

Report to the Community

June 2013



**MERCER ALLIANCE
TO END HOMELESSNESS**



Mercer Alliance to End Homelessness

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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.

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The Mercer Alliance salutes our key community donors:

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thank you

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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

...the transformational idea was that homelessness could be ended.

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.

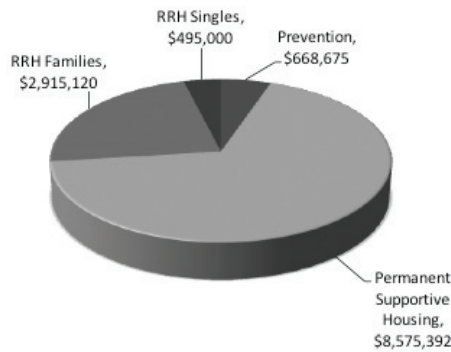
HEARTH ACT

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

Over \$12M Spent on New Direction: 2009–2013



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.

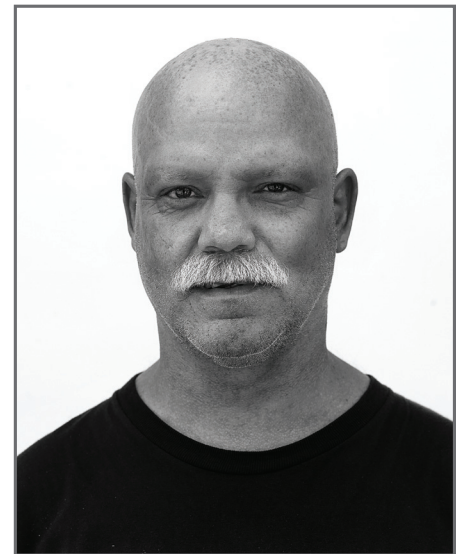


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From GTBHC's Case Notes on Housing First Tenants

ST is a 49 year old male who had been homeless for the last 4 years, since he and his wife separated. Since his housing with the HF program he has been working to get his driver's license back in order to pursue his CDL. His plan is to go to work. Personal Focus: employment, driver's license.

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.

With shorter stays in homelessness and lower costs per day, Rapid Rehousing has proven a more successful and more cost-effective approach.

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%.

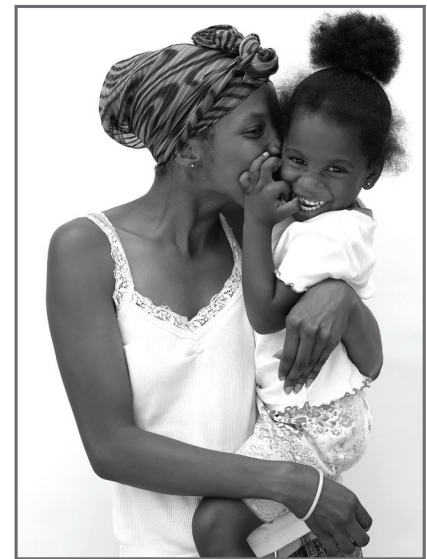
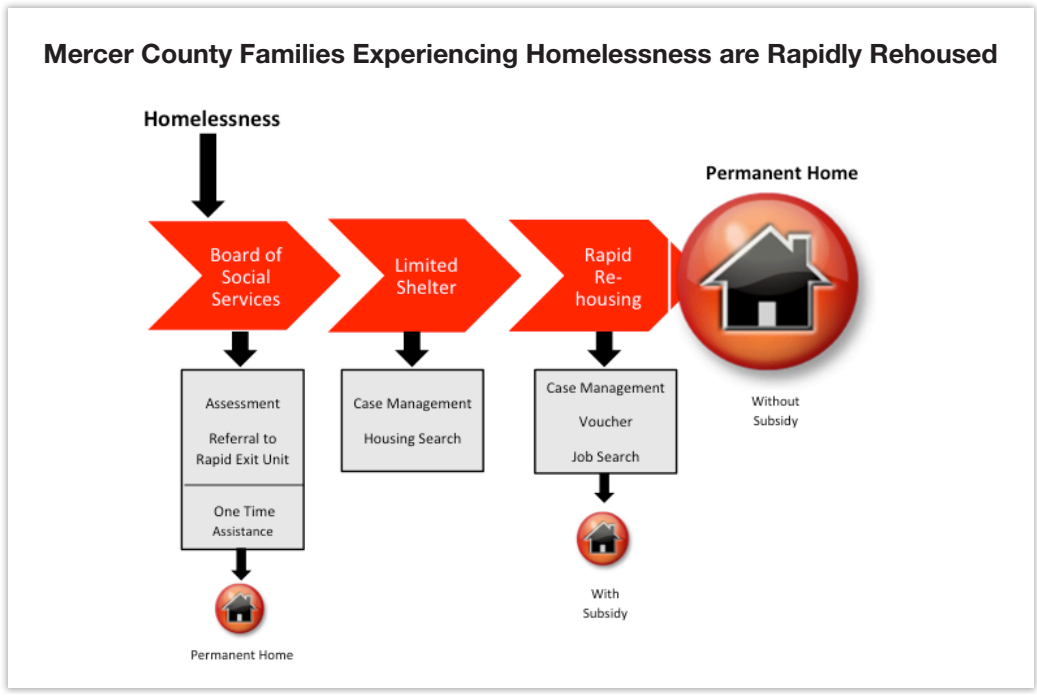


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CT is a single mother, with one child, without a GED, little work experience and no family support. With the help of intensive case management, she landed a job as a Visual Merchandiser at a large department store and as a cashier working part time with another large retail company. She exited successfully from the program and has maintained housing and employment.



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.”

Recognition from the White House

For his leadership in implementing Rapid Rehousing, MCBOSS Director Frank Cirillo was recognized as a “Champion of Change.”

From the United States Interagency Council on Homelessness:

“Using TANF resources, the MCBOSS has been able to provide direct services to homeless families and successfully link them to employment services to create an effective path to self-sufficiency and permanent, sustainable housing.”

“...[Mercer initiatives] are successful in rapidly rehousing families and have them transition off TANF through employment. Rapid Exit is unique because MCBOSS was also able to divert families at imminent risk of homelessness by the use of temporary rental assistance and more intensive case management. Rapid Exit allowed MCBOSS to reshape the way they provided assistance to TANF families and further drive down cost by using existing agency staff to provide the services.”

2. Homelessness in Mercer County (2012)

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

Demographic Snapshot

Average Age Head of Household	25 years old
Average Age of Child in Household	5 years old
Employed at Entry	11% (35 families)
Disabling Condition	9% (30 families)
Domestic Violence	12% (38 families)
Homeless Duration 30 Days or less	50% (160 families)
Average family income	\$551 per month

In Mercer County, 1831 individuals were homeless in 2012

Demographic Snapshot

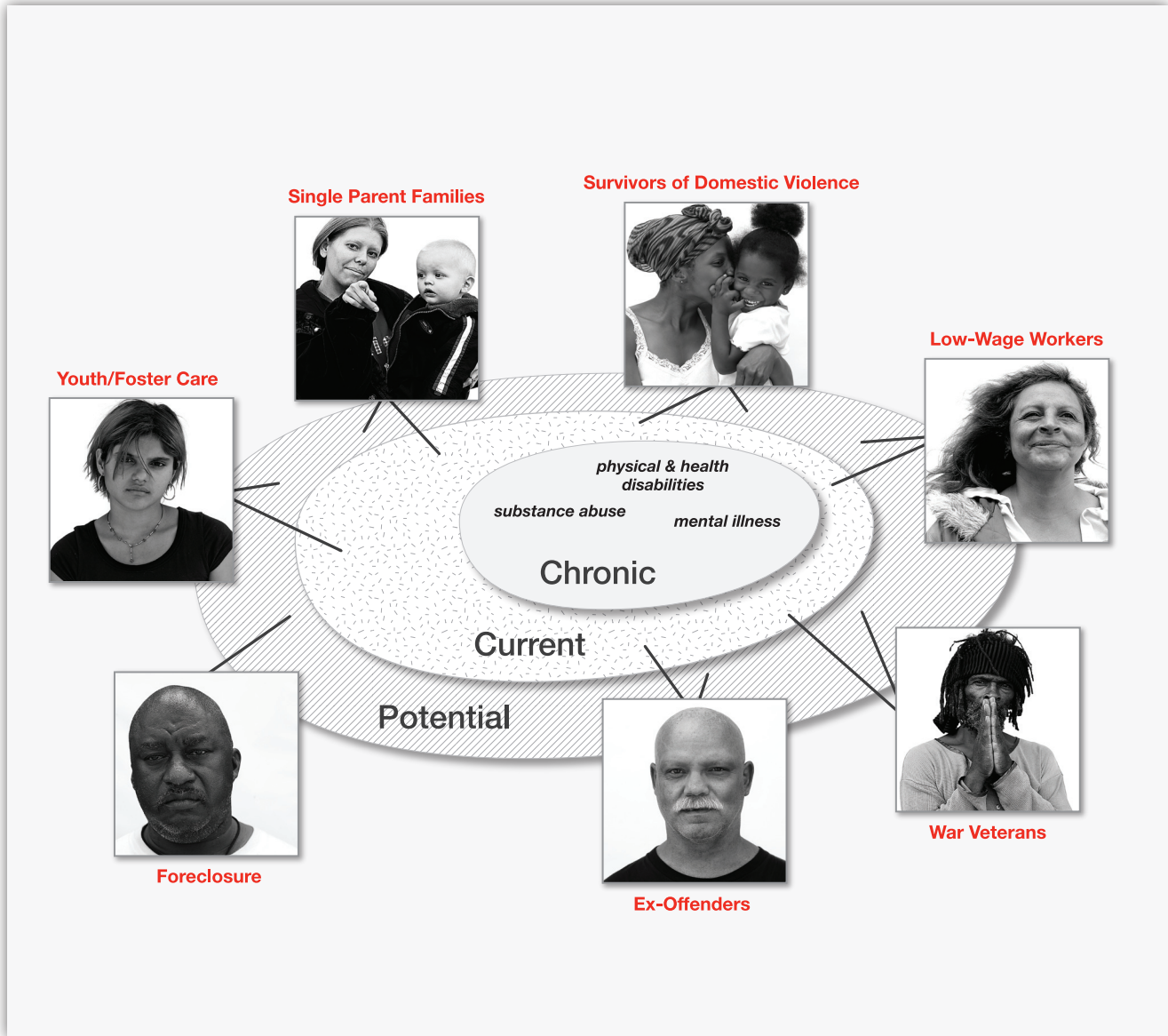
Gender	80% Male 20% Female
Average Age	45 Years
Veterans Status	9.5% (171 persons)
Employed at Entry	4% (68 persons)
Disabling Condition	51% (893 persons)
Chronically Homeless	26% (459 persons)
Homeless Duration 30 days or less	51% (910 persons)

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



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 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.

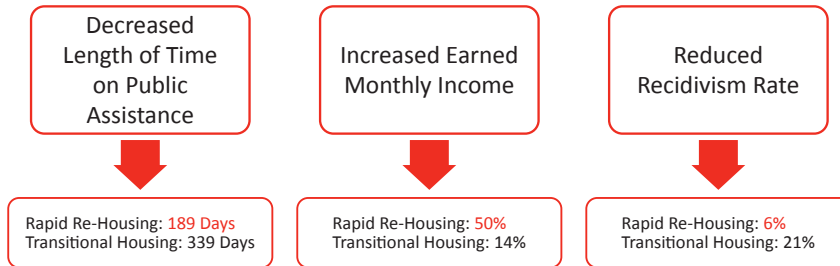
The Mercer Alliance designed Mercer County's Rapid Rehousing program and organized its funding.

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.

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



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.

Intervention	Per diem Rate
Shelter (homeless)	\$125.00
Transitional Housing (homeless)	\$84.00
TRA & Wrap around services in Rapid Re-housing (not homeless)	\$50.00

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.

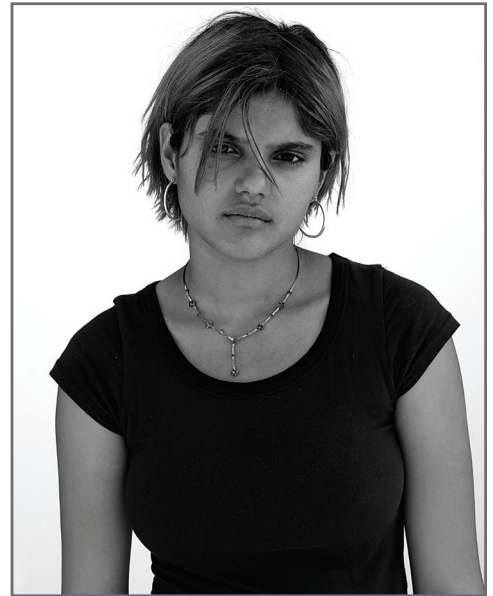


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Rapid Re-Housing Will Decrease Public Assistance per family by 50%

Old System:

Emergency Shelter to Transitional Housing

Service	Rate per Day	Average LOS	Cost per Family
Emergency Shelter	\$125	87 Days	\$10,875
Transitional Housing	\$84	253 Days	\$21,252
Total Average cost per Family			\$32,167

New System:

Rapid Re-housing

Service	Rate per day	Average LOS	Cost per Family
Emergency Shelter	\$125	54 Days	\$ 6,750
Rapid Re-Housing	\$50	189	\$9,450
Total Average Cost per Family			\$16,200

What Jobs Do RRH Participants Take?

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

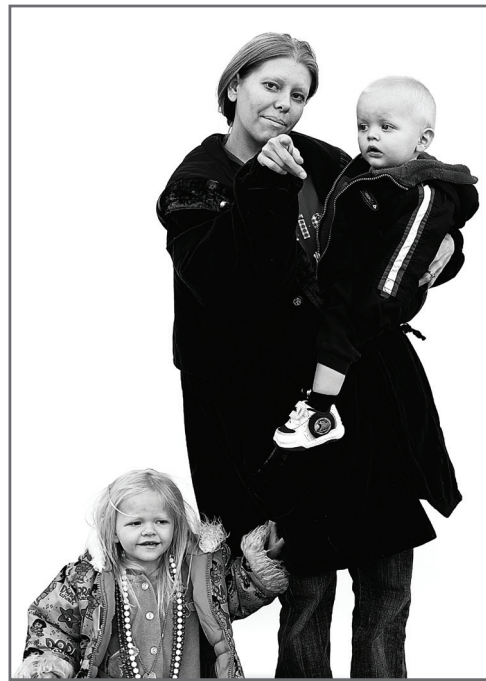


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The Board of Social Services provides each family a TRA — temporary rental assistance — through the State’s Emergency Assistance Program, which averages \$750 per month. Case management for those on Temporary Assistance to Needy Families (TANF) has 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.

Experience shows that individuals with multiple incarcerations can be rapidly rehoused in the community and reemployed. Their rate of return to jail has been 4%.

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.

Studies show that people who have been chronically homeless die at least 25 years ahead of the general population.

Providing permanent housing for the chronically homeless is a life-saving intervention.

- Housing First is based on the
- premise that the security of a home
- is necessary for everyone to
- function. By helping the homeless
- person create a home, Housing First
- transforms the formerly homeless
- person into a tenant with a stake in
- something worth protecting. As they
- develop competence in managing
- basic life skills, tenants begin to
- recognize that their quality of life has
- improved, and they gradually
- become more confident in their
- ability to improve things further,
- especially by addressing behavioral
- health and medical problems.

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

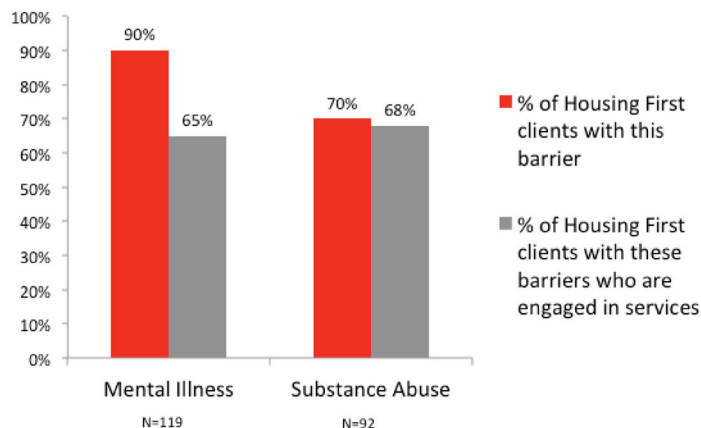
Housing First in Mercer County was set into motion by the Mercer Alliance in 2006, which brought together a collaborative of eight funders for the program, who then oversaw the program in its three-year pilot phase, 2008-10. GTBHC was chosen to provide services to 40 individuals and 10 families. During 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.

Housing First Program Participants Engaged in Treatment



²Danielle Groton, "Are Housing First Programs Effective: A Research Note", http://www.wmich.edu/hhs/newsletters_journals/jssw_institutional/institutional_subscribers/40.1.Groton.pdf.

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.**

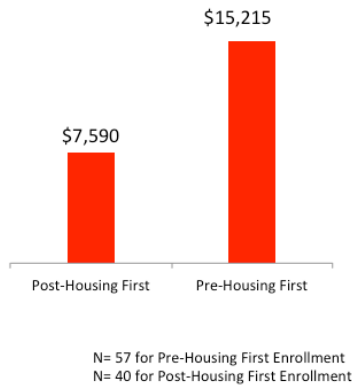
To reach this finding, the Mercer Alliance and GTBHC looked at a sample of 77 tenants from Housing First. The data received from St. Francis Medical Center and Capital Health System show two very significant outcomes.

Cost Savings

- › First, use of Emergency Room (ER) and In-Patient (IP) services — and associated costs — went down dramatically after enrollment in Housing First.

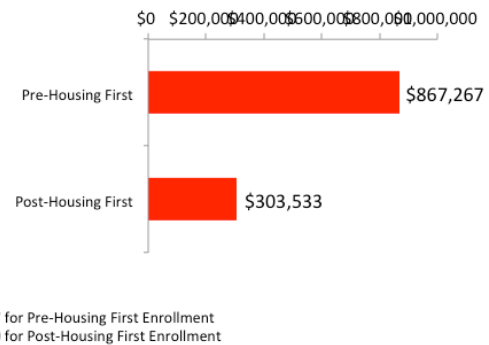
Pre / Post Enrollment Outcomes
Average Emergency Room and Inpatient Costs

50% decrease in average costs



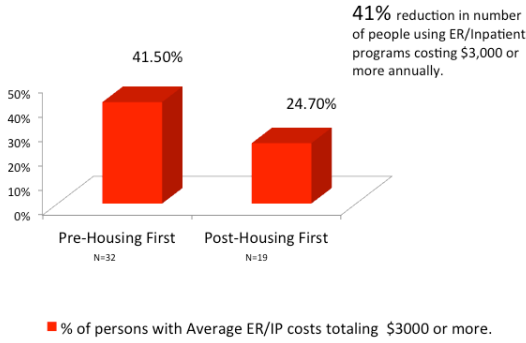
Pre / Post Enrollment Outcomes
Gross Emergency Room and Inpatient Costs

65% decrease in gross ER/IP Costs



Cost Savings

Percentage of Persons using ER/Inpatient Services at the level of \$3,000 or more annually



➤ 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.

Housing First Participants with No Emergency Room or Inpatient Costs

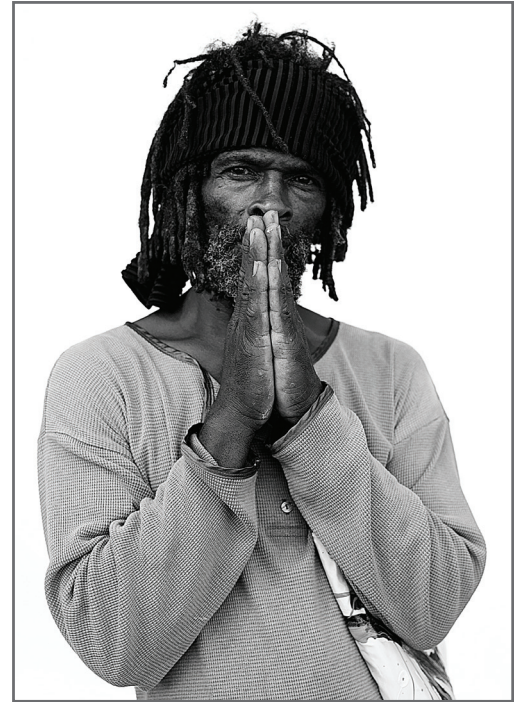
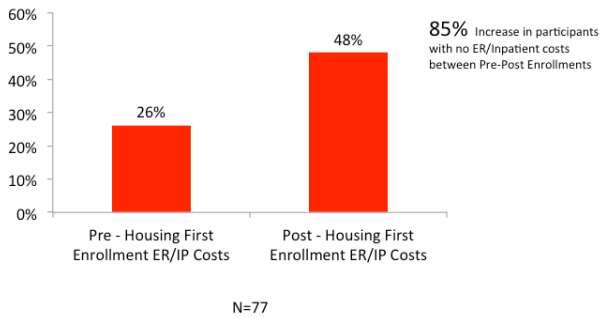


Photo from Finding Grace, Earth Aware Editions. ©2007 Lynn Blodgett. All rights reserved. Used with permission.

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.



Photo from Finding Grace, Earth Aware Editions. ©2007 Lynn Blodgett. All rights reserved. Used with permission.

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.

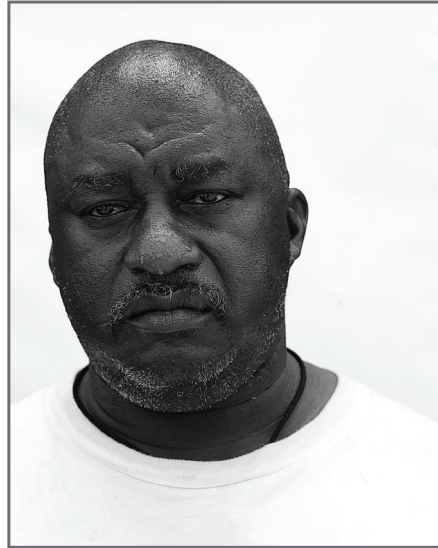


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Client Stories from Family Guidance Center, Consumer Credit Counseling

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.

Proposed in 2009	Achieved by 2013	Steps Going Forward
Goal 1: Launch a coordinated system focused on ending homelessness.		
A. Pilot a new system for screening those who are in a housing crisis or become homeless to determine high and moderate service needs.	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.	Revise tool for singles. Incorporate tool and scoring into the statewide Homeless Management Information System.
B. Improve system-wide capacity to collect system-wide data and evaluate results.	MA Recommended new data standards. Staffs mandatory COC Data Forum to maintain data quality.	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.
C. Establish clear and measurable outcomes for new system and demonstration projects.	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.	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.
D. Develop a systems review capacity to measure outcomes and monitor the development and implementation of projects.	COC — with newly restructured Executive Committee — used enhanced system review capacity to phase out Transitional Housing.	

Proposed in 2009	Achieved by 2013	Steps Going Forward
Goal 2: Prevent Homelessness Whenever Possible		
A. Eviction Prevention — Establish sustainable grants and follow-up with grantees to make sure of success.	MA planning process led to centralizing prevention in one community agency and raising limit to \$1500, given no more than twice in 5 years.	
B. Targeted Prevention — intensive case management directed to those most likely to become homeless.	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	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.
C. Payee program for those who need help managing money.	Payee program expanded to 90 and institutionalized through public funding through county investment.	
D. Supplement Income through Tax Credits.	MA-trained volunteers completed 1423 returns in 2013 for close to \$2M returned to low-income tax-payers.	

Proposed in 2009	Achieved by 2013	Steps Going Forward
<p>Goal 3: Homes for the Homeless with High and Moderate Needs</p> <p>Goal 4: Services for those with High and Moderate Needs</p>		
A. Housing First for the chronically homeless (86)	Achieved: 138. Represents 280% growth in vouchers for the chronically homeless.	Continue to prioritize the homeless, disabled population.
B. Permanent Supportive Housing for the disabled (178) Total = 264	Increase in new COC vouchers for individuals: 52.	Seek a single State source to fund housing and services for Housing First.
C. Permanent Supportive Housing for Families with Disabilities (96)	Achieved: 10 New data shows that need was overestimated; only 30 disabled families homeless in 2012.	Develop mechanism to refer frequent users of emergency services into homes. Continue to use TRA so that Rapid Rehousing is available for those eligible for EA.
D. Rapid Re-housing for Families with Moderate Barriers (200)	Achieved: 359 This represents 180% increase over projection.	Continue funding Rapid Rehousing for families who earn too much to be eligible for EA.
E. Rapid Re-housing for Individuals with Moderate Barriers (0)	Achieved: 58 MA worked with Mercer Co. to develop model for Rapid Rehousing for singles reentering community from Corrections Center.	Advocate to expand Rapid Rehousing to those individuals not eligible for EA.
F. Rentals in All our Communities (360) of above projections	MA helped negotiate 10% set-aside for Very Low Income in W. Windsor Town Center settlement. NJ courts accepted MA "Amicus" argument that low-income people must be represented on COAH Board and Governor's action was therefore unconstitutional.	Work to ensure that the Mt. Laurel doctrine is upheld to maximize building of affordable homes.

Proposed in 2009	Achieved by 2013	Steps Going Forward
<p>Goal 5: Sustainability – Increasing income & employment, so that homes can be sustained</p>		
<p>A. Accessing mainstream resources (SSI, SSDI)</p>	<p>MA created and leads county-wide SOAR collaborative; 37 individuals have secured benefits; 54 in pipeline for approval.</p>	<p>Secure New Jersey approval of SOAR as a best-practice to allow for State funding of county-based SOAR projects.</p>
<p>B. Implementing a client-centered approach to employment, with supports as needed.</p>	<p>Working with MA, ARC of Mercer County hired 45 disabled homeless workers to clean state office buildings.</p> <p>MA used Mid-Jersey Chamber network to promote successful hiring of Rapid Rehousing job candidates.</p>	<p>Continue to collect data on employment histories of those experiencing homelessness.</p> <p>Using this data, develop new partnerships with selected employers in the community.</p>

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.



We can. We must. We will.

www.merceralliance.org

ACKNOWLEDGEMENTS

The Mercer Alliance to End Homelessness owes its success to all of its members, who have devoted their time and energy to improving our world by accepting the challenge of ending homelessness in Mercer County. Thank you for making a difference.

The Alliance would like to extend a special thank you to Dennis Micai, Alliance chairman and director of the Mercer County Board of Social Services. We would also like to thank all members of the Alliance steering committee, who have made the Alliance and the development of the ten-year plan possible. We extend our sincere thanks to the following people:

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Arnold Cohen (Housing and Community Development Network)
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Marie Gladney (Mercer County Department of Human Services)
Larry Hatton (New Jersey Department of Human Services)
Diane Holloway (New Jersey Department of Labor)
Carrie Johnson (Assistant Commissioner, New Jersey Department of Corrections)
Steven Johnson (New Jersey Department of Health)
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Pamela McCrory (Director of Special Needs, New Jersey Housing and Mortgage Finance Agency)
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Cynthia Simmons (New Jersey Department of Corrections)
Tom Sullivan (President/CEO, Princeton Partners)

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The Alliance also expresses its gratitude to Steven Collins, Chanda DeLong, Denise Higgins, and Mary Ellen Marino who have provided all staffing since the inception of the Alliance. Your patience, commitment, and perseverance are helping to end homelessness in Mercer County.



MERCER ALLIANCE TO END HOMELESSNESS

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EXECUTIVE SUMMARY

The Mercer Alliance to End Homelessness (**The Alliance**) is a collaboration of government agencies, non-profit organizations, elected officials, corporations, congregations, community groups, and individuals who have banded together to create comprehensive strategies to end homelessness in our community within ten years.

Our mission is to ensure that every resident of Mercer County has access to permanent, affordable, and safe housing. Our first objective is to prevent homelessness, and then ultimately to end it. The Alliance aims to make every Mercer resident aware of the societal and economic impact that poverty and homelessness have on our community and asks that each of us becomes involved in resolving the issues that create it.

On any given day in Mercer County, over 900 people experience homelessness and almost 50% of them are children.

According to the study conducted by the Homeless Resource Advisory Committee (HRAC) of the Mercer County Human Services Advisory Council, over the course of a year, more than 3,000 men, women, and children receive services in the homeless system. In fact, Trenton has the second highest rate of family homelessness in the nation.

Equally disturbing is a 2003 report

Trenton has the second highest rate of family homelessness in the nation.

by the National Low Income Housing Coalition that cites New Jersey as one of the least affordable states in the country for the last four years. The report goes on to note that no one earning minimum wage can afford housing in Mercer County without working almost 22 hours a day, seven days a week to rent a two-bedroom apartment.

For a healthy community, simply providing shelter for the homeless is not enough. Many more families are on the edge - a paycheck or a family crisis away from homelessness. Those living doubled up, in unhealthy conditions, and/or paying 50-75% of income for rent are at constant risk. Most research shows that a family of four needs twice the federal poverty level, or \$36,000, to be economically self-sufficient. Yet 42% of New Jersey households earn less than \$30,000 (2003 Consolidated Plan of New Jersey Department of Community Affairs).

For the past two decades, government and private agencies have dedicated a massive amount of time, energy, and monetary resources to alleviate the problem. While agencies manage homelessness by providing food, clothing, and shelter to homeless families and singles, and by eventually moving them into stable housing, they have not been able to prevent homelessness or remedy the systemic issues which

are the root cause. In fact, the incidence of homelessness and the number of people affected by it continues to

Most research shows that a family of four needs twice the federal poverty level or \$36,000 to be economically self-sufficient. Yet 42% of New Jersey households earn less than \$30,000.

escalate relentlessly.

Housing in Mercer County is extraordinarily expensive. The National Low Income Housing Coalition's 2003 "Out of Reach Report" states the average rent is \$973 a month for a two-bedroom apartment. Housing in the \$500-\$700 range tends to be severely substandard, in dangerous neighborhoods, with problems of infestation, leaking roofs, lead paint, and asbestos.

Housing in Mercer County is expensive, because it is so scarce. Since the early 1990's, affordable housing stock in Trenton has decreased by more than 6% a year. While some new affordable housing has been built in Mercer County, it is primarily for those earning more than \$40,000. Those earning less than \$30,000 represent 42% of households and have few, if any, decent housing options. They often resort to living with others, enduring dangerous or unsafe housing

conditions, or spending more than 70% of their disposable income on housing costs. Most risk imminent homelessness.

In April 2003, over 100 community leaders came together with a mission and passionate commitment to end homelessness in Mercer County. In the following six months, the Alliance developed a ten-year plan that delineates our step-by-step approach. This plan was created with the input and expertise of a wide range of participating agencies and has been endorsed by Alliance members.

The causes of homelessness must be addressed both systemically and tactically. We must transition from managing homelessness to developing and implementing strategies that will end it. Changes need to be made across the entire community, focusing not just on services to the homeless, but on the factors that contribute to the problem. Working together we will prevent and end homelessness in a strategic way.



You can close your eyes to homelessness in Mercer County or you can open your heart.



Over the years, thousands of families have been placed in single motel rooms on Rte. 1 or Rte. 130.

CALL TO ACTION

Mercer County can end homelessness

With engaged community stakeholders, government partners, service providers, and, indeed, all citizens, we are taking action to ensure that every person in Mercer County has access to safe, decent, affordable housing and support services.

Mercer County must end homelessness

The challenges are many. Mercer County is one of the wealthiest counties in one of the wealthiest states in the nation, yet Trenton has the second highest rate of family homelessness in America, according to the 2002 "Report of the US Conference of Mayors." The city has lost 6% of its housing while the county as a whole has less than a 1% vacancy rate.

It is especially difficult for low-income, working people in the county to locate and secure housing. Here, as all over the country, people are discharged from institutions and prisons into homelessness. Children are living in motels and shelters with their families. We will no longer tolerate these conditions.

Mercer County will end homelessness

How will we end homelessness? Steps on three fronts must be taken: "closing the front door," "opening the back door," and "building the foundation." Closing the front door means preventing families from becoming homeless by building supports across the community. We must open the back door by quickly moving families out of homelessness and into appropriate

housing. Finally, building a foundation means developing support systems for low-income and homeless people allowing them to earn a decent wage for their labor, access treatment options for any addictions and/or health problems, and obtain truly decent housing that is affordable and can be maintained within their incomes.

Our objective is to prevent homelessness, and ultimately end it.

HISTORY OF THE ALLIANCE

In the summer of 2002, area representatives attended a national conference sponsored by the National Alliance to End Homelessness, and featuring the HUD Interagency Council on the Homeless. The movement to end homelessness began in the late 1990's, when social service agencies realized that despite their best efforts and billions of dollars yearly, and even with a booming economy and an historically low rate of unemployment, homelessness was increasing. Working in conjunction with the federal government, the agencies made a commitment to address and combat the root causes of the problem, and developed strategies that have begun to have a positive impact.

In fact, over fifty jurisdictions nationwide have developed concrete plans to end homelessness, but there was no plan for any jurisdiction in New Jersey. Our area representatives resolved to develop a program in our area.

On April 16, 2003, the United Way of Greater Mercer County, the John Watson Institute of Public Policy at

Thomas Edison State College, the New Jersey Alliance for the Homeless, the National Alliance to End Homelessness, and HomeFront organized a gathering of more than 100 people. Represented were all sectors of the community - corporations and businesses, state, county, and local government, congregations, and non-profit organizations - and the Mercer Alliance to End Homelessness was created.

Recognizing the need to address both systemic and tactical issues, five working, action committees were formed to focus on:

- Availability of safe and affordable housing and ending the concentrations of poverty in communities.
- Establishing a seamless safety net.
- Developing and implementing income strategies.
- Implementing discharge planning.
- Raising public awareness of the issues.

Since then each committee has met on a monthly basis, reporting back to a steering committee that disseminates the results to the other committees. Specific strategies have been developed with clearly defined action steps. All participants, now numbering 167, were re-convened October 1, 2003, to ratify the draft plan and to implement these steps. The document that resulted from this meeting outlines a ten-year plan with specific and measurable goals. It should be noted that the plan is a living document, which will be updated and revised as necessary during a full meeting of the Alliance each year.

THE HOMELESS OF MERCER COUNTY

To fully understand the problem and the steps needed to remedy it, we must recognize that there are three types of homeless people - transitional, episodic, and chronic.

THE TRANSITIONAL HOMELESS

These are people who spend a relatively short time in the homeless system. They become homeless or are at risk of losing their housing, receive the assistance they need, and then exit the system, returning infrequently, if at all.

The majority of Mercer County's homeless population falls into this category and is comprised primarily of families with children.

Generally, they have experienced a housing crisis, but do not have significant life issues; in fact, most are working full-time jobs. The root cause of homelessness among this group is the gap between their income and the cost of housing in Mercer County. Because this is the largest homeless population, we must take a

closer look at who they are and why they become homeless. As previously mentioned in a recent study by the U.S. Conference of Mayors, Trenton has one of the highest rates of family homelessness in the nation. In addition to those who are actually homeless, another large number of families are living in overcrowded or substandard housing.

It is alarming that children comprise almost 50% of Mercer's homeless population. Some children live with their parents in motels or shelters, on the streets, in cars, or abandoned buildings. Many more live with friends or other family members. Approximately 20% of homeless children do not attend school regularly. They often are transported in the "homeless kids" buses and face ridicule by their peers.

Over the last decade, poverty increased 17.1% in Mercer County. The face of homelessness has become one of young mothers, low-wage workers, and children. Our homeless are in elementary school or in diapers.



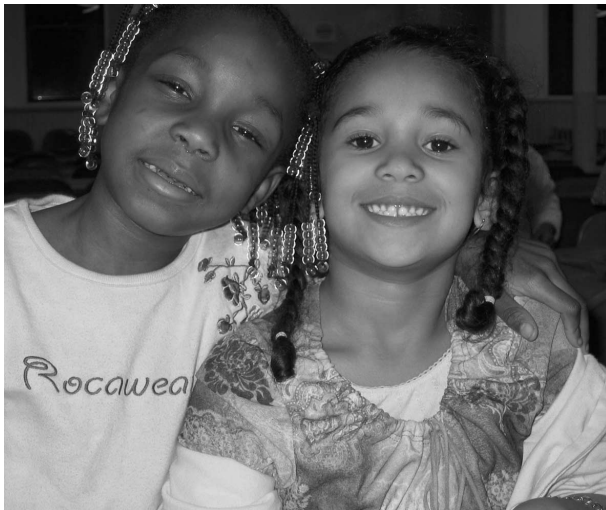
Young girl jumps rope in parking lot of a Rte. 1 motel in Lawrenceville.

“The dream of growing up and taking care of your family is not attainable to many working people in this country. I can’t see how any fair-minded civic leader can turn his back on this issue.

We have to change the face of homelessness and let people know we’re dealing with children.”

-Dennis Micai

Chairman, The Mercer Alliance to End Homelessness
Executive Director, Mercer County Board of Social Service



Transitional Housing Residents

HomeFront has found that the average age of a homeless person in Mercer County is seven years.

The victims of this crisis are the working poor. Full-time workers earning \$8/hour net \$1160 per month. If they spend \$973 of their income on an average two-bedroom apartment, they are left with only \$187 a month for other basic costs, such as utilities, food, transportation, and childcare. Despite working long hours at such jobs as janitors, home health and nursing aides, sales clerks, childcare workers, restaurant employees, gardeners, and school bus drivers, they are unable to make ends meet. The result is often homelessness.

For transitional families and singles already homeless, the need is to move them into permanent housing as quickly as possible, while linking them with appropriate support services. This is called "housing first."

Whenever possible, families and singles at risk must be kept in their homes. Homeless prevention and housing first are key to housing stability for this population.

For certain subpopulations, such as families fleeing domestic violence, those who are HIV positive, youth aging out of foster care, and the seriously mentally ill, transitional housing is the necessary alternative until the head of household becomes stable. After that, the family can be placed in permanent housing, with appropriate support services.

THE EPISODIC HOMELESS

At least 20% of Mercer County's homeless population is characterized as episodic homeless. This population uses the shelter system repeatedly, and on a regular basis. They include those who move from overcrowded, living conditions with family members to motels and shelters, or sleep in their cars or abandoned buildings. They also cycle from hospitals and prisons. They are primarily single males or young women with children who have never been able to establish their own homes. They tend to be younger than the chronic homeless and are often involved with substance abuse. Emergency prevention capacity and good discharge planning are essential in order to reduce the enormous costs incurred when this group interacts with other systems, particularly shelters, prisons, and hospitals.

A flexible strategy is necessary in order to address their housing

needs, as well as their problems with substance abuse or chronic depression. Many will need training in independent living skills, extended case management, and connection to support services. Since no one can focus on becoming, and remaining, independent if consumed by a sense of hopelessness or addiction, effective treatment for these problems is crucial.

THE CHRONIC HOMELESS

Nationally, the chronic homeless represent 10% of the homeless population, but utilize 50% of the resources. They are overwhelmingly single and primarily male, with a very high incidence of substance abuse. Many are veterans.

Most of the chronic homeless are unable to work because of a debilitating physical or mental disability. Even with income from public benefits, they require long-term subsidies for housing and social services to remain adequately housed. They need permanent, supportive housing with appropriate easily available services, including sufficient addiction treatment

This group is most visible to the public and has created the stereotype of the homeless.



The Chronically Homeless

THE COSTS OF HOMELESSNESS

Homelessness is extremely expensive for the community. Government entities spend approximately \$75 per night, or \$2281 a month, to place one family in an area low-budget motel or homeless shelter. The Mercer County Board of Social Services alone spends more than \$8-\$12 million per year for emergency services. In addition to the direct cost of providing shelter, a wide range of indirect expenses is incurred. Our tax dollars could be much better spent enriching the community if a safety net was in place to prevent the extraordinary costs of emergency shelter.

Homelessness costs employers millions of dollars annually. Employees without stable housing often have high rates of absenteeism and poor work performance. The physical and psychological stress - daily struggle for survival- created by homelessness makes it difficult for them to focus on their work. It also precludes them from obtaining work-related training or education to upgrade their skills.

Homelessness vastly increases the cost of health care. The physical and emotional effects of homelessness have a very real impact, especially on children. For example:

- 47% of homeless children have problems with depression, anxiety, or withdrawal from their surroundings, as opposed to 18% of children with homes.
- Homeless children are four times more likely to suffer from asthma.
- Costs for emergency room treatment

for asthma compared to regular preventive care and medication are staggering.

- Nearly 70% of homeless infants and toddlers suffer from chronic illnesses.
- Homeless children are twice as likely to experience hunger.

Homelessness also takes a severe toll on the health of adults. Because of inadequate primary health care, undiagnosed medical conditions frequently reach acute levels before they are treated.

- Without a primary care physician, adults utilize more expensive hospital emergency room care.
- 59% of homeless families visit hospital emergency rooms at least once a year.
- Homeless people spend, on average, four days longer as inpatients than non-homeless people. The average cost of this increase is \$2,414 per hospitalization.

The cost of incarceration (a bed in a New Jersey state prison averages \$28,000 per year) is strongly linked to homelessness; that is, people who are, or have been homeless, are more likely to spend time in prison.

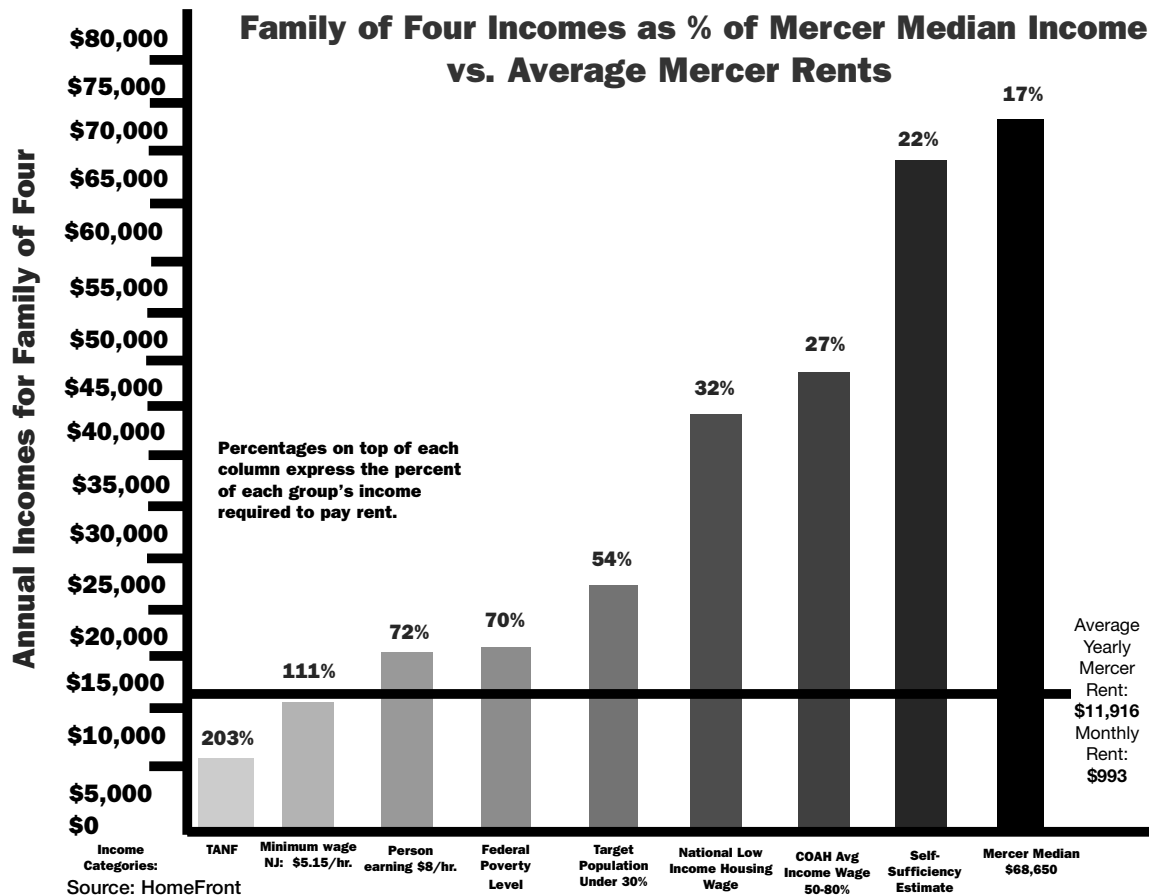
Children who experience homelessness, and the stresses associated with it, often manifest inappropriate anger and aggression later in life. This is especially true of school-age, homeless children who are twice as likely to demonstrate delinquent behaviors as non-homeless children.

While the above are mostly measurable costs, some cannot be calculated. Homeless children often demonstrate academic problems, because they tend to change schools regularly. These disruptions and lack of oversight by teachers cause many homeless children to remain two grade levels behind their peers; thus, their potential for academic success and future productivity is greatly diminished.

Homelessness is both the primary cause and the end result of a wide range of broader social issues. People become homeless due to lack of available affordable housing, unemployment, low wages, high rents, drug abuse, mental and physical disabilities, illness, and criminal activity, yet the trauma of homelessness leads to higher rates of the same ills.

While ending homelessness will not eliminate poverty, crime, or substance abuse, we do know that no individual or family can resolve personal issues without a stable place to live.

We also know that ending homelessness now will prevent future generations from experiencing its debilitating and degrading effects, namely emotional and physical problems and diminished potential.





Data Entry Keyer:

\$24,520 Annually



EMT/Healthcare Support Worker:

\$34,000 Annually



Landscaper:

\$23,805 Annually



Custodian:

\$29,920 Annually

**A WAGE EARNER MUST MAKE
\$38,000 TO AFFORD
HOUSING IN MERCER COUNTY.**

PLAN OVERVIEW

The Alliance's plan to end homelessness is unique among its national counterparts in that it is a living document, which will be modified and expanded each year in order to address new needs and goals.

The current plan consists of our ultimate goal, three long-term goals, and five short-term goals with defined action steps. These are listed below:

A. Ultimate Goal:

To build and strengthen our community by ensuring that within ten years every resident of Mercer County has permanent, affordable, and safe housing and the ability to maintain it.

B. Long-Term Goals:

1. Prevent homelessness or "*closing the front door*" by providing a financial safety net to protect those who have housing but are in danger of losing it. Equally necessary is ensuring that government institutions do not discharge people into homelessness.
2. Housing First or "*opening the back door*" by coordinating provider systems so that people who become homeless move into safe, affordable, and permanent housing as soon as possible.
3. "*Building a foundation*" by actively working with other groups to promote truly affordable housing, a decent wage, and/or increasing income and work supports, and ensuring case management, treatment options and access to necessary government and private services.

C. Short-term goals and actions: The goals are divided into five focus areas or committees.

1. Making safe and affordable housing available and ending the concentrations of poverty in communities.
2. Establishing a seamless safety net.
3. Developing and implementing income strategies.
4. Implementing discharge planning.
5. Raising public awareness of the issues.

Each committee will be responsible for the implementation and oversight of its respective goals, which will be determined at the start of each new year. Details of each committee's goals, the steps they will take to achieve them, and the persons responsible for oversight, are as follows.

“What if you had nowhere to go after work tonight? No place to fix dinner; no place to call home? What if your children had nowhere to do their homework? No safe place to stay? No decent place to sleep? Without a place to live, the rest of our daily routines would quickly disintegrate.

Try maintaining a neat appearance for work when your clothes are stashed in a plastic bag instead of a closet. Try to buy food, clothes or medicine when half your paycheck is eaten up by rent.”

-Diane Sterner

Executive Director of the Housing and Development Community Network
The Trenton Times (June 7, 2003)

HOUSING AND ENDING THE CONCENTRATION OF POVERTY

1. GOAL:

Address barriers that are preventing people from accessing current available housing.

- Hold workshops for landlords about the laws against discrimination. Task Lead: Phil Freeman, partnering with Division of Civil Rights
- Hold workshops for tenants detailing their rights and responsibilities. Partner with Legal Services and determine other agencies that could provide an effective workshop series. Task Lead: Mary Ellen Marino, Legal Services, Mercer Ombudsman
- Create education program for Mercer nonprofit provider agencies regarding the state pilot project for Section 8 homeownership in Mercer County. Task Lead: Arnold Cohen, Milt Sharp, Isles
- Collaborate to prevent homelessness by foreclosure and predatory lending. Prepare educational materials and seek legal volunteers to offer bankruptcy clinics. Task Lead: Mary Ellen Marino, New Jersey Institute for Social Justice, Legal Services

2. GOAL:

Make ending homelessness a priority when housing plans are being developed by local, county, or state governments.

- Open communications with existing public housing authorities, work

to create a specific eligibility priority for the homeless, propose alternative plans for housing as appropriate and at annual hearings. Task Lead: Rhonda Coe, Alliance members

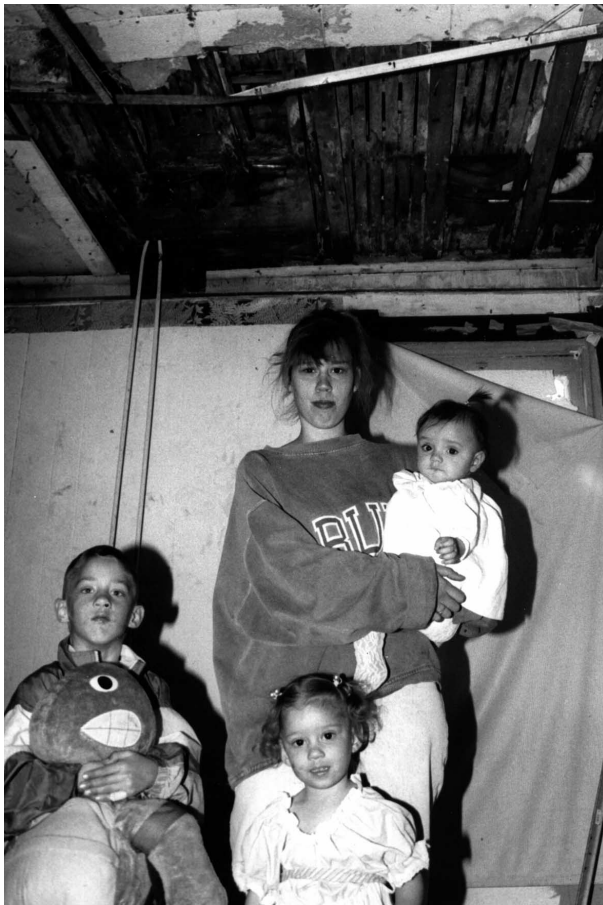
- Expand communications with the Mercer County Housing Office, seek specific priorities in HOME and Community Development Grant Block funds for housing or services to the homeless, seek to develop joint plans with Mercer County and the Trenton/Mercer Continuum of Care, work to reinstitute the county security deposit fund to prevent homelessness. Task Lead: Rhonda Coe, Mary Ellen Marino, Connie Mercer
- Work with the Department of Community Affairs and Hamilton Public Housing Authority to streamline the Section 8 program in areas such as provision of security deposits, speeding up inspections and check processing, seeking exceptions to fair market rent caps in high-rent areas, and using annualized incomes for establishing tenant contributions where there is history of job instability. Task Lead: Arnold Cohen, Mary Ellen Marino

3. GOAL:

Coordinate advocacy on state and federal legislation.

- Collaborate with coalition partners to support the state funded rental assistance bill. Task Lead: Mary Ellen Marino, Arnold Cohen, Alliance leaders, AntiPoverty Network, Regional Equity Coalition, New Jersey Catholic Conference, Lutheran Office of Government Ministries

- Research and provide action alerts to Alliance participants on proposed COAH rules and other current rules and regulations regarding housing and homeless related issues. Task Lead: Mary Ellen Marino, Arnold Cohen
- Prepare and disseminate action alerts for Alliance participants on key legislative issues relating to its mission. Take public positions on key issues as determined by steering committee. Task Lead: Mary Ellen Marino, Arnold Cohen
- Create database of people and information that can be utilized by the Alliance advocacy network. Task Lead: Mary Ellen Marino, Denise Higgins and Victoria Cabanlet



Family living in deteriorated housing in Trenton.

- Disseminate information regarding issues pertaining to the Alliance and its mission. Encourage Alliance members to respond to the issues by taking measures on a state, federal, or local level. Task Lead: Mary Ellen Marino, Arnold Cohen

4. GOAL:

Set a reasonable goal for the minimum number of housing units needed to end homelessness in Mercer County.

- Review existing data on number of units that meet current criteria for decent, safe rental housing. Task Lead: Cleophis Roper, Rhonda Coe, Arnold Cohen, Mathematica Policy Research
- Examine census data and other reliable sources on the existing need for housing units in Mercer. The need will be determined by the percentages of: uninhabitable or deteriorated units, overcrowding, owners versus renters, and those who spend more than 50% of income on housing. Mathematica Policy Research and the Homeless Resources Advisory Council (HRAC) will make a count of the homeless. Task Lead: Cleophis Roper, Rhonda Coe, Arnold Cohen, Mathematica Policy Research
- Determine the shortfall of housing units, factoring in job growth and workforce needs. Task Lead: Housing Committee of The Alliance
- Examine the data on jobs and local needs, determine the need in each Mercer County municipality, meet with municipal leaders to make them aware of the needs in their community. Task Lead: Housing Committee of Alliance

5. GOAL:

Collaborate with others to end the concentration of poverty.

- Determine areas where concentrations of poverty exist. Task Lead: Housing Committee of the Alliance
- Coordinate activities with Regional Equity Coalition to create more balanced communities. Task Lead: Mary Ellen Marino, Bruce Davidson
- Involve mayors and local community volunteers in each Mercer municipality. Task Lead: Denise Higgins, Mary Tanner, Joe O'Neill

Task Lead: Larry Hatton, Corporation for Supportive Housing (CSH)

- Follow up to ensure that eligible organizations and agencies apply for funds and, when requested, connect them with appropriate technical assistance. Task Lead: Larry Hatton, CSH, Joyce Campbell
- Advocate for increases in funding or against any cuts that effect the goal of ending homelessness. Task Lead: Mary Ellen Marino, Dennis Micai, Alliance members

SAFETY NET

1. GOAL:

Maximize funding to Trenton/Mercer Continuum of Care, other resources.

- Continue close collaboration with Trenton/Mercer Continuum of Care where City of Trenton and Mercer County applied jointly for HUD Continuum of Care funding. Support inclusion of Hamilton Township in next year's application. Task Lead: Cleophis Roper, Marie Gladney, Alliance members
- Continue to support regular meetings and broad involvement of all stakeholders in the Trenton/Mercer Continuum of Care application process. Task Lead: Cleophis Roper, Joyce Campbell
- Maximize funding opportunities for organizations and agencies in Mercer County. Monitor the availability of federal and other funding sources and inform agencies and organizations eligible for these funds

2. GOAL:

Educate providers and clients about existing services in Mercer County.

- Inventory existing housing and mainstream support services in Mercer County for people who are homeless or at risk of becoming homeless. Task Lead: Joyce Campbell, Larry Hatton
- Create website of support services that can be accessed by organizations, agencies, and clients. Task Lead: Mary Ellen Marino, Alliance staff, Tom Sullivan
- Implement joint training of providers about use of the website and all support services currently available to clients. Task Lead: Dennis Micai, Joyce Campbell
- Update and publicize "First Call for Help Directory." Task Lead: Craig Lafferty, United Way of Greater Mercer County
- Update and publicize "Finding and Acquiring Permanent Housing" booklet. Task Lead: HomeFront staff

- Create common intake form for all service providers in Mercer County. Task Lead: Marie Gladney, Joyce Campbell, CEAS, website staff

3. GOAL:

- Make case management, financial assistance in maintaining and securing permanent housing, and supportive services available to all persons who are homeless or at risk of homelessness.
- Seek additional county funding for prevention and supportive services. Task Lead: Connie Mercer, Mary Ellen Marino
- Advocate for additional funding from federal and state sources. Task Lead: Mary Ellen Marino, Alliance members
- Involve consumers/clients in designing effective and user-friendly case management and supportive services. Task Lead: Joyce Campbell, Safety Net Committee

INCOME

1. GOAL:

- Work closely with the Mercer County Workforce Investment Board to help consolidate and publicize One Stop and all other workforce development efforts sponsored by the WIB.
- Monitor the One Stop Centers for accessibility, hours, suitable location, and outreach to needy communities. Ensure that they are well-publicized and have the tools and skilled staff necessary to help clients advance in their careers. Task Lead: Income Subcommittee

2. GOAL:

Work to have welfare grants to clients based on 40% of the Standard of Need (the state developed standard for cost of living in New Jersey.)

- Enlist support and advocacy from coalitions, including County Welfare Directors' Association, Anti-Poverty Network, Princeton Justice Project, Think First, New Jersey Alliance for the Homeless and labor organizations, such as Service Employees International Union and Mercer Central Labor Council. Task Lead: Dennis Micai, Mary Ellen Marino
- Advocate for, and achieve, the above goal by the end of state budget period. Task Lead: Dennis Micai, members of the Alliance

3. GOAL:

Increase the minimum wage as a step towards a living wage.

- Enlist legislative and advocacy partners to raise state level, in incremental steps, to \$9.75 an hour as recently proposed by the Mercer County Board of Chosen Freeholders. For example, by raising it \$.58 a year for 8 years or \$.92 a year for five years. This wage would be required for private sector employers employing 50 or more employees. Task Lead: Bruce Davidson, Mary Ellen Marino, Alliance members
- Work with corporate sponsors to expand HomeFront's car donation program. Create a vehicle repair program expanding on the "Road to Success" program available at Mercer County Board of Social Services. Task Lead: Bruce

Davidson, Connie Mercer, Dennis Micai

- Work with state and local Legal Services, private attorneys and credit counseling agencies to establish a referral system for legal assistance to restore suspended drivers' licenses, based on experience of Legal Services of Northern Virginia. See also National Employment Law Project at www.nelp.org. Task Lead: Mary Ellen Marino, Mary Tanner, Dennis Micai
- Work with coalition partners, New Jersey Institute for Social Justice, New Jersey Immigration Policy Network, New Jersey Catholic Conference, and others to support drivers' licenses for immigrants. Task Lead: Marlene Lao Collins, Bruce Davidson, Service Employees International Union (SEIU)

4. GOAL:

Remove barriers to employment caused by lack of drivers' licenses and auto insurance.

- Advocate for expansion of Senate Bill, No. 867 (sponsored by Senator Shirley K. Turner) "concerning restricted use of licenses" which would permit driving to and from work, school, or job, to also include those seeking a job or in job training. Task Lead: Coalition partners include the NJ Institute for Social Justice, AntiPoverty Network, SEIU. Task Lead: Bruce Davidson, Mary Tanner, Mary Ellen Marino
- Work with Mercer Vicinage to implement a program that would consolidate traffic and parking fines throughout the county, and develop a realistic repayment program based on the driver's



Can you imagine working two jobs and still not being able to afford housing? She can.



Young boy enjoying a happy moment with a high school student who is tutoring him.

income to prevent license suspensions. Task Lead: Judith Irizarry, Mercer Ombudsman, Municipal Court Administrator

- Work with the Governor's office to promote the new "Dollar a Day" insurance program and inform eligible drivers. Task Lead: Mary Tanner, Mary Ellen Marino, Dennis Micai
- 5. **GOAL:**
Support New Jersey unemployment insurance improvements.
- Work with labor, safety net, and other Alliance partners to promote awareness of unemployment increases and seek to make them permanent in FY 2006. Task Lead: Bruce Davidson, Alliance members
- 6. **GOAL:**
Support increase in the amount of New Jersey Earned Income Tax Credit (EITC) and better utilization of federal and state EITC programs.
- Work with Alliance partners to align New Jersey with federal

EITC income level and promote annual cost of living increase. Task Lead: Income Committee

- Improve on the current EITC utilization by those eligible. Task Lead: Income Committee
- 7. **GOAL:**
Seek continuation and expansion of work supports for low-wage workers, including subsidized childcare, family healthcare, and transportation assistance.
- Advocate for funding increases and educate clients to obtain all existing benefits. Task Lead: Income Committee
- 8. **GOAL:**
Ensure that low-wage workers and the homeless are aware of free educational opportunities which would enable them to obtain jobs paying a living wage.
- Advocate for adult literacy programs, tuition benefits and educate clients to obtain all existing benefits. Task Lead: Income Committee

DISCHARGE PLANNING

1. GOAL:

Create an integrated discharge system to ensure that all clients released from public and private facilities are released with a risk and needs based discharge plan and a place to live.

- Enlist the involvement of key players such as juvenile justice, probation, parole, Divisions of Youth and Family Services and Mental Health, Department of Corrections, hospitals, county probation and jail, substance abuse/treatment programs through Department of Health. Task Lead: Mary Ellen Marino, John Monahan
- Review and study the current discharge processes for all facilities. Task Lead: Mary Ellen Marion, John Monahan
- Create an integrated discharge system by obtaining memoranda of understanding among agencies about the discharge process. Task Lead: Mary Ellen Marino, John Monahan

2. GOAL:

Amend the rule that currently excludes people convicted of intent to distribute drugs from receiving key services.

- Gain support of legislators to include graduated sanctions and/or credit for participating in approved programs. Task Lead: (collaboration with New Jersey Division of Mental Health, Human Services Advisory Committee) John Monahan

PUBLIC AWARENESS

1. GOAL:

Create a successful campaign strategy to convince people that ending homelessness is critical to the economic health of business, taxpayers and the community.

- Research public awareness campaigns in other states/counties/municipalities that have developed plans to end homelessness. Task Lead: Public Awareness Committee
- Begin development of a public awareness campaign by the Alliance. Task Lead: Tom Sullivan, Public Awareness Subcommittee
- Secure community/corporate partners to help the Alliance implement the campaign. Partners will provide resources and time. Resources: media, newspapers, special events, creative programs, website, clearinghouse. Task Lead: Tom Sullivan, Alliance members
- Document Alliance accomplishments using measures of effectiveness. Task Lead: Tom Sullivan, Alliance members

2. GOAL:

Create a credible foundation for Alliance's efforts to end homelessness.

- "Brand" the Mercer Alliance. Create a logo, official name, and materials. Task Lead: Tom Sullivan, Princeton Partners, Alliance members



LOGO DESIGN


- Have Alliance plan professionally produced for distribution and hold a professionally produced press conference to release plan to the public. Task Lead: Dennis Micai, HomeFront
- Continue to be sure that the Mercer Alliance plan remains in concert with New Jersey State Policy Academy and other plans nationwide by maintaining good relations with HUD Interagency Council on Homelessness, and continue to coordinate with Trenton/Mercer Continuum of Care, the Anti-Poverty Network, the Regional Equity Coalition, the New Jersey Alliance for the Homeless, and the National Alliance to End Homelessness. Task Lead: Pam McCrory, Dennis Micai, Mary Ellen Marino

3. GOAL:

Create support for The Alliance plan.

- Seek endorsement from key elected officials at the local, county, and state levels. Task Lead: Connie Mercer, Dennis Micai, Alliance members
- Seek endorsements from business associations such as the Mercer County Chamber of Commerce, Princeton Area Chamber of Commerce, and Mercer Trenton African American Chamber of Commerce, New Jersey Business and Industry Association. Task Lead: Tom Sullivan, Connie Mercer, Dennis Micai, Alliance members

- Seek endorsements from grass roots, faith-based organizations, community groups, and organizations with similar goals. Task Lead: Connie Mercer, Dennis Micai, Tom Sullivan, and Alliance members
- Seek endorsements from chief executive officers of area companies. Task Lead: Craig Lafferty



**MERCER ALLIANCE
TO END HOMELESSNESS**

FACTS

There is a Crisis in Mercer County

On any given day there are 900 homeless people in Mercer County.

Mercer County has one of the highest rates of family homelessness in the nation.

Over 3,000 men, women and children receive services from the homeless system.

Children comprise of almost 50% of Mercer's homeless population.

The average age of a homeless person in Mercer County is 7.

The vacancy rate of 1% in Mercer County is officially defined as a crisis.

The National Low Income Housing Coalition cites New Jersey as one of the least affordable states in the country for the past 4 years.

To afford a one bedroom apartment on minimum wage in Mercer County, you would have to work 22 hours a day, 7 days a week.

Over the past decade, poverty increased 17.1% in Mercer County.

40% of Mercer County households earn less than \$30,000 per year.

Mercer County spends approximately \$75/night, or \$2,251 a month to place one family in an area low-budget motel or homeless shelter.

Homeless people spend an average of four days longer as in-patients than people with homes, at an average cost of \$7,414 per hospitalization.

A: 1880 Princeton Ave. Lawrenceville, NJ 08848
P: 609-989-3417
F: 609-989-3423

FACT SHEET

- Create and maintain a central database of information relating to homelessness in Mercer County in order to measure progress and results. Task Lead: Craig Lafferty, Mary Ellen Marino, with assistance from Mathematica Policy Research, Human Resources Advisory Council, Trenton/Mercer Continuum of Care, New Jersey Department of Human Services and Community Affairs.
- Conduct a yearly census of homeless people in Mercer County. Task Lead: Alliance members and Mathematica Policy Research

“In cities that have planned and acted on their plans to end homelessness, incentives are being reversed so that we are preventing homelessness before it happens, private-public partnerships are developing and growing, and proof that this is working is inspiring new commitment.”

-Nan Roman

National Alliance to End Homelessness

Mercer Alliance Supporters

- After School Partnership
- Anchor House
- Caliper
- Capital Health Systems: Fuld & Mercer
- Catholic Charities
- The Child Care Coalition
- Child Care Connection of Mercer County
- City of Trenton
- Community Action Service Center
- Corporation for Supportive Housing
- Corzine, US Senator Jon
- Crisis Ministry
- District 6 Parole Office, Mercer County
- Doorway to Hope
- Greater Mercer Transportation Association
- Greater Princeton Chamber of Commerce
- Greater Trenton Behavioral Health
- Greenstein, Assemblywoman Linda
- Gusciora, Assemblyman Reed
- Hamilton Township Housing Authority
- Henry J. Austin Health Care
- Hill Wallack
- HIV Consortium, Mercer County
- Hoffman, Dan, Housing Consultant
- Holt, US Congressman Rush
- HomeFront
- Homeless Prevention Program, NJDCA
- Housing & Community Development Network
- Housing Initiatives of Princeton
- Holt, US Congressman Rush
- Hughes, Brian, Mercer County Executive
- Interfaith Hospitality Network, Mercer County
- Inverso, Senator Peter & Chief of Staff, Steve Cook
- Isles, Inc.
- John Watson Institute for Public Policy
- Junior League of West Windsor
- Lawrence Interfaith Housing
- Lawrence Township
- Lutheran Office of Governmental Ministries
- Mercer County Board of Social Services
- Mercer County Community College
- Mercer County Courts
- Mercer County Division of Mental Health
- Mercer County, Housing Department
- Mercer County Hispanic Association
- Mercer County, Human Services Department
- Mercer County Probation
- Mercer County, Public Safety Department
- Mercer Landlords' Association
- Mercer Street Friends
- Mercer Trenton African American Chamber of Commerce
- New Jersey Alliance for the Homeless
- New Jersey Dept. of Community Affairs
- New Jersey Dept. of Corrections
- New Jersey Dept. of Health and Senior Services
- New Jersey Dept. of Labor
- New Jersey Dept. of Treasury
- New Jersey Div. on Civil Rights
- New Jersey Div. of Mental Health Services
- New Jersey Div. of Youth and Family Services
- New Jersey Housing & Mortgage Finance Agency
- New Jersey Institute for Social Justice
- O'Neill, Joseph P., Princeton Borough Mayor
- Palmer, Douglas, Trenton Mayor
- Pennington Presbyterian Church
- Prince of Peace Lutheran Church, West Windsor
- Princeton Area Community Foundation
- Princeton Clergy Association
- Princeton Justice Project, Princeton University
- Princeton Partners
- Princeton Regional Human Services Dept.
- Rescue Mission
- Rider University
- Robert Wood Johnson at Hamilton
- The Salvation Army, Trenton
- SERV Centers of New Jersey
- Smith, US Congressman Christopher
- State Employment & Training Commission
- S.T.E.P.S., Trenton/Mercer
- Thomas Edison State College
- Trenton Academy Preschool
- Trenton Board of Education
- Trenton Housing Authority
- Trinity Episcopal Church, Princeton
- Turner, Senator Shirley K.
- Union Industrial Home for Children
- Unitarian Universalist Church, Washington Crossing
- United Parcel Service
- United Progress, Inc.
- United Way of Greater Mercer County
- Watson-Coleman, Assemblywoman Bonnie & Chief of Staff, Jen Godoski
- Womanspace



**MERCER ALLIANCE
TO END HOMELESSNESS**

We can. We must. We will.

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