALOS Actual: 72

Exit to PH Goal: 70%

Exit to PH Actual: 30%

☐ Transitional Housing

Discharge to PH Goal: 70%

Discharge to PH Actual: 49%

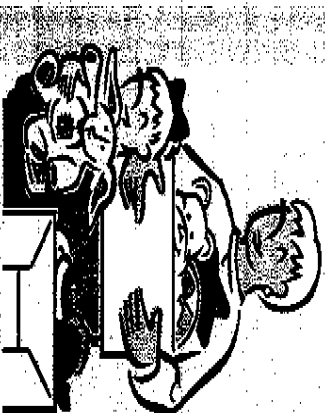
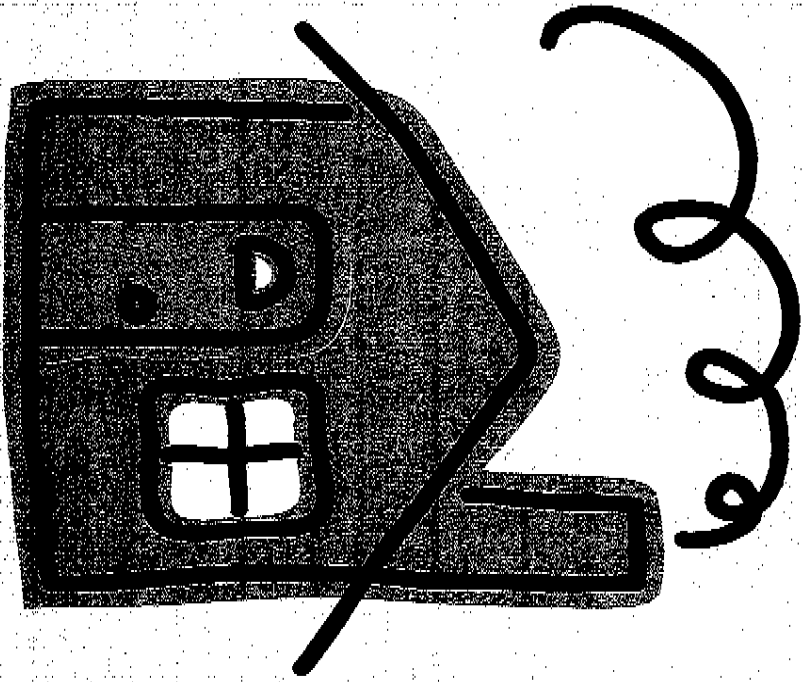
☐ Permanent Housing

LOS Goal: at least 1 year

LOS Actual: Not currently measured

HOUSING FIRST POLICY

■ For both Social Justice and Economic Efficiency
Reasons



Pulling Birmingham
Out of the
Shadows in Alabama County

SUPPORTIVE HOUSING

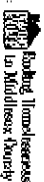
Affordable Housing

+

Access to Services

=

**Living with stability, autonomy
and dignity.**



COMPONENTS OF A SYSTEM

➤ **Parts**

➤ **Process**

➤ **Outcomes**

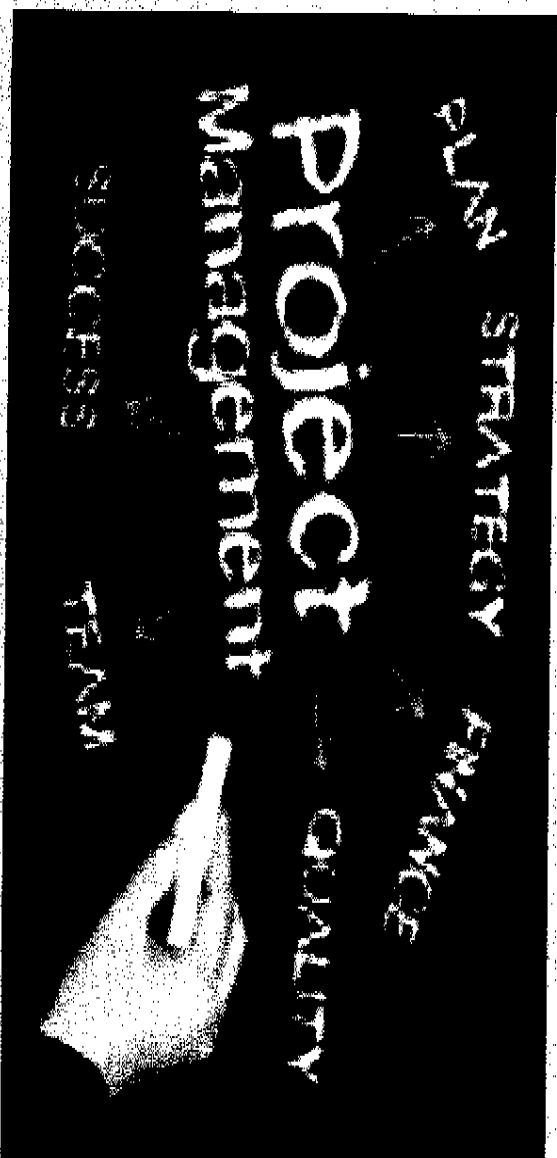
PARTS

- Service Providers – Continuum of Care
- Data: HMIS, PIT, Census, ACS, MC Needs Assessment
- Affordable Housing Developers
- Funders - \$\$\$\$
- Municipalities
- People who are homeless

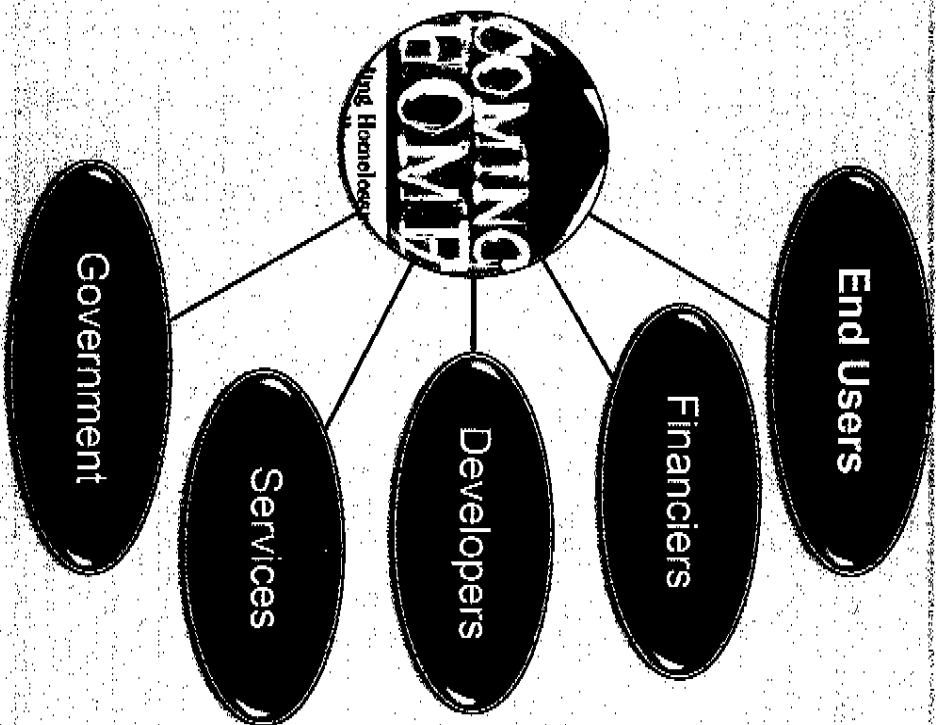


PROCESS

- Create a single process for the creation of affordable, permanent, supportive housing in Middlesex County
- Stakeholders/Constituents: Financiers, Developers, Service Providers, Municipalities



HOMES FOR THE HOMELESS: THE CONSTITUENCY MODEL



Coming Home's Activities:

- Sponsor projects
- Raise capital*
- Manage programs
- Allocate resources
- Advise constituents
- Gauge performance

* Coming Home will assist with identifying capital and working with funding sources. CHM will attempt to secure gap funding as well.



WORK TO DATE

■ Reconnaissance

■ All requirements gathering meetings are complete

■ Key players: HMFA, NJCC, and municipality meetings successful

■ Funding and collaboration with municipalities key drivers for developers

■ Funding for support dollars and rental subsidies identified as needed

■ Analysis of Data continues

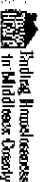
■ Direction

■ Identified two key project categories:

■ “Push” projects – CHM identifies a need in market and charters project

■ “Pull” projects – Constituent brings a project to CH

■ Sponsorship of New Projects

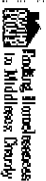


DIFFERENT THAN CONSTRUCTION OF AFFORDABLE HOUSING WITHOUT UNIFIED SYSTEM

- **WE ARE IDENTIFYING PARTICULAR NEED**
- **MATCHING RESOURCES TO PARTICULARIZED NEED**
- **MAXIMIZING EFFICIENCY IN PROCESS AND CONTROLLING COSTS, THEREBY INCREASING RETURN ON INVESTMENT**
- **CONTINUING EDUCATION PROCESS**

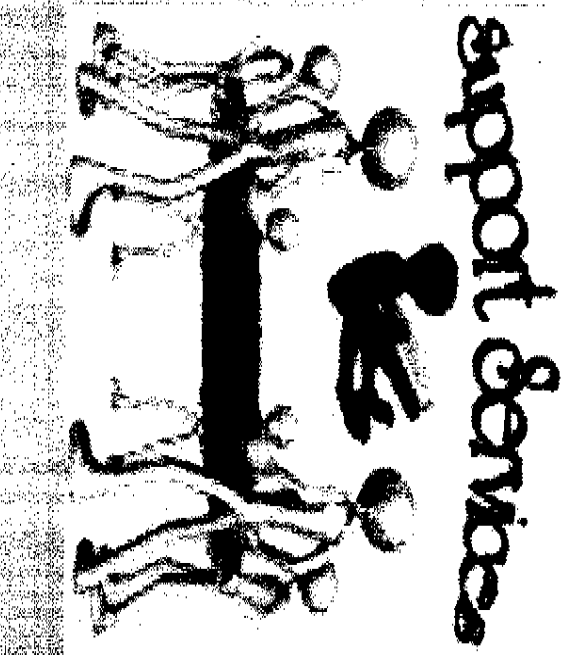
CREATION OF HOUSING UNITS

- **Two to three Projects a year**
- **New or Renovation**
- **Single or mixed-use**
- **Large or small**
- **Sources of \$\$\$\$\$\$ for capital projects:**
 - **Federal – Multiple**
 - **State – Multiple**
 - **County – Multiple**
 - **Municipality – Multiple**



SUPPORT SERVICES FUNDING

- Community-based case management (CM)
- Program does NOT work without it
- Perfect Opportunity for Private Funding
- Could redirect SSH funding ?



OUTCOMES

- For H4H: 1,2,3 projects a year; reduction in length of HLSNS; increase in exits to permanent housing
- For CM: Decrease in recidivism by > 10% each year; increase in job & income growth by 25% over 2 yrs.; increase in enrollment in entitlement and health care programs
- Ultimately both will reduce PIT count of homeless
- All can be measured using HMIS and PIT data

BUDGET

- Homes for the Homeless Program is essentially self-supporting through pre-development fee.
- The need is for downstream funding of community based case management.
- For a two-year period: Expenses = \$255,990 which includes CM costs of 14 households (HH) the first year and an additional 32 and cost of administration of downstream funding.

IMPEDIMENTS TO EFFICIENT USE OF RESOURCES TO END HOMELESSNESS

■ Too nuanced

➤ What's a disability?

➤ Adult v. child dependent

➤ Prevention: last v. first month's rent

■ Align funding programs with Housing First philosophy

Testimony Interagency Council on Homelessness from SHA

Page 1 of 1

Testimony Interagency Council on Homelessness from SHA

GAIL [levinson.gail@gmail.com]

Sent: Tuesday, March 25, 2014 9:58 AM

To: Homeless Council

Attachments: HomelessTestimonyFinalMar~1.docx (77 KB)

Gail Levinson, Director of the Supportive Housing Association of NJ (SHA) will be attending today's hearing to read this testimony.

Thank you

Gail Levinson

www.shanj.org

201 741 0755 (Cell Phone)



The Supportive Housing Association of New Jersey

March 25, 2014

Commissioner Velez, Commissioner Constable and members of the Interagency Council on Homelessness:

I am testifying on behalf of the Supportive Housing Association of NJ (SHA), a 16 year old membership organization representing housing developers and service providers all dedicated to creating permanent homes and providing supportive services for people with special needs so they can achieve stability and live successfully in communities across NJ.

The homeless population is one important constituency of the supportive housing community. Many of the developers who operate in NJ are interested in creating housing units for those in emergency situations. People who were formerly homeless are living successful lives through industry use of various HUD and DHS grants, through set asides and priorities in the state's LIHTC rounds and through the former and now depleted special needs housing trust fund. As a result of the Governor's recent decision to expand Medicaid to people of very low income we now have a way of providing community services to the homeless in meaningful ways.

Housing First programs have been very successful. Housing First takes the person where they are and provides them with housing. They can deal with their other issues as they are housed.

Officially there remain approximately 1,500 (2013 Point in Time Count) chronically homeless individuals who live on the sidewalks, in the shelters and in the train stations throughout NJ. They are psychiatrically and medically fragile and they use the emergency rooms as a safe haven and a warm place to stay for as long as the hospital staff will allow, at cost to NJ that is high, unnecessary and inappropriate.

The real tragedy is that the problem is fixable and we've known that for years. We know, for example, that by providing rental vouchers and quality supportive services at a cost of approximately \$65 a day, we can create housing stability for people. Instead we continue to spend our money on costly emergency rooms, long term care facilities, transitional housing and shelter services (except for the few that embrace and prepare for permanent housing), that do not end homelessness, but rather perpetuate it.

This is a story of investing, redirecting, achieving savings and eradicating chronic homelessness. Mercer County is trying hard to solve its homeless problem through these measures. Other Counties have implemented programs but there is no state policy yet to support these efforts. The Federal direction is clear as articulated in the Hearth legislation, but NJ continues to lag behind, with no designated funding to begin to move to permanent housing. We have no policy yet in NJ that seriously focuses on ending homelessness. What can be done?

1. **What are other states doing?** NY, our next-door neighbor, has initiated a Medicaid Redesign Program that invests state only dollars in housing and supports for its at risk population with a corresponding savings in Medicaid expenditures. After only one year Governor Cuomo has released information estimating a savings of over \$3 Billion. Someone in NJ needs to take a serious look at how NJ can adopt a similar policy and make it NJ specific. We have arranged meetings with NY and NJ leadership, we have sent letters (attached to this testimony) and we have written articles and no one has taken any interest in further exploring a problem solving solution that is being rolled out across the Hudson with dramatic results.

2. The population of 1,500 chronically homeless in NJ has no **designated state agency that is responsible** for it. These individuals are largely outside the public mental health system and can often be found on the streets, in shelters, in and out of prisons and can be tracked (As Dr. Brenner's Camden Health Coalition reminds us) through use of the emergency room system. **SHA believes in the capability and oversight of the DMHAS** that has the authority and the infrastructure to serve people with serious mental illness and substance abuse. These are the primary disabilities of the chronically homeless. If we are to make any headway, **the new definition of serious mental illness that is being adopted by the state must capture this very fragile population so that the Division can claim these people, and savings going forward can be measured by tracking reduced use of high cost hospital-based services through Medicaid data. We need a special focus to achieve this goal.**
3. Permanent supportive housing is the answer using a **Housing First model**. Counties are using their HUD vouchers for the chronically homeless but there will never be enough vouchers from only one source. Rental vouchers from DMHAS need to be set-aside for this population as state policy. New Medicaid supportive services must also be available. The need for engagement services must be paid for when working with the chronically homeless. Their apprehension about receiving services must be recognized and providers compensated for this difficult work. Adding a nurse to the team at our mental health agencies would be a great start to **address their complex medical and behavioral health needs** and should occur statewide.
4. **Health Homes as one strategy** – This relatively new federal Medicaid funding option is, as you know, a community structure that coordinates primary and acute physical health care, behavioral health intervention and long term community based services and supports for people with multiple chronic illnesses. It is being used in NY and other states as a way of creating community stability, health and wellness by coordinating and integrating care at the local level. The federal government will cover the cost of Health Homes for 2 years at a rate of 90% with additional reimbursement for implementation and planning. While we are pleased that NJ is adopting Health Homes, it is doing so on a pilot basis – one area at a time. Little savings and fewer lives will be aided with this approach that is too slow and too measured. NJ must be bolder if we are to truly achieve change and save lives.

Most importantly there must be a leader of this effort– without an entity directing the charge there are no followers in any organized way. While DHS may not control homeless dollars coming direct to the counties, it can be a powerful catalyst and coordinator through Medicaid expansion, by awarding RFPs to counties that adopt Housing First as a model, by working in conjunction with HMFA to award capital projects to developers working with CoCs that embrace Housing First, and by requesting an allocation of funds to staff up the effort.

In closing I want to relay a discussion I had at a holiday event this past Dec. I sat next to a physician who works at one of NJ's urban hospitals. She is an emergency room doctor. I asked about her work and she said that one of the saddest and most frustrating parts of her job is when homeless people come to the ER for services. Often they are treated even though she and her colleagues know that they come because they have no place to live and as a result have become medically fragile. This part of our system is clearly broken and in need of reform. The solutions are there, the numbers manageable and change needs to happen as soon as possible so that we can boast that we are ending chronic homelessness in NJ.

What a day that would be!!!!

Thank you. Gail Levinson, Director
Supportive Housing Association of NJ

29 Alden Street, Suite 1B, Cranford, NJ 07016; 908 931 1131 (P); www.shanj.org; Gail.Levinson@shanj.org

Interagency Council on Homelessness - Public Hearing

Richard Gober [richardgober@comcast.net]

Sent: Monday, March 24, 2014 1:52 PM

To: Homeless Council

Attachments: Interagency Council on Hom~1.doc (33 KB)

Please excuse the tardiness in getting the information to you. I have attached my information as well as have printed it below. I am currently out of the Country and not available to speak personally but I have asked a colleague to read it for me. Oh how I wish I could have attended personally. Maybe next time. If you have any questions please email me. I would also gladly call you back as well.

Richard Gober

Richard G. Gober
26 North Hillside Avenue
Ventnor, New Jersey 08406

24 March 2014

Re: Interagency Council on Homelessness –
public hearing

My name is Richard Gober and I am a Burlington County Real Estate Broker and investor. I am sorry that I am not here in person to speak today unfortunately I am out of the Country. However, I did not want to miss this opportunity to be heard on the issues that you are dealing with today. I could speak for hours on this subject but I will try to highlight a few issues that I believe need immediate attention.

I currently own 85 rental properties and have almost 100 tenants. I have been interacting with Welfare and low to moderate income families for over 46 years. I must honestly admit I know no one that has been doing this longer than I.

I have been fighting homelessness issues in Burlington County as a CEAS committee member for almost 30 years and unfortunately nothing ever seems to change. Letters to Governors, Legislators and Commissioners of Department of Human Services have fallen on deaf ears.

My first suggestion is to keep the horse in front of the cart. Want to reduce homelessness? There is a simple solution for many. We must first **start** concentrating our efforts to **KEEP** families from **BECOMING** homeless, not on finding them new housing. 95% of the homeless families in Burlington County that I deal with had their own home within the last 12 to 18 months.

I apologize for having to say this but in my humble opinion the current Welfare system is **BROKEN, BROKEN, BROKEN**. Moving families from motel to shelter and County to County at exorbitant costs, when they could be assisting them getting into permanent housing faster is wrong and counterproductive.

A homeless mother with a 6 month old son can walk into the Welfare Board tomorrow and almost immediately be placed into a one room motel, with no cooking facilities, located miles away from her family support and yet it will take at least 8 to 10 weeks to process that

same mother for approval to move into her own rental property if she is lucky enough to find a landlord willing to accept a TRA tenant. Sometimes this same mother will be stuck in the motel room for upwards of 12 to 18 months because she is told she must find a 1 bedroom rental for about \$750 to \$800 while landlords such as myself are sitting with 2 bedroom vacancies at \$900.00 a month. All the while, the New Jersey taxpayer is paying a \$1,400 to \$1,800+ figure per month for the motel room. Cape May County spent 6.2 million dollars and Ocean County 4.3 million housing families in Motels in 2012 alone. This is just 2 out of the 21 Counties.

It is not uncommon to receive a call from a prospective tenant who has been housed in a motel for over a year because she cannot find a single landlord willing to deal with the Welfare's broken TRA program. The landlords know from experience that payments can be delayed for months and payments cut off with absolutely no warning. I am personally owed over \$25,000 in rental payments as we speak with no insight as to when this money will be paid.

I hear over and over again from the Burlington County Welfare Director that they may not discuss a client with landlord for fear of breaching confidentiality. Simple, prepare a **"Disclosure form"** that a client can sign allowing their case worker to speak to the landlord so that needed issues can be expedited.

Until we allow welfare recipients to be weaned off the rolls there will be no major strides in the **"system"** as we currently know it. Landlords continue to evict tenants at the end of their TRA period only to start the motel / transitional housing vicious cycle all over again. We need rewards, not penalties. Welfare clients normally enter the job market at the bottom scale. In most cases the day the client gets the job, all financial cash benefits end! If we allowed them to keep 100% of their grant for three months, then 50% for six months and 25% for a year thereafter, there would be a chance for them to pull it together and become self-sufficient.

Thank you for giving me the opportunity to be heard today.

Respectfully,

Richard G. Gober
richardgober@comcast.net
609-822-8449



**TESTIMONY OF NEW JERSEY COALITION TO END HOMELESSNESS BEFORE
NEW JERSEY INTERAGENCY COUNCIL ON HOMELESSNESS**

Deb Ellis, Executive Director, debcoalition@gmail.com

March 25, 2014

Good afternoon. I'm Deb Ellis, the Executive Director of the NJ Coalition to End Homelessness, a statewide organization with the mission to eradicate homelessness in New Jersey through education and advocacy. The Coalition believes that homelessness can be ended if there is the determination to do so. The first step is for this Council to issue a 10 year plan that provides a uniform homelessness policy focusing on the evidence-based models of Housing First and Rapid Rehousing. We are one of only two states in the country without a statewide plan to end homelessness. Nor do we have a line item in our state budget for homelessness.

New Jersey is a state of contrasts: we have the third highest per capita income of any state in the country but we are also known for the tent cities where some of our homeless citizens live.¹ Caught in the squeeze between falling wages and rising rents, and perhaps denied assistance by their local Board of Social Services for "causing their own homelessness"² or not having a notarized letter explaining why they are homeless, some people have no alternative but makeshift tent cities – such as in Lakewood, Toms River, Camden, and Dover – just like the "Hoovervilles" of the Depression era.

The Coalition urges the State of New Jersey to create a homelessness policy aligned with the permanent housing focus of the Federal government, as embodied in HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing).

HEARTH has the goal of "returning those who become homeless to permanent housing in 30 days." In New Jersey, the current State-funded reimbursement system is focused on emergency shelter and transitional housing, with limited focus on a rapid return to permanent housing. Continuums of Care on the local level are required to move in the Federal direction, but current state funding doesn't support this. Without addressing these differences, counties and homeless providers in New Jersey will continue to be at odds with the Federal government and at a disadvantage in competing for Federal funds, which are focused on ending homelessness.

Housing First and Rapid Rehousing

We applaud the State for developing regulations on Housing First for providers licensed by DMHAS. But we call upon the State to develop funding mechanisms to support Housing First for the chronically homeless and Rapid Rehousing for those whose homelessness has been caused primarily by economic factors. Also, a strong safety net with adequate Emergency Shelter capacity is necessary as a feeder for the system of permanent housing that we support. To design a Housing First/Rapid Rehousing system, the Council does not need to look far: the

¹ "Welcome Home: The Rise of Tent Cities in the United States," National Law Center for Homeless & Poverty and Yale Law School, pp. 27- 34 (describing tent city in Lakewood, NJ) (March 2014).

² N.J.A.C. 10:90-6.1 (c)(3) provides that emergency assistance shall not be provided "when an adult EA applicant or recipient has caused his or her own homelessness"

Bergen County Housing, Health and Human Services Center is an excellent model for a Housing First program and Mercer County is a national model for Rapid Rehousing.

How does Housing First and Rapid Rehousing work? Housing First centers on providing homeless people with permanent housing quickly and then providing services as needed. What differentiates it from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. Housing First is philosophically different from many approaches now used which require homeless people to jump through hoops – such as obtaining sobriety or completing a temporary housing program. The Housing First model is based on the principle that lack of housing is the principal cause of homelessness and that once housed, people are able to address other issues in their lives such as substance abuse. The Bergen County Housing Center serves as a one-stop location and single point of entry for individuals to receive a wide range of services, from temporary shelter to housing placement and support. It collaborates with many community partners, including the Housing Authority of Bergen County and Christ Church Community Development Corporation. Housing First has been endorsed as a best practice by the US Interagency Council on Homelessness in ending chronic homelessness and has been identified as a top priority for HUD.

Rapid Rehousing -- an intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing -- is being used effectively in Mercer County. Rapid re-housing assistance is offered without preconditions and has three core components:

- 1) housing identification;
- 2) financial rent and move-in assistance;
- 3) rapid rehousing and case management and services.

“Report to the Community” by the Mercer Alliance to End Homelessness³ documents the success of Rapid Rehousing in Mercer, where since 2010, **359 families were rehoused in permanent homes in an average time of 64 days, compared to 339 days under the old system.**

Moreover, Rapid Rehousing is a cost-effective measure. Instead of spending taxpayer dollars on expensive motels or shelters, families are given assistance with their rent. The Mercer Alliance report shows that the cost of shelter was \$125/night, transitional housing \$84/night, and Rapid Rehousing Temporary Rental Assistance with wrap around services was only \$50/night.⁴ In contrast, many counties in New Jersey are wasting valuable taxpayer dollars spending money on expensive motels. Imagine trying to cook a healthy meal or supervise your children's homework in a small motel room. We can – and must – do better.

Build Affordable Housing

Housing in New Jersey is increasingly unaffordable; it is the fourth most expensive place in the nation to rent a two-bedroom apartment.⁵ Housing has become even scarcer and more expensive due to the loss of housing from Superstorm Sandy. Thus, it is critical to build more affordable housing through vigorous enforcement of New Jersey's Fair Housing Act and Mount Laurel Doctrine, through Sandy Funding, and replenishment of the Special Needs Trust Fund.

³ Report to the Community <http://www.merceralliance.org/pdf/MATEH-2013.pdf>

⁴ Report to the Community, Mercer Alliance, p. 11.

⁵ Out of Reach 2014, Housing and Community Development Network of New Jersey, http://www.hcdnnj.org/index.php?option=com_content&view=article&id=577:out-of-reach&catid=21:policy-main&Itemid=125.

Super Storm Sandy Funding: The billions of dollars in federal CDBG-DR funds appropriated for the Sandy recovery effort come with a concomitant obligation to affirmatively further fair housing (AFFH). The state must aggressively pursue this mandate, to insure that segregated housing patterns and exclusionary housing practices in many of the areas most affected by the storm – practices which have greatly contributed to the problem of homelessness – are addressed and remedied through the rebuilding process. The Sandy recovery must result in the creation of inclusionary communities, not the perpetuation of exclusionary ones.

Special Needs Trust Fund: It is imperative that New Jersey replenish the Special Needs Housing Trust Fund as soon as possible. Started by a bond issue under then Governor Richard Cody, the \$200M fund has allowed for the building of permanent homes for approximately 1,800 people with special needs including the homeless, people with developmental disabilities, persons living with mental illness and physical challenges. The chronically homeless should be a prioritized population as the state seeks a new permanent source for this fund.

Repair Gaps in Safety Net

Large gaps in NJ's "safety net" leads to people living in tents or motels instead of getting assistance to find permanent housing. Only three categories of households are entitled to state and federally funded emergency shelter assistance (EA). The three categories are families with children eligible to receive Temporary Assistance for Needy Families (TANF); adults without children eligible for General Assistance (GA); and disabled people or seniors receiving Supplemental Security Income (SSI). Thousands of TANF, GA and SSI households throughout NJ are able to avoid homelessness, or, if homeless to obtain shelter, because of EA. All other homeless or imminently-homeless households have no such entitlement to EA. These include lower-wage workers, people receiving Social Security Disability or retirement benefits, those on unemployment, and others struggling to keep a roof over their heads. These households compete for a limited amount of generally short-term help, often as little as a week. Others are referred to charitable groups. Many are unable to obtain any help at all. Some end up living in cars or tents. In order to make Rapid Rehousing work, the state must determine how to provide emergency shelter assistance to the population that is not now eligible for welfare. And to retain permanent homes, this group of people may need shallow subsidies and case management to find housing that they can truly afford and to make sure they are accessing all available benefits.

Eliminate the regulatory disqualifier of "causing their own homelessness"—This disqualifier contained at N.J.A.C. 10:90-6.1(c)(3), is punitive and unnecessary. In particular, it punishes children in families where an adult member is deemed to have caused their homelessness, as the whole family is penalized. This broad punitive language vests too much discretion in individual staff at Boards of Social Services and is inconsistent with the Housing First philosophy.

Rethinking Emergency Assistance (EA): We urge DFD to establish a Rapid Rehousing rate, within the framework of existing Emergency Assistance regulations, to give all counties a tool for funding case management in Rapid Rehousing programs. The tool for funding short-term rental assistance already exists under EA. Based on the experience of Mercer County, the rates could be set at \$25 per day for case management and \$25 per day for rental assistance. This

would be a permissive, rather than mandatory approach, so that those counties that wish to continue longer-term transitional housing may still do so.

Expand EA or Create a New Program: The state should create a new program, or expand an existing one, for the purpose of providing emergency shelter assistance to the “gap” populations outlined above, not just TANF, GA, or SSI recipients.

Require that Boards of Social Services make timely payments: This issue causes landlords to refuse continuation of leases and making any new ones with EA as source of payment. While legally they cannot refuse to rent due to source of payment, they can if they are not being paid.

Increase Access to and Funding for Supportive Housing

The testimony by the Supportive Housing Association of New Jersey (SHA) sets forth in more detail recommendations for creating permanent homes and providing supportive services to homeless people with special needs, recommendations that we endorse.

State Rental Assistance Program (SRAP) – We call upon the State to increase the amount of State Rental Assistance Vouchers (SRAPs), which are critically needed in order for supportive housing to be successful. To end chronic homelessness, the State should raise the proportion of SRAPs devoted to the population living on very limited disability payments. We recommend that vouchers returned to the Department of Community Affairs be prioritized for this purpose. The State also should prioritize speeding up the approval process for SRAPs, so that they can be used for those who are homeless, without causing them added months of homelessness once they have been identified.

Medicaid & Supportive Housing: Medicaid billing for services in supportive housing should be expanded beyond DMHAS-contracted providers so that all homeless services providers can bill Medicaid.

Securing Disability Benefits: We recommend that to secure SSI/SSDI benefits for homeless individuals, (which can increase their access to housing), the State adopt the best practice model of SOAR: Social Security Outreach, Access and Recovery. Instituting pilot programs in each county and a performance-based payment for these services will ensure that the disabled, chronically homeless will get these benefits as quickly and effectively as possible.

Conclusion

Comprehensive efforts to reduce and end current homelessness must also recognize that identifying ways to prevent future homelessness is equally critical. Understanding that homelessness is correlated with a lack of affordable housing and that it is caused by many factors, including economic, social, medical, psychological and physical (and very often multiple causes), means that we must all work together to address the contributing causes. Improving educational systems to increase student’s skill levels so employment options are broadened; intervening earlier and providing more accessible mental and behavioral health plus addictions services; offering alternatives to incarceration; improving access to public transportation and affordable housing; improved availability of family therapy and domestic violence counseling; and a wide range of other improvements in our State’s delivery of services to its residents – are all needed to address the persistent crisis of homelessness that plagues our State.