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Michelle Williams, VISTA
Funders:

The Mercer Alliance is blessed to have wonderfully supportive funders. We list our institutional partners and also our friends in the community who have contributed substantially during the last four years.

Further, we express our deep appreciation for the government entities that have contracted with the Mercer Alliance: The City of Trenton, the County of Mercer, the Internal Revenue Service and the Mercer County Board of Social Services. We also celebrate the great work of the local Social Security Administration office in partnering with our Alliance.

We thank ETS for sponsoring the launch event for this report and Janssen Pharmaceuticals for printing it.

We salute two firms that have contributed their expertise to the Alliance: Princeton Partners, who created a logo and brand that has lasted for nine years, and Taft and Partners who designed and made possible our reports of 2009 and 2013.

Bank of America
Borden Foundation
Bristol Myers Squibb
Bunbury Company
Butler Family Fund
Capital Health System
Catholic Charities – Trenton
CSH
Emet Realty / Escher Street SRO
ETE
Exxon-Mobil
Fox Rothschild LLP
Fund for New Jersey
Greater Trenton Behavioral Health Care
Gund Fund
Harbourton & Piper Sutton

Foundations
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Janssen Pharmaceutical Services
JP Morgan Chase Foundation
Lawrence Township Community Foundation
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New Jersey Manufacturers Bank
Nicholson Foundation
Novo Nordisk
PNC Bank
Princeton Area Community Foundation
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Provident Bank

PSE&G
Roma Bank
Rue Foundation
RWJ Foundation Employees
Shiloh Baptist Church
Sovereign Bank
St. Francis Medical Center
Taft and Partners
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United Way of Greater Mercer County
Unitarian Universalist Association of Princeton
Van Ameringen Foundation
Wells Fargo Bank

The Mercer Alliance salutes our key community donors:

Jacquelin Alberts and James Fearon
Donald Barb & Rev. Bruce Davidson
Dr. James & Carolyn Barnshaw
Marygrace & Mitchell Billek
Frank & Pamela Cirillo
Mara Connolly & Pete Taft

Jonathan & Jenny Crumiller
Dr. Clifford & Irene Goldman
Drs. Robert & Ruth Goldston
Katherine Hatton & Richard Bilotti
Dr. Elliott Levy & Meryll Belfor
James Lytle & Christine Stephenson

Dennis & Donna Micai
William Jr. & Ashley Rue
Drs. Eldar Shafir & Anastasia Mann
Thomas & Janice Sullivan
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Executive Summary

The Mercer Alliance to End Homelessness was born from the transformational idea that homelessness could be ended and that one organization in the community had to be responsible for overseeing our collective effort.

To understand our Alliance’s achievement, it is important to know what we mean when we say we can end homelessness. It does not mean that no one will ever become homeless. It means that the Mercer Alliance has found a way to get people who have been homeless into a home of their own, with a lease signed in their name. It means that we have organized funding so that they can receive services that help them remain stably housed. The success of our Alliance can be measured by the hundreds of formerly homeless people who, because of this rehousing approach, remain stable in their new homes. Once stabilized, they again become contributing members of society — as family members, as volunteers, as tax-payers, instead of being the drain on public resources they were when homeless.

Our single-minded focus came about because more than 150 community stakeholders determined in 2002-03 that an organization had to be developed in Mercer County to get people into homes they could afford to stay in. So the Mercer Alliance to End Homelessness was launched in 2004. The uniqueness of the Alliance was signaled in the make-up of its Board of Directors. Its members would include government officials, non-profit service providers, housing developers, policy experts and members of the faith and business communities. There is no other table in Mercer County where all these perspectives come together. This diversity has allowed the Alliance to develop a widespread consensus for ending homelessness and to nurture the relationships needed to move the solutions forward.

The direct services to the individuals experiencing homelessness are ably done by our non-profit providers, many of whom serve on the Alliance’s Board of Directors. The Alliance role is to research best practices on ending end homelessness, create local adaptations, be the forum where these ideas are discussed, identify funding sources and analyze data to measure the success of new program models.

In our 2009 report, “A New Direction for Ending Homelessness in Mercer County,” we presented a community consensus on moving from what had been primarily a sheltering model to a rehousing model. The system’s goal would be to return people to permanent homes as quickly as possible. Since then, the Federal Government, in the HEARTH Act, has challenged communities to not allow anyone’s homelessness to go on longer than 30 days.

The 2009 report identified that the majority of public resources spent on those who were homeless went to shelter individuals and families, coming through the Mercer County Board of Social Services. In that report, we identified alternative program models that rapidly housed families and individuals in permanent homes in the community.

This 2013 report updates the community on our success. Through the leadership of our Alliance over the past four years, Mercer County has changed how services to the homeless in our community are delivered. The Board of Social Services is now at the center of the new rapid rehousing model. Over $12 million in government funding has been directed to the implementation of our new direction.

HEARTH ACT

One of the major drivers of the Alliance’s work over the last four years has been the federal HEARTH Act, which stands for “Homeless Emergency Assistance and Rapid Transition to Housing.” It asks communities to:

- Reduce New Episodes of Homelessness
- Reduce Returns to Homelessness
- Reduce Length of Homelessness to no more than 30 days
Testing the Housing Models

The 2009 report gave the rationale for a new model of ending homelessness, known as Housing First (for individuals) or Rapid Rehousing (for families). Though they have different names, the two programs share one underlying philosophy. The shelter-based system offered a slow, continuum of services, and was based on the premise that individuals and families had to prove that they were ready to be rehoused, on the basis of having developed pro-social behaviors and given up less desirable behaviors.

Housing First Success

Since 2008: 132 individuals, with an average time being homeless of over three years, have moved into their own apartments.

Only 2 have returned to homelessness.

This is a success rate of 98.5%.

The rehousing system does not assume that people who have become homeless need to be changed before they move into homes. Rather, housing provides them with the stability they need, so they can attain peace of mind and security. They can then set goals with their case managers and take advantage of the support services available to them.

The present report reviews the success of the rehousing system. When both individuals and families were given the opportunity to have a home, they embraced it.

In the case of individuals, they would no longer need to find a place to sleep every night, no longer fear losing their meager belongings and no longer have the daily stress of protecting themselves. Once stabilized in a home, they would begin to deal with their mental health and addiction problems.
Housing First for Individuals

When Housing First was piloted in 2008, we did not know if individuals who had lived on the street for many years would remain in permanent housing.

We now know that with the right program and supports the answer is a resounding yes. To date: 132 individuals have been successfully housed and only 2 people have returned to homelessness. This is a success rate of 98.5%. We also now know that for individuals with significant medical problems a 50% reduction in hospital emergency room and inpatient use occurs. This results in savings of over $7,500 for each person in this medically fragile cohort.

Rapid Rehousing for Families

We did not know whether families would be able to quickly move to a temporarily subsidized apartment where they would remain with their children. With case management support, would they enter or re-enter the work force and be able to maintain the apartment on their own?

We now know that with the right program and support they answer is yes. To date: 359 families have moved to their own apartments. The length of time they spent being homeless was an average of 54 days, compared to 339 days under the older model of Emergency Shelter and Transitional Housing stays. Initially they received subsidies; within months, most were able to support themselves with a job. 94% of those rehoused have not become homeless again. Put another way, the recidivism rate from Rapid Rehousing is 6%.

In the last 4 years, the system to deal with family homelessness has been transformed. Now, all families have the opportunity to move to an apartment from their initial shelter within 60 days. We believe, along with the Federal government, that the time can be even shorter and have created a new goal of 30 days to find an apartment. The quicker a family can be in what they know will be a permanent home, the quicker they can stabilize and move forward.

The approach of providing an apartment and job coaching for families is about half as expensive as providing shelter or transitional housing. Because families have moved more quickly into rental homes in the community, there have been significant declines in the lengths of stay in both Emergency Shelter (24%) and Transitional Housing (37%). Because of those declines, on any given day, there were 20% fewer homeless families in Mercer County overall. As a result of Rapid Rehousing’s success, Transitional Housing for families is being phased out in 2013.

Recognizing Mercer’s success, national foundations have begun to take an interest. The Butler Family Fund funded the Alliance to advocate for spreading Rapid Rehousing throughout New Jersey. To that end, a statewide conference, co-sponsored with Monarch Housing, was held in May, 2013. Recently, the Bill and Melinda Gates Foundation brokered conversations between the Mercer Alliance and the State of Washington, which influenced Washington to adopt the Mercer model of Rapid Rehousing.

Rapid Rehousing Success

Since 2010:
- 359 families were rehoused in permanent homes in an average time of 54 days, compared to 339 days under the old system.
- Only 6% have become homeless again.
- This is a success rate of 94%.
The Safety Net

We remain committed to preventing homelessness and have developed several targeted approaches that have proven effective. We know, however, that we cannot fully prevent people from becoming homeless. There will always be emergencies in the lives of individuals and families, whether caused by job loss, illness, the breakup of a relationship or a death. That is why we need a strong safety net with the capacity to shelter individuals and families when they become homeless. Our shelters need to be funded adequately to provide for the security and immediate needs of all those who find themselves in an emergency and have lost a place to live.

Preventing Homelessness

Our targeted prevention and income support programs include SOAR (SSI/SSDI Outreach, Access and Recovery — a model of the Substance Abuse and Mental Health Services Administration of the Federal Government), a Representative Payee program and EITC (Earned Income Tax Credit).

SOAR increases income for homeless, disabled individuals from $210 per month (state benefit) to $710 per month (federal benefit). This increased income gives recipients a chance to afford housing in single-room occupancy dwellings. It also greatly benefits New Jersey’s budget by shifting the cost from the state to the Federal Government.

The Representative Payee Program helps those who cannot manage their income do so and thereby remain in the housing that they pay for through that increased federal benefit.

EITC is a successful federal and state income support program for low-income working people. In 2013, Mercer Alliance-trained volunteers completed 1423 free tax returns for households with average incomes of $21,500 and enabled those households to collect over $2 million dollars in refunds. The Alliance has been leading this effective program since 2005 and will continue to do so.
The Past Four Years

Our Alliance has made a great deal of progress in the last four years. We have identified and funded successful program models, such as Housing First, Rapid Rehousing and SOAR. We have shown that they are cost effective and work to end homelessness. For our innovation of placing the local welfare agency at the center of the system, we have been recognized as national leaders in ending family homelessness. We lobbied for and helped to pass a Mercer County Homeless Trust Fund, a new source of funds that will pay for targeted prevention and permanent housing solutions. With staff support from the Mercer Alliance, the Trenton/ Mercer County Continuum of Care, the decision-making body that applies for federal homelessness funds, went through a major reorganization. The focus is on funding programs that end homelessness rapidly through permanent housing solutions.

Challenges Remain

To end homelessness in Mercer County, we need the state of New Jersey to adopt and fund a rehousing system.

- **Housing First**: Currently, our ability to get chronically homeless people into apartments with services that they will need permanently is constrained by the amount of funding that we patch together through a mix of private (United Way of Greater Mercer County) and public (local, state, and Federal) sources. We believe that there needs to be a single, reliable funding source for ending chronic homelessness through Housing First and that such a source can be found through state government, especially in the expansion of Medicaid.

- **Rapid Rehousing**: To rehouse families effectively and provide them with temporary case management services as they move out of homelessness, we need the state to establish a Rapid Rehousing daily rate, which we believe to be possible under current regulations.

In short, we need state policy to become compatible with federal policy priorities. The Alliance will continue to strongly advocate for this approach.

Going forward, a strong Mercer Alliance is needed to continually seek solutions for preventing and ending homelessness. A strong Alliance can focus community attention on specific populations whose homelessness can be prevented. A strong Alliance can focus attention on sub-groups of the single homeless population and their needs. A strong Alliance can continue to assure that everyone who becomes homeless moves as rapidly as possible into permanent housing with appropriate services and receives income either from disability benefits or stable employment.

We thank all our partners — government, non-profit, faith-based, philanthropic and business — who have participated in implementing and supporting the new direction for ending homelessness in Mercer County. We stand by the founding slogan of our Alliance to End Homelessness:

“We Can! We Must! We Will.”
2. Homelessness in Mercer County (2012)

In Mercer County, 323 families with 529 children were homeless in 2012

**Demographic Snapshot**

<table>
<thead>
<tr>
<th>Category</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age Head of Household</td>
<td>25 years old</td>
</tr>
<tr>
<td>Average Age of Child in Household</td>
<td>5 years old</td>
</tr>
<tr>
<td>Employed at Entry</td>
<td>11% (35 families)</td>
</tr>
<tr>
<td>Disabling Condition</td>
<td>9% (30 families)</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>12% (38 families)</td>
</tr>
<tr>
<td>Homeless Duration 30 Days or less</td>
<td>50% (160 families)</td>
</tr>
<tr>
<td>Average family income</td>
<td>$551 per month</td>
</tr>
</tbody>
</table>

In Mercer County, 1831 individuals were homeless in 2012

**Demographic Snapshot**

<table>
<thead>
<tr>
<th>Category</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>80% Male 20% Female</td>
</tr>
<tr>
<td>Average Age</td>
<td>45 Years</td>
</tr>
<tr>
<td>Veterans Status</td>
<td>9.5% (171 persons)</td>
</tr>
<tr>
<td>Employed at Entry</td>
<td>4% (68 persons)</td>
</tr>
<tr>
<td>Disabling Condition</td>
<td>51% (893 persons)</td>
</tr>
<tr>
<td>Chronically Homeless</td>
<td>26% (459 persons)</td>
</tr>
<tr>
<td>Homeless Duration 30 days or less</td>
<td>51% (910 persons)</td>
</tr>
</tbody>
</table>

Sources:
Homeless Management Information System
2012 Point in Time Count of the Homeless (Unsheltered Count)

What We Learned from This Data

- 50% of all homeless episodes in Mercer County in 2012 lasted less than one month, suggesting that these individuals & families resolved the problem that led to their becoming homeless.
- That leaves 1077 individuals/households requiring a permanent housing solution.
Populations Experiencing Homelessness

- Single Parent Families
- Survivors of Domestic Violence
- Youth/Foster Care
- Low-Wage Workers
- Foreclosure
- Ex-Offenders
- War Veterans

Chronic

Potential

Executive Summary

Next Steps for Ending Homelessness

MERGER ALLIANCE TO END HOMELESSNESS
3. Ending Family Homelessness

For the great majority of families that experience homelessness, it is a brief and unfortunate episode in their lives, largely caused by economic hardship. Such families may have other issues — poor credit histories, lack of education and training or domestic violence. But these can be best addressed in the context of living in a permanent home in the community, with a lease in one’s own name and a motivation to keep that new home together for the family.

Rapid Rehousing seeks to meet the following common sense and public policy goals, which are consistent with the goals of the federal HEARTH Act.

- Limit the time the family spends being homeless before being rehoused.
- Increase the family’s income.
- Prevent families from returning to homelessness.

From Successful Pilots to System

Mercer County now has the capacity to rapidly rehouse all families that become homeless. We got to this point through the active involvement of The Mercer Alliance in supporting a series of Rapid Rehousing pilot programs from January, 2010 – April, 2013, in which two community-based providers, HomeFront and Catholic Charities, and the Mercer County Board of Social Services participated.

In the three year period, 359 households moved, within an average of 54 days, into permanent housing. This compares to the 339 days that they would have been homeless under the old system. Ninety-four percent of those who were rapidly rehoused have not become homeless again, which is a recidivism rate of 6%.

The Mercer Alliance designed Mercer County’s Rapid Rehousing program and organized its funding. The Alliance:

- Compiles the data and analyzing the results.
- Provides ongoing technical assistance and training to the agencies that offer the program.
- Monitors the program for its funders: the County of Mercer, the City of Trenton and the Mercer County Board of Social Services.
- Ensures overall program quality.

The 6% recidivism rate achieved in Mercer County is comparable to the success rates in Columbus, OH and Minneapolis, MN, where the rapid rehousing concept originated.
In its role as system monitor for the COC, the Mercer Alliance compared the outcomes of Rapid Rehousing to those of Transitional Housing for families.

### Comparing Rapid Re-Housing to Transitional Housing

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Per diem Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter (homeless)</td>
<td>$125.00</td>
</tr>
<tr>
<td>Transitional Housing (homeless)</td>
<td>$84.00</td>
</tr>
<tr>
<td>TRA &amp; Wrap around services in Rapid Re-housing</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

Analyzing this data, it became clear that Transitional Housing was not meeting the standards set by HEARTH for progress toward ending homelessness. The Trenton/Mercer COC therefore determined to phase out Transitional Housing for families by the end of June, 2013.

An important consideration for system-planners is the cost of various approaches. When the idea of Rapid Rehousing for families was first introduced, the Mercer Alliance anticipated cost savings, which have been borne out.

The rapid rehousing of families from Emergency Shelter (ES) and Transitional Housing (TH) lowered the lengths of stay in those programs. Mercer’s Homeless Management Information System showed a 27% decrease in ES and 34% decrease in TH from January, 2010 to June, 2012. Because of these declines, we calculated that on any given day over the course of that period, there were 20% fewer families that were homeless.

While the new approach has already saved public funds, the complete system change promises even more savings going forward. With the phasing out of Transitional Housing for families by the end of June, 2013, we can expect substantial future savings on this order:

When housing location is further streamlined and the length of stay in shelter approaches the goal of 30 days, even greater savings will be realized in the future.
The Rapid Rehousing Case Management Model

While families are in emergency shelter, they work with their Rapid Rehousing case manager to choose the neighborhood and the kind of home they need. Case managers work with the participant and the landlord to negotiate a reasonable rent. The rent is set at a level that the household will be able to sustain with the job that the head of household is likely to get. The case management team includes an employment specialist, who works with each head of household to pursue the most suitable job. The team works with participants on any barriers that may stand in the way of their becoming self-sustaining and referrals are made to existing services in the community.

Rapid Re-Housing Will Decrease Public Assistance per family by 50%

<table>
<thead>
<tr>
<th>Old System: Emergency Shelter to Transitional Housing</th>
<th>New System: Rapid Re-housing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
<td><strong>Service</strong></td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Rate per Day</td>
<td>Rate per day</td>
</tr>
<tr>
<td>$125</td>
<td>$125</td>
</tr>
<tr>
<td>Average LOS</td>
<td>Average LOS</td>
</tr>
<tr>
<td>87 Days</td>
<td>54 Days</td>
</tr>
<tr>
<td>Cost per Family</td>
<td>Cost per Family</td>
</tr>
<tr>
<td>$10,875</td>
<td>$6,750</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>Rapid Re-Housing</td>
</tr>
<tr>
<td>Rate per Day</td>
<td>Rate per day</td>
</tr>
<tr>
<td>$84</td>
<td>$50</td>
</tr>
<tr>
<td>Average LOS</td>
<td>Average LOS</td>
</tr>
<tr>
<td>253 Days</td>
<td>189</td>
</tr>
<tr>
<td>Cost per Family</td>
<td>Cost per Family</td>
</tr>
<tr>
<td>$21,252</td>
<td>$9,450</td>
</tr>
<tr>
<td>Total Average cost per Family</td>
<td>Total Average Cost per Family</td>
</tr>
<tr>
<td>$32,167</td>
<td>$16,200</td>
</tr>
</tbody>
</table>
What Jobs Do RRH Participants Take?

<table>
<thead>
<tr>
<th>Job</th>
<th>Hourly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service/Assembly Line</td>
<td>$20.20/hr.</td>
</tr>
<tr>
<td>Client Services</td>
<td>$18.93/hr.</td>
</tr>
<tr>
<td>Certified Nurse Assistant</td>
<td>$15.25/hr.</td>
</tr>
<tr>
<td>Clerical</td>
<td>$14.33/hr.</td>
</tr>
<tr>
<td>Bus Driver</td>
<td>$14.00/hr.</td>
</tr>
<tr>
<td>Customer Service</td>
<td>$12.00/hr.</td>
</tr>
<tr>
<td>Supervisor</td>
<td>$12.00/hr.</td>
</tr>
<tr>
<td>Customer Service</td>
<td>$11.67/hr.</td>
</tr>
<tr>
<td>Patient Care Tech</td>
<td>$10.40/hr.</td>
</tr>
<tr>
<td>Security Guard</td>
<td>$10.00/hr.</td>
</tr>
<tr>
<td>Transport</td>
<td>$10.00/hr.</td>
</tr>
<tr>
<td>Assembly Line</td>
<td>$9.60/hr.</td>
</tr>
<tr>
<td>Visual Merchandiser</td>
<td>$9.50/hr.</td>
</tr>
<tr>
<td>Cashier</td>
<td>$8.50/hr.</td>
</tr>
<tr>
<td>Kitchen Aide</td>
<td>$8.25/hr.</td>
</tr>
<tr>
<td>Cashier</td>
<td>$8.25/hr.</td>
</tr>
<tr>
<td>Cashier</td>
<td>$8.00/hr.</td>
</tr>
<tr>
<td>Sales</td>
<td>$8.00/hr.</td>
</tr>
<tr>
<td>Room Service</td>
<td>$8.00/hr.</td>
</tr>
<tr>
<td>Cashier</td>
<td>$7.50/hr.</td>
</tr>
<tr>
<td>Child Care Provider</td>
<td>$7.50/hr.</td>
</tr>
<tr>
<td>Secretary</td>
<td>$7.50/hr.</td>
</tr>
<tr>
<td>Maid</td>
<td>$7.25/hr.</td>
</tr>
<tr>
<td>Customer Service/Stocking</td>
<td>$7.25/hr.</td>
</tr>
</tbody>
</table>

The Board of Social Services provides each family a TRA — temporary rental assistance — through the State’s Emergency Assistance Program, which averages $750 per month. Case management for those on Temporary Assistance to Needy Families (TANF) has been paid by a match between County funds (Social Services to the Homeless) and State funds. For those who do not qualify for welfare, case management services are paid for through HUD funds.
Why is the Rapid Rehousing Model Effective?

First and foremost, the lease is in the family’s own name. From the time they move in, the families are no longer homeless, which can have a significant impact on their attitudes and behavior. New Jersey allows eligible families to receive Temporary Rental Assistance for up to 24 months. Yet in the first year of the program, the average length of such assistance was 12 months, and, by 2012, that had dropped to less than six months. As the economy improves, it is getting even shorter.

The case management model encourages participating families to be active in solving their own problems. Participants sign a contract with the provider laying out their responsibilities to the program. Some families leave the program early because they do not want to be challenged in this way and instead return to relatives or to domestic partners. But we have found that over 80% persevere and take advantage of what the program offers, because of their desire to be independent and successful.

The final factor to highlight is the issue of timing. Because families are rapidly rehoused, they are not broken down by a prolonged period of homelessness.

Rapid Exit — Mercer County Board of Social Services

Special mention must be made of the role of the Board of Social Services in Mercer’s Rapid Rehousing story. As the point of entry for participants and as the funder of rental assistance, the Board is integral to the rehousing system. The Board sought the Alliance’s help in redesigning its Family Services unit, so that they could deliver a Rapid Rehousing program. The Board’s initiative, known as Rapid Exit, includes nine social workers, each of whom has a case load of 25. They work to assure that each family’s homeless episode is soon ended and that the families are stably rehoused and reemployed.

From a system perspective, this initiative represents no new dollars! All the workers involved in Rapid Exit were already on the payroll of the Board.

What is most significant about this from a system design perspective is that this initiative represents no new dollars! All the workers involved in the Rapid Rehousing effort were already on the payroll of the Board. The fact that some Board of Social Service staff members are co-located with the Mercer County One-Stop Career Center helps coordination of job-finding services, which are essential to the family’s moving rapidly to self-sufficiency.

The approach that the Alliance and the Board have taken was featured by the National Alliance to End Homelessness in its series “Promising Strategies.” The model was written up in an “Information Memo” for welfare agencies by the federal Department of Health and Human Services. Both the National Alliance and HHS invited the Mercer Alliance to present the Mercer model on webinars to national audiences.

Recognition has also come from the Bill and Melinda Gates Foundation, which brought the Alliance to Washington State to help convince that state to move forward with Rapid Rehousing (the advocacy effort succeeded!) and by the Butler Family Fund, which helped the Alliance to spread the Rapid Rehousing model throughout New Jersey, culminating in a statewide conference co-organized with our partner, Monarch Housing Associates, in May, 2013.
4. Ending Individual Homelessness

The challenges of ending individual homelessness are far greater than those pertaining to families. There were 1831 homeless individuals in 2012, over five times the number of family households. The system lacks the capacity we have developed for families -- immediate screening and assessment for all who become homeless. The system also lacks defined funding streams for individuals that we have tapped for families. Here are the main groupings among individuals.

- **Short-term:** Half of the individuals who become homeless in Mercer County are no longer homeless within 30 days. Using the existing safety net, their homeless episode is resolved with minimal intervention. Those who remain homeless for longer than 30 days need an intervention that focuses on employment and rapid re-housing.

- **Episodic:** Those who experience multiple episodes of homelessness have diverse issues that need to be addressed. Assessment will determine their readiness for employment and rapid rehousing or whether they will need permanent supportive housing.

- **Chronic:** The Federal Government makes resources available for people who meet the criteria for chronic homelessness. They define an individual as “chronic” if their homelessness has lasted one year or more, or if they have had four homeless episodes of at least 15 days each within three years; additionally, the individual must have a diagnosable disability — mental or physical — which is integral to their having become and remained homeless. The chronically homeless need a housing program that is committed to their remaining permanently housed. Such interventions go by the name of Housing First.

**Rapid Rehousing for Episodically Homeless Individuals**

Many of those who are episodically homeless also have a history of repeated incarceration at the County Corrections Center, frequently with low-level, non-violent charges. The County Department of Human Service received a federal grant to address the needs of this population and selected Helping Arms as the service provider. The Mercer Alliance developed a rapid rehousing model for this group of singles, known as the Inmate Community Reentry Program. It has many of the elements of the family model, but has additional features based on the particular needs of individuals in this group. They are identified in jail as being previously or potentially homeless and a relationship is developed with the provider. The individuals are provided with Transitional Housing upon release and are helped to apply for General Assistance. Once General Assistance is approved, they are eligible for Temporary Rental Assistance (a TRA) and they receive case management to find housing and employment.

Fifty-eight individuals have received services from the provider, Helping Arms. Once on General Assistance and stably housed using the TRA, individuals have found employment and exited from assistance. They continue to receive case management services during their transition.

**Outcomes**

- Rehousing: 47 of 66 served are stably housed in their own apartments, paying their own rent (71%).
- Twelve continue to seek employment with the help of their case manager.
- Recidivism to jail: 3 of 66 (4%) — returned to jail.
- Recidivism to homelessness: Zero at 12-month follow-up.

Due to its promising outcomes, the County of Mercer has chosen to continue funding this program.
Rapid Rehousing for Individuals with Short Term Homelessness

A second Rapid Rehousing for Singles program has been started, with a focus on those who have no serious issues with mental illness or substance abuse. The City of Trenton, which receives funding for this program on behalf of the Trenton/Mercer COC, took the first opportunity provided by this funding source (Emergency Solutions Grant) to move homeless individuals into permanent housing.

With technical support from the Mercer Alliance, the COC launched this Rapid Rehousing initiative for the single population at the beginning of 2013. Catholic Charities has begun working to get this population rehoused and rehired by Mercer County employers.

The Challenge of Rehousing the Chronically Homeless

Talk to someone who has been homeless for a long time and you will find that they focus on daily survival, using whatever resources they can to keep themselves safe and warm -- hospital emergency rooms, the county jail and emergency shelters. Many also choose less safe and warm alternatives, such as abandoned buildings (known to the homeless community as “abandominiums”) or tents in the woods. Because of serious behavioral health problems and the conditions of long-term homelessness, their physical condition deteriorates; studies show that they die at least 25 years ahead of the general population.¹

Living homeless in shelters or on the street is a high-stress experience, where the homeless are always at risk of abuse and victimization. These safety threats contribute to their making a wide range of bad decisions. Many homeless not only refuse treatment for mental illness and other medical problems, they often refuse any contact with helping professionals. Instead of taking medication for symptom-relief, many use alcohol and illegal substances. This often leads to arrest and incarceration or involuntary hospitalization. Over time, such experience of negative consequences prevents them from making even the most basic choices. Any housing program designed for the chronically homeless must be sensitive to all these factors.

Success of the Housing First Approach

Housing First was specifically developed to address the needs of the chronically homeless, especially those with co-occurring mental health and substance use problems, who typically have not succeeded under other homeless service approaches. In Housing First projects studied throughout the country, the typical measure of success is the retention of housing after two years, which has been as high as 92%. In Mercer County, with Greater Trenton Behavioral Health Care (GTBHC) providing the services, the success rate is higher still - 98.5% - as only two tenants out of 132 have returned to homelessness! This is a record of success that no one could have predicted.

¹Parks, J., Svendsen, D., Singer, P. & Foti, M.E., Morbidity and Mortality in People with Serious Mental Illness, National Association of State Mental Health Program Directors, Medical Directors Council, 2006.
To promote tenants' progress, The GTBHC Housing First program focuses on self-empowered choice, where tenants are helped to discover what they want for themselves — not what the housing counselor or the program wants for them. Counselors start by encouraging tenants to choose goals to improve their quality of life, and then support them in taking their next steps toward realizing these goals.

In GTBHC's implementation of the model, Housing First provides a route into recovery for chronically homeless persons with a wide range of health-related problems. GTBHC takes an educational approach based on skill-building and learning from one's mistakes. Serious mistakes by tenants are not a cause for termination from the program, but an opportunity for learning and for helping tenants take a stronger next step toward recovery.

**Mercer's Experience with Housing First**

Housing First in Mercer County was set into motion by the Mercer Alliance in 2006, which brought together a collaborative of eight funders for the program, who then oversaw the program in its three-year pilot phase, 2008-10. GTBHC was chosen to provide services to 40 individuals and 10 families. During the pilot period, GTBHC grew the program by 168% to 84 households, without receiving any new service dollars.

Since the end of the pilot, GTBHC has further grown the program to 132, by finding new vouchers and continuing contracts with three funders: the County of Mercer, the New Jersey Department of Human Services and the United Way of Greater Mercer County. Additionally, housing vouchers come through the Trenton/Mercer COC, the New Jersey Division of Mental Health and Addiction Services and the New Jersey Department of Community Affairs.

The vast majority (80%) of GTBHC's Housing First tenants have been very motivated to engage with housing counselors around creating a home. Below we present numbers for those engaged in treatment.

GTBHC's Housing First tenants have spent an average of three years being homeless, living in shelters or on the street. Of these tenants, 56% spent more than 5 years homeless, and several were homeless for 15-20 years. This has resulted in very serious post-traumatic stress that affects 96% of these Housing First tenants, according to GTBHC's records.

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From a Study of GBTHC’s Housing First Program by Researchers from Temple and Tufts Universities.

› Tenants reported increased access to and use of treatment for mental and physical health.
› Tenants have increased access to sources of personal income.
› Tenants report increased integration into the community, through school, volunteering, working and other meaningful activities.
› Tenants report reestablished connections with family and other sources of personal support.
› Tenants report steadily increasing satisfaction with housing.
› Tenants report increasing quality of life.

Housing First Saves Medical Costs

The Mercer Alliance, with GTBHC, is conducting an ongoing study of costs pre and post enrollment in Housing First. When we look at the histories of chronically homeless persons, untreated medical needs are among the most prevalent and most costly. Other cost-centers include use of emergency shelter and jail.

The most important finding of the study to date is that for those with Emergency Room or In-Patient usage prior to enrollment, there has been a decrease of 50% in average annual costs.

To reach this finding, the Mercer Alliance and GTBHC looked at a sample of 77 tenants from Housing First. The data received from St. Francis Medical Center and Capital Health System show two very significant outcomes.

Cost Savings

› First, use of Emergency Room (ER) and In-Patient (IP) services — and associated costs — went down dramatically after enrollment in Housing First.
Second, there was a significant increase (nearly doubling) of those who used no Emergency or Inpatient services after enrollment in Housing First — and thereby furthered hospital cost-savings.

KT is a 57 year old male who had been homeless for at least 4 years staying mostly in abandoned buildings. He receives Social Security. He had been injured at work, lost his job, and did not have any benefits for 2 years. He has severe chronic back pain. He now has a place where his family can visit him. His goal is to have better health. Personal Focus: improved physical health, vision care, “a better life.”
Increasing Income to Prevent and End Homelessness

To end (and sometimes to prevent) their homelessness, individuals need income so that they can pay the tenant’s portion of subsidized housing costs (generally 30%) and pay their monthly expenses. Without any income at all, it is very difficult to participate in Permanent Supportive Housing.

A reliable source of income for those with disabilities — both physical and mental — is Supplemental Security Income (SSI) and, for those with work histories, Social Security Disability Income (SSDI). SSI averages $710 per month for an individual, compared to the New Jersey General Assistance cash benefit of $210 per month; SSDI is typically higher, based on prior income and the number of years worked before the disability began. In addition to the benefit to the individual, there is also a great savings to the State of New Jersey by shifting the cost to the Federal Government.

Until recently, those who applied for these federal benefits while homeless were almost certain to be denied. They generally were not able to provide the medical documentation needed to prove that their disability made them functionally unemployable. The process for filing applications with the Social Security Administration is complicated and not well suited to persons who are homeless. The standard process assumes that medical records for any individuals are available upon request from hospitals and doctors. But because of the chaotic lives of chronically homeless people (long time living on the street, no address etc.), such records are not easily obtained and organized.

Having identified this gap in our system, the Mercer Alliance researched other models and identified a practice that is now being used in 44 states. The best practice model we identified is known as SOAR: SSI/SSDI Outreach, Access and Recovery.

SOAR as a Best Practice

SOAR is endorsed by SAMHSA, the Substance Abuse and Mental Health Services Administration of the Federal Government. Its key elements are engagement of the client, upfront medical records and a medical summary. A trained SOAR case-worker builds relationships with the client, with the hospitals, with the adjudicator in the State's Division of Disability Determination Services, and with the local Social Security Administration Office. This is a time-consuming process, which is necessary to build the case for disability with medical evidence.

The national results of SOAR are impressive: 71% receive approval within 75 days. Mercer County’s collaborative, when fully staffed, will attain similar results. Agencies with full-time SOAR case workers are Family Guidance Center, Greater Trenton Behavioral Health Care and the Henry J. Austin Health Center. The Mercer County Board of Social Services provides referrals; screenings take place at the Rescue Mission of Trenton, the Salvation Army or the Henry J. Austin Health Center. The local hospitals also participate in the collaborative by identifying frequent users of the emergency rooms for referral and providing electronic medical records.

The Alliance makes sure that all the parties in the system are communicating effectively and submitting applications that have a high chance of success. When an application is unsuccessful, the Mercer SOAR Collaborative uses the Trenton office of the Community Health Law Project for appeals. Mercer’s process has produced 37 approvals to date: 26 from initial applications, 7 from reconsiderations and 4 from hearings on appeal.

The Benefits of SOAR

- The individual benefits by receiving much-needed income for housing.
- The State of New Jersey benefits by removing individuals from General Assistance (at a cost of $210 each per month).
- Hospitals benefit because they can bill retrospectively for services provided.
- The general public benefits by having formerly homeless people off the streets, housed and connected to less expensive services.
Managing Income to Prevent and End Homelessness

Though income from the Social Security Administration comes every month, having an income is not always enough to assure that someone remains in his or her home. Many recipients lack skills to manage money. Because of this, the Social Security Administration determines a beneficiary’s need for a Representative Payee, which can be a friend, family member or non-profit agency. The payee makes sure important bills are paid each month (rent, utilities) and helps the beneficiary to manage the rest.

Through its practice of regularly convening diverse stakeholders, The Mercer Alliance determined the need for greatly expanding the existing payee program in Mercer County. After initial funding from the federal stimulus paid for this service, the Mercer County Freeholders determined that it was important enough to fund from local resources. The contracted agency providing this service is The Family Guidance Center of Mercer County, through its Consumer Credit Counseling Program.

Mercer Alliance Roles in SOAR Process

- Brought training in the SOAR model to Mercer County.
- Created and leads a collaborative of stakeholders to manage the application process.
- Brokered and maintains a close relationship with the local Social Security Administration (SSA) office.
- Developed a process for sharing medical records.
- Meets with case managers on a regular basis.
- Secured additional funding for a case-worker and for psychiatric evaluations.
- Brought these local achievements to the attention of the national SSA.
Once a consumer enrolls with Family Guidance Center, he or she receives a counselor who works with that person to assess what financial arrangements will best stabilize their housing situation. Counselors set up payment agreements with landlords, phone companies, utility companies and any other entities to which the client makes regular payments. Each client is provided with information and guidance about how to budget the rest of their monthly income. They also receive credit counseling when necessary and are referred to other social service agencies and legal services when appropriate.

Client Stories from Family Guidance Center, Consumer Credit Counseling

GT: 62 year old male stroke victim on kidney dialysis. He had repeated hospital stays with no family or friends to manage his financial concerns, especially when hospitalized, and faced eviction. Once he enrolled in the FGC Representative Payee Program, all financial obligations, including rent, now remain current, even if he is temporarily hospitalized.

JS: 63 year old male living in a hotel/motel due to eviction because of poor money management and associated clinical depression. Since starting the Representative Payee Program, he now has stable rental housing and all utilities are paid and current. He has taken on the payment of his telephone bill with the Program’s support.

JA: 62 year old male veteran diagnosed with MS, who has been homeless off and on for years. Since receiving FGC services, he now has stable housing (arranged through a collaborating housing provider), and has received a significant back payment of SSA benefits, which has helped him to furnish his new apartment, buy new clothing, and remain current on all his expenses.
## 5. Progress Toward Ending Homelessness: Reporting on our 2009 Goals

In 2009, we laid out five goals for ending homelessness in Mercer County. Four years later, much of the system that we proposed is in place or in development. In the following chart, we report on what the Alliance has achieved toward each and provide next steps in our ongoing planning process.

<table>
<thead>
<tr>
<th>Proposed in 2009</th>
<th>Achieved by 2013</th>
<th>Steps Going Forward</th>
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<tbody>
<tr>
<td><strong>Goal 1: Launch a coordinated system focused on ending homelessness.</strong></td>
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<tr>
<td>A. Pilot a new system for screening those who are in a housing crisis or become homeless to determine high and moderate service needs.</td>
<td>MA hired full-time System Monitor. MA developed easy-to-use, brief screening tool for families. In use at Board of Social Services and Crisis Ministry of Mercer County.</td>
<td>Revise tool for singles. Incorporate tool and scoring into the statewide Homeless Management Information System.</td>
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<tr>
<td>B. Improve system-wide capacity to collect system-wide data and evaluate results.</td>
<td>MA Recommended new data standards. Staffs mandatory COC Data Forum to maintain data quality.</td>
<td>Centralized screening and assessment is a mandate of the HEARTH Act. Screening, already in place for families, to be introduced in the front end of the system to assess individuals’ needs for housing and services.</td>
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<tr>
<td>C. Establish clear and measurable outcomes for new system and demonstration projects.</td>
<td>Working with MA, COC established benchmarks for contracts: length of time in the homeless system, stability in permanent housing, recidivism to homelessness and increase of income.</td>
<td>Ongoing development and reporting of outcomes, system monitoring and analysis of data will be necessary to the effective decision-making capacity of the COC and its ability to maximize funding.</td>
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<tr>
<td>D. Develop a systems review capacity to measure outcomes and monitor the development and implementation of projects.</td>
<td>COC — with newly restructured Executive Committee — used enhanced system review capacity to phase out Transitional Housing.</td>
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<tr>
<td>Proposed in 2009</td>
<td>Achieved by 2013</td>
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<tr>
<td><strong>Goal 2: Prevent Homelessness Whenever Possible</strong></td>
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<tr>
<td>A. Eviction Prevention — Establish sustainable grants and follow-up with grantees to make sure of success.</td>
<td>MA planning process led to centralizing prevention in one community agency and raising limit to $1500, given no more than twice in 5 years.</td>
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<tr>
<td>B. Targeted Prevention — intensive case management directed to those most likely to become homeless.</td>
<td>Up to $5,000 in Federal stimulus funds used to help 105 very poor families to remain stably housed, with limited case management. When funds ran out, planning led to developing model for shallow subsidy and case management for SSDI clients and others ineligible for welfare.</td>
<td>MA will continue to identify and promote targeted interventions that reduce the risk of imminent homelessness. MA should continue to promote EITC to bolster income security among the working poor.</td>
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<tr>
<td>C. Payee program for those who need help managing money.</td>
<td>Payee program expanded to 90 and institutionalized through public funding through county investment.</td>
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<td>D. Supplement Income through Tax Credits.</td>
<td>MA-trained volunteers completed 1423 returns in 2013 for close to $2M returned to low-income tax-payers.</td>
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<tr>
<td>Proposed in 2009</td>
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<tr>
<td><strong>Goal 3: Homes for the Homeless with High and Moderate Needs</strong></td>
<td><strong>Goal 4: Services for those with High and Moderate Needs</strong></td>
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<tr>
<td>A. Housing First for the chronically homeless (86)</td>
<td>Achieved: 138. Represents 280% growth in vouchers for the chronically homeless.</td>
<td>Continue to prioritize the homeless, disabled population.</td>
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<tr>
<td>B. Permanent Supportive Housing for the disabled (178)</td>
<td>Increase in new COC vouchers for individuals: 52.</td>
<td>Seek a single State source to fund housing and services for Housing First.</td>
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<td>Total = 264</td>
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<td>Develop mechanism to refer frequent users of emergency services into homes.</td>
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<td>C. Permanent Supportive Housing for Families with Disabilities (96)</td>
<td>Achieved: 10 New data shows that need was overestimated; only 30 disabled families homeless in 2012.</td>
<td>Continue to use TRA so that Rapid Rehousing is available for those eligible for EA.</td>
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<td>D. Rapid Re-housing for Families with Moderate Barriers (200)</td>
<td>Achieved: 359 This represents 180% increase over projection.</td>
<td>Continue funding Rapid Rehousing for families who earn too much to be eligible for EA.</td>
</tr>
<tr>
<td>E. Rapid Re-housing for Individuals with Moderate Barriers (0)</td>
<td>Achieved: 58 MA worked with Mercer Co. to develop model for Rapid Rehousing for singles reentering community from Corrections Center.</td>
<td>Advocate to expand Rapid Rehousing to those individuals not eligible for EA.</td>
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<tr>
<td>F. Rentals in All our Communities (360) of above projections</td>
<td>MA helped negotiate 10% set-aside for Very Low Income in W. Windsor Town Center settlement.</td>
<td>Work to ensure that the Mt. Laurel doctrine is upheld to maximize building of affordable homes.</td>
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<td>NJ courts accepted MA “Amicus” argument that low-income people must be represented on COAH Board and Governor’s action was therefore unconstitutional.</td>
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<tr>
<td><strong>Goal 5: Sustainability — Increasing income &amp; employment, so that homes can be sustained</strong></td>
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<tr>
<td>A. Accessing mainstream resources (SSI, SSDI)</td>
<td>MA created and leads county-wide SOAR collaborative; 37 individuals have secured benefits; 54 in pipeline for approval.</td>
<td>Secure New Jersey approval of SOAR as a best-practice to allow for State funding of county-based SOAR projects.</td>
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<td>B. Implementing a client-centered approach to employment, with supports as needed.</td>
<td>Working with MA, ARC of Mercer County hired 45 disabled homeless workers to clean state office buildings. MA used Mid-Jersey Chamber network to promote successful hiring of Rapid Rehousing job candidates.</td>
<td>Continue to collect data on employment histories of those experiencing homelessness. Using this data, develop new partnerships with selected employers in the community.</td>
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</table>
6. Next Steps toward Ending Homelessness

Next Steps for the State of New Jersey

The Mercer Alliance to End Homelessness urges the State of New Jersey to adopt a homelessness policy aligned with the permanent housing focus of the Federal Government, as embodied in the HEARTH Act.

The federal legislation 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. The Federal Government is urging local COCs to move in the direction of rapid rehousing, but current state funding does not 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.

Homelessness Policy Recommendations

- We urge the State to identify a single, stable funding source to fund housing and services for the Housing First model. The Alliance believes that the expansion of Medicaid represents the best possibility of paying for supportive housing. Funded as a new option under the Affordable Care Act, “Behavioral Health Homes” may afford the mechanism needed to pay for stabilizing the health and well-being of those who have endured chronic homelessness.

- We urge the State to establish a Rapid Rehousing per diem rate. The Alliance understands that this can be done within the framework of existing Emergency Assistance regulations, to give all counties a tool for funding case management in Rapid Rehousing programs.

- We urge the State to rescind its current waiting period on General Assistance for those who are homeless. Current regulations have no exceptions for a 30 day wait to receive General Assistance benefits. In order to be eligible, individuals must make three visits to the County One-Stop during this period or lose another month. This is a particular hardship for people experiencing homelessness. County welfare agencies cannot fund housing for homeless individuals until they are eligible for General Assistance. The State should waive this requirement for those who are currently homeless.

- We urge the State to adopt the best practice model of SOAR: Social Security Outreach, Access and Recovery. This source for disability benefits for homeless persons can greatly increase their access to housing. 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.

- We urge the State to fund Emergency Shelter capacity at a level that will enable providers to secure the safety of those who use it and meet their immediate service needs.
Community Reentry Recommendations
About one-fifth of the homeless throughout New Jersey describe themselves as previously incarcerated (Point in Time Count Data, CHS). Those reentering society, having served time for their crimes, are in a very difficult position. Not only are they homeless and needing time to find jobs, but they also encounter prejudice against them for their recent histories. One such prejudice is embodied in the Drug Felony Ban, a federal mandate that prevents those who have pleaded to a drug distribution charge from ever receiving welfare benefits. By not giving emergency benefits, including rental assistance, to this group of people, we effectively condemn them to immediate homelessness and a return to a life of crime in order to secure enough income to live under their own roof.

► We urge the NJ Legislature to pass legislation to opt out of the federal Drug Felony Ban on individuals without dependent children.

► We urge passage of the recently introduced “Opportunity to Compete” legislation, popularly known as “Ban the Box.” This refers to a box on job applications that needs to be checked if the person has a criminal history. Banning the box would remove prejudice against those with criminal histories from the first round of employment screening. Inquiries about criminal record should be limited to those jobs where it would be specifically relevant to the performance of duties.

Affordable Housing Recommendations
► We urge the State to ensure that affordable housing be built expressly for the very low income population. This should include efficiency apartments for those leaving homelessness. The New Jersey Fair Housing law mandates that 13% of new affordable homes be made available to those earning 25% or less of the area’s median income.

► We urge the legislature to reinstate municipalities’ capacity to collect developer fees from non-residential builders. This will enable towns to have the necessary funds to get projects built for those of very low income.

► We urge the State to conduct robust enforcement. State oversight must be compatible with the Mt. Laurel precedents and the general welfare doctrine of the NJ Constitution.

Foreclosure Recommendations
► We urge the New Jersey Legislature to continue to press for solutions that can turn foreclosed, problem properties into affordable homes. After a mandated hiatus in 2011, foreclosures are again on the rise, creating pockets of vacancy and abandonment in New Jersey’s cities and towns.

► We urge the spending down of the $300M that the Federal Government gave to New Jersey expressly for foreclosure mitigation. The State should immediately report to the public on the status of these funds.
Next Steps for the Mercer Alliance

A. For the System
   - Working with all stakeholders, The Alliance will develop a coordinated front-end screening and assessment capacity to assist individuals who present themselves as homeless.

B. For Families
   - The Alliance will apply the successful model of Rapid Rehousing to those with higher service needs, who may need a more prolonged, but not necessarily permanent period of services.
   - The Alliance will initiate a protocol for sharing data between agencies in order to integrate the family emergency shelter into the centralized screening and assessment mechanism of the new system.

C. For Individuals
   - The Alliance will create a Task Force on ending individual homelessness.
   - As part of a planning process, the Alliance will identify subgroups in the individual homeless population and existing barriers for each population.
   - The Alliance will work toward creating a seamless system for ending individual homelessness, with funding-driven program models and linkages between programs that provide supportive services, income and housing.
   - The Alliance will advocate to address the unmet service needs of persons served by the homeless emergency response system, prioritizing frequent users.
   - The Alliance will evaluate Rapid Rehousing for Singles based on HUD objectives and agreed-upon community benchmarks.