



THE ROAD HOME

*A Ten Year Plan to End Homelessness
in Newark and Essex County
(2010 – 2020)*

The Essex-Newark Task Force to End Homelessness

January 2010

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in Newark and Essex County
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PREPARED BY the Corporation for Supportive Housing for the County of Essex and the City of Newark, with the support of the Nicholson Foundation.

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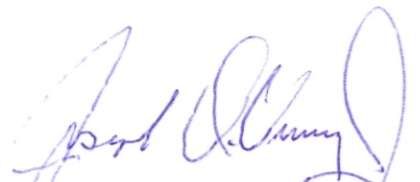
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A Message from the County Executive and the Mayor


As the elected officials leading the governments of Essex County and the City of Newark, we are working together to address the problem of homelessness for the residents of this great region. We both have a deep and abiding commitment to assist those in need and help all people reach their full potential, and we know that a stable home is a critical starting point for success.

We would like to thank the many people who have been a part of creating the Essex-Newark Ten Year Plan to End Homelessness: all of the members of the Essex-Newark Task Force to End Homelessness, the Corporation for Supportive Housing, and the many residents of Essex County and Newark who shared their input and their experiences at the Community Forums. Without all of your commitment, ideas, and energy, none of this would have been possible.

We now have an unprecedented team assembled that is focused on trying to end homelessness. Working together, we can help all residents of Essex County and Newark achieve the goal of safe and stable housing for themselves and their families.



Joseph N. DiVincenzo, Jr.
Essex County Executive



Cory A. Booker
Mayor, City of Newark

Essex-Newark Task Force to End Homelessness– Member Agencies

(See Appendix A for a list of Agency representatives)

AIDS Resource Foundation for Children

Apostles' House

Bethel World Outreach Ministries Inc.

City of Newark:

- Department of Child and Family Well-Being
- Department of Housing and Economic Development
- Division of Housing and Real Estate
- Division of Planning and Community Development
- Municipal Court
- NewarkWORKS
- Office of Innovation and Performance Management
- Office of the Mayor
- Office of Partnerships and Grants Management
- Police Department

Consumer Advocates (2)

Corporation for Supportive Housing

East Orange General Hospital

East Orange Housing Authority

Essex County:

- Department of Citizen Services
- Department of Economic Development
- Division of Community Action
- Division of Housing and Community Development
- Division of Welfare
- Office of the County Executive
- Sheriff's Office

Essex County College

Essex-Newark Legal Services

Integrity House, Inc.

Irvington Housing Authority

Isaiah House

Mental Health Association of Essex County

Newark Emergency Services for Families

Newark Housing Authority

The Nicholson Foundation

Project Live

St. Matthew AME Church

United Way of Essex and West Hudson

United Way of North Essex

University of Medicine and Dentistry New Jersey – University Behavioral HealthCare

Verizon

The Road Home:
The Essex-Newark Ten Year Plan to End Homelessness

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"Back in 1992, it was virtually inconceivable that we could try to [house] the longest standing, most chronically homeless—whether on LA's skid row, the streets of Seattle, or in the parks of New York City—and find that a year later nearly 90 percent of those individuals remain housed.
Yet that is happening now, every day...

**The simple fact is, today we can house anyone.
Our challenge now is to house *everyone*."**

*--Shaun Donovan,
U.S. Secretary of Housing and Urban Development
July 14, 2009*

Our Vision

We believe that we can create the quantity and combination of housing and services needed to eliminate homelessness for every individual and family in Newark and Essex County.

We believe the time is right to transform our homeless response system from one built upon a foundation of emergency and temporary housing to one built upon a foundation of prevention and permanent housing. We have the right variables in place: strong leadership and support from the City and County; essential partners at the table; deep expertise within the local community; proven results to support new, more cost-effective interventions and expand the strengths of the current system; and a collective determination to create a true pathway home for every man, woman, and child who is homeless or at-risk in Newark and Essex County.

We recognize that we cannot solve all of the problems that contribute to homelessness, but this fact provides us no excuse to walk away from what we can do. We cannot wait for a better economy, a better jobs report—we must act now. We will pursue concrete and clear objectives designed to transform the landscape of policy, housing, and services in Newark and Essex into one that eliminates long term homelessness within five years and all homelessness within ten years. At the same time, we will also work with, and support, our allies who are dedicated to the work of alleviating poverty and other societal factors that contribute to homelessness.

We believe in a simple, clear vision for our community—*our 2020 vision*:

By 2020, all individuals and families at risk of homelessness in Newark and across Essex County will have access to safe, quality housing that they can afford, with the resources needed to sustain it.

— The Essex-Newark Task Force to End Homelessness

EXECUTIVE SUMMARY

What will it take to end homelessness? In one sense, the answer is easy and obvious: housing ends homelessness. The objective of the Essex-Newark Ten Year Plan to End Homelessness is to take this simple answer and set the framework for tackling the inevitable complexity involved in creating a future where it is not just a hopeful mantra, but a reality: all individuals and families at risk of homelessness in Newark and Essex County have access to stable, permanent housing, with the resources needed to sustain it. *Housing ends homelessness.*

Based on a census of the homeless population conducted on January 28, 2009, it is projected that, annually, nearly 4,000 adults and children are homeless in Essex County. The vast majority (88%) of the homeless in Essex County are staying, sheltered and unsheltered, in the City of Newark. In Essex County, the majority of the housing units (87%) designated for the homeless are temporary/time-limited: emergency shelters or transitional housing, primarily located in Newark. Permanent supportive housing (i.e., low income housing with services) represents the smallest proportion of the current housing stock (13%).

To end homelessness, we will transform our homeless response system from one built upon a foundation of emergency and temporary housing to one built upon a foundation of prevention and permanent housing. Experience and research shows that this approach is the most humane and cost-effective way to end homelessness. We will work simultaneously on several fronts, based on the goals outlined in our Roadmap to End Homelessness:

- **Homelessness Prevention:** We will reduce the number of individuals and families who become homeless.
- **Housing:** Our objective is to create 1,000 new units of permanent supportive housing within five years and 3,000 new units of low income housing within ten years. We recognize that these are aggressive goals—ones that are matched to the urgency of the need. Our success in reaching these goals is dependent upon the ongoing viability of state and federal financing (e.g., New Jersey Special Needs Housing Trust Fund; U.S. Department of Housing and Urban Development; Federal Home Loan Bank), which have been the engine of such housing production, and our ability to access that funding for local development. We will shift our system to a Housing First strategy, helping persons rapidly exit homelessness by placing them directly into permanent (not time-limited), low income housing, with wraparound services as needed.
- **Coordinated Services:** We will increase the speed, accuracy, and effectiveness of service delivery and housing placement by streamlining entry into the system, eliminating service barriers, and creating a web-based, real-time view of housing and services available throughout the system.
- **Data Quality and Performance Management:** We will continuously improve the quality and comprehensiveness of the program and resource data in Essex and Newark and provide regular reports to the community. Quality data (on capacity, costs, and outcomes) and well-designed performance metrics are critical for the ongoing assessment and smart evolution of our work.

- **Employment, Training, and Education:** We will increase employment, training, and career opportunities for homeless and formerly homeless individuals through dedicated partnerships with mainstream workforce agencies, educational institutions, and public and private sector employers.
- **Advocacy and Community Awareness:** We will expand community awareness and support for ending homelessness through outreach, regular reporting, and ongoing opportunities to join us in this work. We will advocate for changes to public policies that undermine or delay efforts to end homelessness.
- **Financing:** Our goal is to secure the funding necessary to reach our objectives, through increased leveraging of federal, state, and local funds, expanded philanthropic support, and re-investment of cost-savings. Our success is largely dependent on access to state and federal funding. It is essential that there is a permanent funding source to support maintaining families/individuals in supportive or subsidized housing, as many of the funding sources are time-limited. In some cases, the ability to use existing funds in a different manner (e.g., Emergency Assistance) will require changes to state law, which may impact the timeframe and/or feasibility of such a shift.

With the leadership of the County Executive and the Mayor, the Essex-Newark Coalition to End Homelessness will implement and oversee this ongoing initiative. As a first step, Coalition Workgroups will develop detailed action plans, covering each Ten Year Plan goal. These plans will be reviewed by an Executive Committee (comprised of Coalition members appointed by the County Executive and the Mayor), with final approval coming from the Mayor and County Executive (see p. 24 for more detail). Our goal is to complete the full Action Plan by October 31, 2010.

Together, we have developed this vision for change and we recognize that the majority of our work is ahead of us. Now is the time to answer the call to action—and we are ready to begin.

BACKGROUND: THE TASK FORCE AND THE TEN YEAR PLAN

The Essex-Newark Task Force to End Homelessness

At the beginning of 2009, Mayor Cory A. Booker and County Executive Joseph DiVincenzo, Jr., each convened a Task Force to End Homelessness in their respective jurisdictions. They invited community leaders, service providers, their own department directors, and former consumers to the table, with the goal of engaging representatives from all of the local systems involved with and/or impacted by homelessness. After four months of meeting separately and recognizing the completely intertwined nature of homelessness within the City and the County, in May 2009, the Task Forces joined forces, merging into the Essex-Newark Task Force to End Homelessness (*See Appendix A: Essex-Newark Task Force Member Agencies*).

Working with the Corporation for Supportive Housing, the Essex-Newark Task Force analyzed the strengths and weaknesses of the current “homeless system” (i.e., emergency, transitional, permanent housing; supportive services; homelessness prevention resources) and developed a strategic plan to augment and/or alter this system in order to end homelessness in Newark and Essex County within ten years. This Essex-Newark Ten Year Plan to End Homelessness enumerates the principles and pathways essential to creating a housing and services landscape designed to end homelessness and also defines the overarching goals in each area of focus (e.g., prevention, housing, etc.).

All told, there were ten Task Force meetings over nine months (January – September). To gather additional community feedback on the draft plan, the Task Force also organized six Community Forums in September. We are grateful to the organizations who helped us plan these events and to the many community members who attended. On September 29th, the Task Force approved the Ten Year Plan. The Task Force now becomes the Essex-Newark *Coalition* to End Homelessness, signaling the beginning of Plan implementation. Clearly, ending homelessness will require the participation and resolve of more than just the Coalition members and we fully expect and hope that more will join in the cause – service providers, faith communities, volunteers, consumers, funders, and more.

Transforming Our Ten Year Plan Goals into Action

This Essex-Newark Ten Year Plan to End Homelessness sets the basic framework for how we will transform our housing and homeless services system into one designed to end homelessness, not manage it. In this way, it is a foundational document – vetted through months of review and analysis, finalized by the Task Force, and put into force by the approval of the County Executive and the Mayor. The Plan’s goals and strategies are intentionally broad, designed to remain relevant and effective as the essential pillars of accountability and strategy over the long term. (Note: before you read through the Plan, you may want to review the Glossary of Terms.)

By contrast, the Action Plan will be drafted within smaller Coalition Workgroups, allowing for a more detailed assessment, focused expertise, and project development within each section of our Roadmap to End Homelessness (see p. 16). The Action Plan will be reviewed and approved by the County Executive and the Mayor and will translate each Ten Year Plan Goal into a series of activities that include measurable outcomes, clear accountability, timelines (short- and long-term), and financing (if applicable). The Action Plan must be nimble, responsive to changing variables, and flexible enough to allow for course corrections if proposed solutions are not producing desired results. It will be used by the Essex-Newark Coalition to End Homelessness as the practical guide for its day-to-day activities, as well as a tool to monitor progress. Our goal is to complete the Action Plan by October 31, 2010.

The Evolution of “Ten Year Plans” to End Homelessness

Over the past several years, hundreds of communities across the nation have developed Ten Year Plans to End Homelessness. To date, over 1,000 jurisdictional leaders have signed onto to local Ten Year Plans.¹ The movement away from a philosophy and practice of managing homelessness to *ending* it began in 2000 with a national call to action:

The development of local ten years plans began in 2000 when the National Alliance to End Homelessness announced A Plan, Not A Dream: How to End Homelessness in Ten Years. The Alliance’s Ten Year Plan focuses on using data to plan for outcomes, closing the front door to homelessness through prevention programs, and opening the back door out of homeless by rapidly re-housing individuals and families. Finally, it calls for building an infrastructure by increasing incomes, expanding affordable housing, and helping individuals and families access needed services. Since the National Alliance to End Homelessness’ announcement in 2000, the concept of local planning to end homelessness has taken root and hundreds of communities have committed to ending homelessness by dramatically transforming their homeless assistance systems. Each community commitment starts with a plan that outlines a framework to guide community-wide efforts.²

The relatively rapid expansion of the “Ten Year Plan” movement to end homelessness was not due to a sudden universal bout of idealism, good intentions, or a belief that it’s simply the “right thing to do” – those elements have been in place since the earliest days of homeless services. Instead, it was driven by a data-supported recognition of the ultimate “win-win” scenario, particularly regarding homeless persons with high needs (such as mental health and/or substance abuse issues). The fact is that it **costs less** to provide services to a person in a permanent housing setting than it does to let them continue to cycle between shelters, streets, emergency rooms, jails, and mental health facilities. And study after study shows that it leads to **better outcomes** for those who have been homeless, in terms of greater housing stability, recovery, mental and physical health, and increased income.³

All this may seem like common sense now—that persons who live in stable housing and receive needed services, delivered through effective case management, are more likely to make progress on issues that contribute to homelessness (such as substance abuse and mental illness) than those who are homeless and moving from shelter to shelter, often without those services. However, nearly ten years ago, this represented a major epiphany for many providers (who

¹ The American Roundtable Newsletter, August 12, 2009; *Q & A with Phillip Mangano*, former Director, U.S. Interagency Council on Homelessness.

² See “Community Plans” on the website of the National Alliance to End Homelessness, at <http://www.endhomelessness.org/section/tools/communityplans>

³ Studies conducted on supportive housing have also shown that when formerly homeless individuals use supportive housing, they experience:

- A 56 percent reduction in emergency room visits ([Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults](#), Tia Martinez, J.D., and Martha Burt, Ph.D.).
- A 36 percent decrease in jail time ([Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing](#), by Dennis Culhane, Stephen Metraux and Trevor Hadley).
- A 50 percent increase in earned income ([Next Step: Jobs, Promoting Employment for Homeless People](#), by David A. Long and Jean M. Amendolia).
- In addition, more than 80 percent of individuals who use supportive housing stay housed for at least one year (Dennis Culhane, et al.).

traditionally were more focused on assessing “readiness” for housing) and funders, followed by a national shift in service philosophy. The cost-effectiveness of this new approach, called *Housing First*, combined with data showing its efficacy at ending homelessness and improving the lives of formerly homeless individuals and families, is what inspired its rapid adoption by those with a duty to both take care of those in need and steward the public dollar in the most fiscally responsible manner, namely: mayors, county executives, governors, and other elected officials. Today, Newark and Essex County are able to cull the lessons learned and innovations from the best of these earlier efforts, as we now work to end homelessness in our community.

SECTION ONE: THE CURRENT LANDSCAPE

The Current Landscape: Homelessness

On any given night in Newark and Essex County, hundreds of individuals and families with children are homeless – living on the streets or in temporary shelter. Nearly 90 percent of the homeless in Essex County are staying, sheltered and unsheltered, in the City of Newark. Newark is the largest city in Essex County (and also the largest in the state).⁴

Obtaining an accurate count of persons who are homeless is notoriously difficult. Some of the best data we have is from the annual Point in Time Count (PITC). At the request of the U.S. Department of Housing and Urban Development (HUD), the PITC is conducted bi-annually in every Continuum of Care region. On January 28, 2009, the Essex County PITC results found: 1,071 homeless adults across Essex County (accompanied by 659 children); of these, 938 were in Newark (accompanied by 504 children). Most experienced providers in Newark and Essex, including the organizers of the PITC, agree that the data is a significant undercount of all persons who are homeless. However, using the raw data from the 2009 PITC, a more accurate annualized estimate can be made by applying a statistical formula.⁵ Using this formula, it is projected that *over the course of one year*:

- 3,708 adults and children are homeless in Essex County.
- 3,899 adults and children are homeless in Newark.⁶ [For an explanation of why the Newark projection is slightly higher, see Note, below.]

While the projections, above, more accurately indicate the sheer level of need in Essex and Newark, the PITC data (collected via a direct survey of persons who are homeless) does provide valuable qualitative, as well as proportional, information for planning and system design purposes.

Of the homeless persons surveyed in Essex County:

- The largest percentage (35%) were long term homeless, meaning: homeless for more than one year

⁴ Essex County 2008 population estimate: 770,657; Newark 2006 population estimate: 281,402 (U.S. Census Bureau).

⁵ Burt, Martha and Wilkins, Carol. *Estimating the Need: Projecting from Point-In-Time to Annual Estimates of the Number of Homeless People in a Community*, Corporation for Supportive Housing (March 2005).

⁶ NOTE: The higher projected number for Newark is due to a couple of variables: 1) to get the most accurate picture of Newark, homeless persons who were surveyed in other counties besides Essex, but who indicated they were staying in Newark, were included in Newark's total (but not Essex's, to preserve the county parameters of the data and final reports); and 2) the statistical formula uses a multiplier for persons who indicated they were newly homeless (< 7 days) and a higher number of people who were newly homeless were counted in Newark.

- Significant levels of “cycling” through the system were indicated (27% with at least 4 episodes of homelessness within the past 3 years).
- The highest levels of special needs indicated were mental health (23%), medical disability (19%), and substance abuse (18%)
- Thirty seven percent had spent time in a corrections facility within the past 3 years; and of those who were:
 - in state prison, 59 percent were discharged into homelessness
 - in city/county jail, 50 percent were discharged into homelessness
 - in juvenile detention, 58 percent were discharged into homelessness
- Seventy-one percent were single adults and 29 percent homeless families (a respondent accompanied by at least one dependent child under 18)
- The main sources of income reported were: welfare (43%), food stamps (40%), Medicaid (35%), and TANF (18%); 9 percent reported no income and 3 percent reported receiving no type of government benefit.
- Only 5 percent reported any employment-related income (wages or temporary labor)

For simplicity, we have cited Essex County data, with the knowledge that, in nearly every data category, 80-90 percent of homeless persons were located in Newark.⁷

While many individuals and families who are homeless (and likely all of those who are long term homeless) may need some level of ongoing supportive services in order to remain housed, a large segment of the homeless population—perhaps the majority—simply needs housing that they can afford (and sometimes short term services as they transition to stable housing). A recent report shows that, for most homeless families, access to housing they can afford is sufficient to end homelessness and assure housing stability.⁸ In Essex County, with its high cost of housing, this is even more critical. The highest ranking factors cited by PITC respondents as contributing to their homelessness were “Lost job/cannot find work” (29%) and “Eviction” (27%), along with “Housing costs too high” (18%). Homelessness is traumatic and has extremely swift and deleterious effects on mental and physical health. The longer one is homeless, the more corrosive the impact on health. Given this fact, preventing homelessness and rapidly re-housing individuals and families who are homeless primarily due to economics is absolutely critical. In this way, we can avoid inadvertently *adding* to the special needs population, while vastly increasing the likelihood that these households will regain their footing upon a stable life path. Not only is this the more humane intervention, it is also a much more cost-effective use of public dollars.

At-Risk of Homelessness

In addition to those who are currently homeless, many in Newark and Essex County are at-risk of becoming homeless. The State of New Jersey has a high percentage of cost-burdened and severely cost burdened renters, defined as households paying more than 30 or 50 percent of income on rent, respectively.⁹ In Essex County, the fair market rent for a two-bedroom housing unit is \$1,200.¹⁰ For a household earning the Newark median income of \$34,452, the housing cost burden for this two bedroom unit would be significant and untenable: 41% of income spent on rent. In fact, based on the self sufficiency standard for

⁷ The 2009 Essex County Point in Time Report is available at: <http://documents.csh.org/documents/nj/PIT2009/09essex.pdf>

⁸ Shinn, Marybeth, *Ending Homelessness for Families: The Evidence for Affordable Housing*, Homeless Research Institute (July 2009), available at: <http://www.endhomelessness.org/content/article/detail/2436>

⁹ Legal Services of New Jersey Poverty Research Institute, *Poverty Benchmarks 2009* (December 2008), p. 66.

¹⁰ *Ibid.*, p. 65.

Essex County, the Newark median of \$34,452 is a self sufficiency wage for only 9 of the 70 different household compositions analyzed.¹¹ Similar levels of cost burden will be found in East Orange and Irvington.

Poverty rates paint a similar picture. Based on research regarding the Real Cost of Living, considered more accurate than that defined by the Federal Poverty Level (FPL), a realistic measure of near-adequate income is 200 percent of the FPL, sometimes called *true poverty*.¹² In 2007, the rate of true poverty was 30 percent in Essex County and 50 percent in Newark.¹³ The poverty rate is highest for female-headed households with children under eighteen. Essex County has the second highest poverty rate in the state for children in female-headed households (43%). Caseload data from the Essex County Division of Welfare further reinforces the fact that many households in Newark and Essex face severe economic pressure and are living close to the edge of homelessness (if not already homeless):

Public Benefit	Total Cases <i>(as of 1/23/09)</i>	Newark	Newark + Irvington+ East Orange
TANF (Temporary Assistance for Needy Families)	8,352	5,478 (65%)	7,582 (90%)
Non-TANF Food Stamps	29,368	18,114 (62%)	24,999 (85%)

Source: Essex County Division of Welfare

Finally, as the PITC data indicates, persons being discharged from other public systems (hospitals, mental health and/or substance abuse treatment centers, correctional facilities, foster care) are at great risk of becoming homeless upon release.

The Current Landscape: Housing Stock

Emergency, Transitional, and Permanent Supportive Housing

It is important to remember that, by our definition (as well as by HUD's), homelessness ends when a person or family moves into permanent (non time-limited) housing. "Permanent housing" does not mean a person will live there for the rest of their lives (though they have that option), but that they may remain there as long as they choose to, contingent upon ongoing compliance with the lease requirements. Simply put, a formerly homeless person living in permanent housing is afforded the same options that most of us have and expect, including the option to decide how long to stay in our homes. The elements of *choice and self-determination* are the defining factors, not a particular tenure. Thus, by definition, to **end homelessness** we must create a permanent housing stock adequate—in both quantity and quality—to meet the needs of homeless persons with a range of supportive service needs (including no need for services at all).

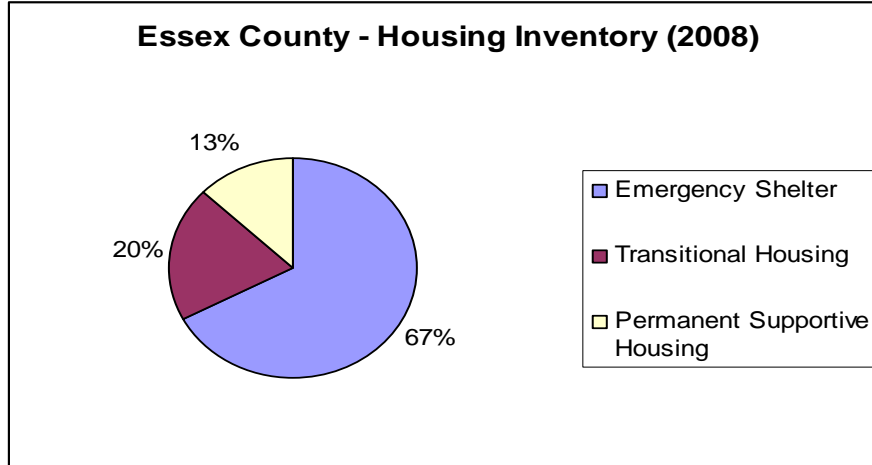
In Essex County, the majority of the housing units designated for the homeless are temporary/time-limited: emergency shelters or transitional housing, primarily located in Newark. The shelters and transitional programs in Essex County represent a wide spectrum of service models, from basic day shelters with no services to longer term programs with extensive service programming (often specialized for a particular

¹¹ Pearce, Diana M. PhD, *The Real Cost of Living in 2008: The Self-Sufficiency Standard for New Jersey*, Prepared for the Legal Services of New Jersey Poverty Research Institute (2008).

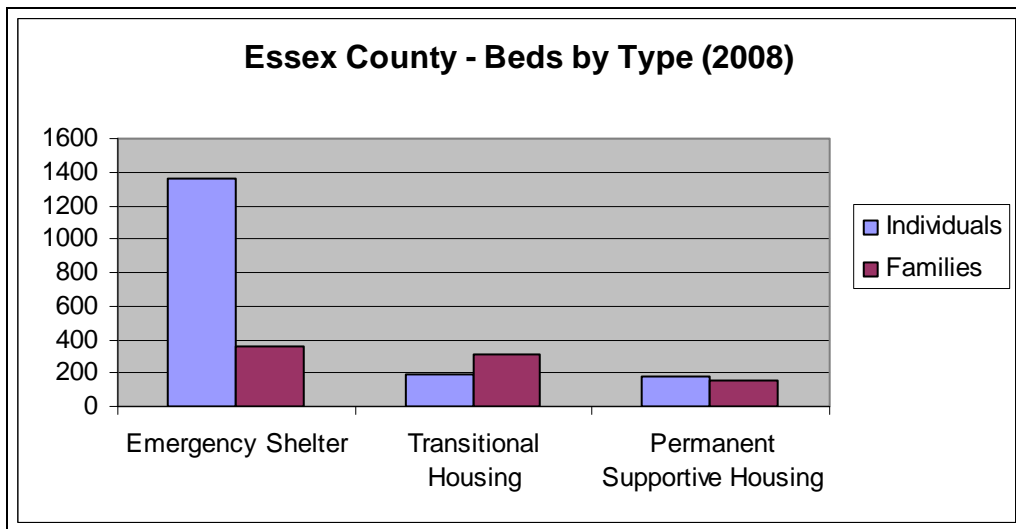
¹² Legal Services of New Jersey Poverty Research Institute, *Poverty Benchmarks 2009* (December 2008), p.25

¹³ *Ibid.*, p. 118-119.

subpopulation, e.g., persons in recovery, persons fleeing family violence, etc.). Permanent supportive housing represents the smallest proportion of the current housing stock in Essex, though the pace of development in recent years had increased, due to its proven efficacy in ending homelessness for persons who need ongoing supportive services in order to remain stably housed (e.g., a person with a chronic mental illness).



	Total Beds	%
Emergency Shelter	1720	67%
Transitional Housing	510	20%
Permanent Supportive Housing	330	13%
Total	2560	



	Individuals	Families
Emergency Shelter	1359	361
Transitional Housing	196	314
Permanent Supportive Housing	174	156

Source: Essex County Continuum of Care Housing Inventory Chart (2008)

The County also pays for homeless individuals and families to stay in hotels and motels (not included in the inventory, above), which are more expensive than emergency shelters and do not offer any services. Emergency shelter beds, the largest part of the housing stock, are also the most underutilized—it is estimated that on any given night at least 50 percent of these beds are empty. This is due to a variety of factors, including: barriers to shelter entry (e.g., lack of funds/referral voucher, lack of sobriety, missed curfew), lack of system coordination (see next section re: Coordinated Services), and people's reluctance to stay at some shelters that feel unsafe and/or unsanitary.

Like all communities across the nation, the emphasis on temporary housing within Essex County's inventory, particularly emergency shelter, is a legacy from the 1980s, when communities responded quickly, and often heroically, to a spike in homelessness. The baseline goal at the time was to provide immediate respite from living on the streets and the method was emergency shelter. Similar to the evolutionary arc of many other fields or industries, after decades of experience, trial and error, and research on successful and cost-effective interventions, within the field of homeless services the baseline goal and methodology has changed over time. Today, in Essex and Newark, at the federal level, and in hundreds of cities nationwide, the baseline goal is to re-house persons in permanent settings as quickly as possible, often through the now time-tested method of permanent supportive housing (low-income housing with wraparound services). The challenge of working together to successfully and efficiently transform the housing stock in Essex County to reflect this shift must be undertaken carefully and inclusively, in a manner that does not result in any interruptions in service or shelter for those in need.

Low Income Housing

On June 8, 2009, the Newark Housing Authority (NHA) opened its waiting list for the first time in seven years. NHA is the largest provider of low-income housing in Newark (i.e., Section 8, where rent is set at 30% of household income). On that June morning, over 5,000 applicants lined up to add their names to the list. As noted above, most people who are homeless or at risk of homelessness do not necessarily need special needs housing (such as permanent supportive housing) but simply need housing that they can afford. Clearly, with our partners (Housing Authorities, City and County Housing Development offices, private sector affordable housing developers) we must develop more low income and affordable (<50% Area Median Income) housing within Newark and Essex County. This sector of housing is often more difficult to develop since it is based more purely on economics instead of developed via the various sources that provide targeted financing for those with special service needs. Those market forces are not within our control, as we have all learned during this past year of economic collapse. Still, through advocacy (e.g., for increases in Section 8 vouchers), partnerships, and innovative development strategies, we are determined to expand the low-income housing stock in Essex County.

The Current Landscape: Coordination of Services

Newark and Essex County are fortunate to have a variety of experienced social service providers, covering a spectrum of needs: housing, homeless prevention, employment and training, mental health and substance abuse services, healthcare, legal services, financial empowerment, family support, childcare, feeding programs, senior services, and more. Referrals networks exist among various providers, but there is currently no way to get a "bird's eye" view of the whole system. There is no resource for **real-time** data

showing system-wide housing inventory and availability, participant eligibility, provider contact information, services offered, outcomes, etc.

Given its position as the most universally implemented database across the County (its use is mandated for all recipients of HUD funding, as well as some state funding), the web-based Homeless Management Information System (HMIS), which includes all of the above data elements and more, has the greatest potential to be the source of real-time system data, supporting accurate and efficient referrals, troubleshooting, and performance analysis for providers, case managers, and funders. However, a database is only as reliable as the data entered into it. Currently, Essex is one of the lowest performing HMIS Counties in the state. While it is improving, the Essex data in HMIS is often inaccurate, duplicative, and rarely reflects real-time conditions. This situation limits the effectiveness of the entire system and makes accurate planning and system improvements difficult. It also puts the entire County at risk of losing significant federal funding, as HUD continues to increase emphasis on HMIS data quality and compliance in its annual Continuum of Care funding competition. For these reasons, this is one of our priority areas for improvement.

One of the most illuminating methods of determining whether a service delivery system is working or not is to ask the consumer of those services: in our case, an individual who is, or has been, homeless. Some common observations and complaints heard from consumers are:

- The frustration of having to go to multiple agencies to try and obtain a benefit, only to be told they are not eligible or that it's the responsibility of the agency they just came from ("shuffled around")
- Being refused entry into shelter because they did not have money/referral
- They cannot obtain the identification necessary for some services because they lack the appropriate documentation ("Catch 22")
- The shelters have different requirements—some take women, some men, some won't take couples or children—but the referral lists are incomplete and out of date.
- Being referred to a hotel that is a bad environment for someone with a trauma background
- "So many programs with different information, but I am on the streets. I am missing days at the treatment program running around trying to get help."¹⁴
- "Once discharged from the hospital, you need a referral to stay in a shelter. It is very hard to get a referral."
- "There is a very long waiting list for permanent housing."
- "You have to get to the shelter by 4:00 p.m. If you come to shelters late, you cannot get in and have to sleep outside until 6:00 a.m."
- "In some programs you have to be homeless to get help. Why not help so we don't become homeless?"

Adding this anecdotal evidence to the feedback collected in the PITC, as well as from providers, some of the major service coordination challenges are:

- **Lack of a centralized/coordinated intake system** – too many doors to go through and a different set of information is given, depending on where you enter.

¹⁴All quotes in this section are from a consumer focus group (persons who were formerly homeless) conducted by University of Medicine and Dentistry of New Jersey (UMDNJ), as part of a federal grant application to SAMHSA.

- **Multiple barriers to entry into shelter**, including: cut-off times, conviction history, behavioral restrictions (e.g., sobriety), and the need for money/referral voucher (for per diem payment from County).
- **Daily instability/chaos of shelter stays**, caused by: shelter curfews and early morning leave times; lack of choice/input regarding shelter or hotel referral; inappropriate placements.
- **Confusing, inaccurate, and often contradictory information and referrals** given to consumers, who are usually feeling traumatized and need assistance navigating the system.
- **Lack of consistent service delivery** and performance standards across agencies.
- **Lack of effective discharge planning from public systems**, such as corrections, hospitals, behavioral health centers, and foster care.
- **Duplication of services** and no way to track service delivery across the system.
- **Lack of essential services for many in shelters and motels** (and often public housing), especially for mental health and substance abuse treatment.
- **Lack of clear information about outcomes and performance**—how long to people remain homeless? What service strategy most often results in permanent housing placement and ongoing stability? How many persons who exit the system fall back into homelessness and why?
- **Not enough affordable permanent housing**, even when the resources are available (e.g., temporary rental assistance).

SECTION TWO: OUR 2020 VISION

Our 2020 Vision: Homelessness

Within five years, there will be no long term homelessness in Newark and Essex County—no man, woman, or child will endure homelessness that lasts more than one year. Within ten years, individuals and families in Newark and across Essex County will no longer experience homelessness as we now know it.

Homelessness prevention will be our highest priority and central strategy. We will have in place flexible resources, effective “upstream” outreach programs, and clear methods of measuring our impact. If, in spite of our best efforts, someone does slip through our extensive system of prevention services and into homelessness, they will be offered immediate shelter, with assessment and services as needed, and re-housed in appropriate permanent housing, ideally within thirty days.

Across the entire County, by enlisting a broad community network, we will have established an “early warning system” to identify households at risk of homelessness and proactively offer flexible services and support designed to do whatever is necessary to avert that outcome. We will have developed a level of community awareness, outreach, and dialogue that creates opportunities to assist households before situations evolve to a crisis point.

Emergency rooms, city streets, parks, overpasses, jails, libraries, and train stations will no longer be utilized as day-to-day shelters by persons experiencing homelessness and, in particular, by those who are homeless and suffering from mental illness, addiction, and/or physical disabilities. Persons exiting public systems such as hospitals, jails/prisons, or foster care will not end up living in shelters or on the streets. We will work with the law enforcement and judicial systems to evaluate how the circumstances of a person’s homelessness (e.g., sleeping in public spaces, lack of income to pay fees or fines, mental illness, substance abuse) can often lead to a spiral of deepening legal and/or criminal sanctions, costing significant time and money for law enforcement officers and court staff and making it extremely difficult for an individual to exit homelessness. With law enforcement and the judiciary as partners (including the newly established Community Court in Newark), we will work to “de-criminalize” these circumstances whenever possible, in favor of services and housing assistance, with a goal saving lives and public dollars.

Our 2020 Vision: Housing Stock

Within five years, the housing stock designated specifically for persons who are homeless in Essex and Newark will constitute closer to a 60/40 percent split between permanent supportive housing and interim housing, respectively. The level of interim housing will increase/decrease in counterpoint to the adequacy and development pace of permanent supportive housing. Within ten years, the housing stock designated specifically for persons who are homeless will primarily be permanent supportive housing, with a small percentage of interim housing (designed to facilitate rapid access and placement into permanent housing). In addition, we will have an inventory of crisis and severe weather shelter units. Crisis units will be used in the event of a natural disaster or other occurrence that may result in widespread, temporary displacement. Severe weather shelter units will be “walk-in” (i.e., no barriers to entry, no service requirements, no

personal data needed) and offered to those who are homeless and living outdoors during days of extreme, life-threatening hot or cold weather.¹⁵

In the longer term, with prevention efforts intensified and the low-income housing stock increasing over time, the assumption is that those persons who do end up homeless will primarily be persons with special needs (i.e., with issues and vulnerabilities beyond economics only) and, therefore, an appropriate match for permanent supportive housing. For those who are facing mainly an economic crisis, prevention resources and low income housing availability will combine to divert them from homelessness entirely (or rapidly re-house them within 30 days). A subset of this population may need transitional services as they are rapidly re-housed in permanent housing. These services will focus on housing stabilization and will decrease over time, as stability increases.

Our 2020 Vision: Coordination of Services

Within two years, the experience of seeking access to prevention or homeless services will be characterized by the reality of “no wrong door”. Every case manager, outreach worker, and intake specialist across the system will have readily available accurate, system-wide information about all programs: housing, services, and prevention. Accurate and standardized initial screening for needs, eligibility, real time housing availability across the entire system, and contact with another agency for a referral (if necessary) will occur the **first** time a person seeking help connects with the system, regardless of which agency they happen to walk into (small or large, public or private). Persons seeking help will not be given a series of dead end trails or U-turns to follow.

Across Essex County, there will be a few physical locations that are recognized by providers and persons in need as centralized intake locations, or “one stop” entry points for housing and services. At least one of these will be located in Newark. Due to the visibility, reputation, capacity, outreach, and location of these coordinated entry points, in most cases they will be the first stop for a person in need. In some cases they will be the second stop – after referral from the very first agency they encountered, as described above. Everything our Essex-Newark system has available to meet the needs person of a person who is homeless or at-risk will be accessible via this location (e.g., rental subsidy, housing placement, payment of back rent, eviction prevention assistance, mental health treatment, public benefits, etc.). For individuals and families who are homeless, that fact alone will constitute presumptive eligibility for immediate access to interim housing.

¹⁵ The Housing Production Workgroup will be tasked with developing specific target numbers and mapping the evolution of this housing inventory and pipeline over time.

SECTION THREE: OUR ROADMAP TO END HOMELESSNESS

We have much work ahead of us, but we know more about where our Essex-Newark homeless system is now and where we want it to be in ten years. Now...how do we propose to get there? In this section, we lay out our goals and core strategies for ending homelessness. We will develop the detailed Action Plans to carry out these strategies and reach these goals during our implementation phase (see Section Four).

I. Homelessness Prevention

The most humane and cost-effective way to end homelessness is to prevent it from ever occurring at all. This is often called “closing the front door” or “primary” prevention. Generally, there are three categories of prevention:

- Primary - preventing a person from ever becoming homeless;
- Secondary - rapidly re-housing (<30 days) a person who has become homeless; and
- Tertiary - re-housing a person who has experienced long-term homelessness (e.g., housing first for the long term homelessness).

These strategies focus on primary prevention efforts. The Housing section, below, will include Rapid Re-Housing and Housing First efforts.

Goal: Reduce the number of individuals and families who become homelessness.

Core Strategies:

- **Emergency Prevention:** better coordinate and expand resources for eviction prevention (including education on tenants’ rights) and temporary financial assistance, allowing for flexible responses, in order to avert the loss of housing.
- **Systems Prevention:** improve discharge planning practices by creating linkages to housing and services for persons exiting public institutions (mental health, substance abuse, criminal justice, healthcare, veterans, foster care). Adopt a zero tolerance policy for discharge from institutions into homelessness.
- **Outreach to At-Risk Households:** accurately target resources “upstream” by developing an extensive community-based network to help identify households at risk of homelessness. Develop the capability to identify, locate, assess, and divert households from homelessness before they reach the door of a shelter or homeless services agency.
- **Access to Prevention Services:** develop and promote a 24-hour prevention hotline, linked to 4-3-1-1, mobile assessment, transport, and prevention resources. *See also Coordinated Services, below.*

II. Housing

To end homelessness, we will shift our system to a Housing First strategy. Many providers in Essex and Newark already follow this approach and now we will bring it to scale. Simply stated, a housing first approach seeks to help persons exit homelessness as rapidly as possible by placing them directly into

permanent housing, with wraparound services as necessary. This approach bypasses the traditional housing continuum model – where someone first moves into shelter, then into transitional housing, and then possibly to permanent housing. Instead of this long tenure in temporary housing, with a focus on forecasting someone’s “readiness” for permanent housing, a Housing First approach places a person directly into permanent housing while providing the ongoing services necessary for them successfully retain that housing. (A note on terminology: “rapid re-housing” is also a housing first strategy and most often used to describe re-housing individuals or families with minimal or moderate service needs.)

Quality case management is the key to effectively connecting persons to services, managing various and variable needs, and helping people follow a path towards greater stability and self-sufficiency. Clearly, success with a Housing First approach is dependent upon a well-trained and sufficient case management workforce, combined with access to an adequate supply of permanent housing. Through careful planning, we must calibrate the right mix of low-income housing with services (permanent supportive housing), for persons who will need ongoing services in order to remain housed, and low-income housing without services (or with transitional, short term services), for persons who primarily need housing they can afford.

To facilitate rapid entry into appropriate permanent housing, we will transition our shelter system to an Interim Housing model. Some shelter and transitional housing providers in Newark and Essex already function much like Interim Housing. Interim Housing means short term housing provided for the minimum time needed to access appropriate permanent housing, with services focused on immediate and comprehensive needs assessment, resource acquisition (e.g., public benefits), and housing placement.¹⁶ Ideally, Interim Housing rapidly re-houses persons who are homeless into appropriate permanent housing within a 120 day time goal. The focus of Interim Housing is to stabilize and assess the household and connect them to housing and community-based social services.

In the first five years, by focusing intensively, though not exclusively, on housing those who are long term homeless we will not only save lives, but we will save money that can be re-invested into the system. A person who experiences long term (or “chronic”) homelessness generally consumes a disproportionate amount of public resources while homeless, a trend that decreases radically once housed in permanent supportive housing.¹⁷ A recent study comparing the costs per day of serving homeless individuals in several cities also illustrates the cost-effectiveness of permanent supportive housing:¹⁸

	<i>Cost per Day per Person</i>					
	<i>Supportive Housing</i>	<i>Jail</i>	<i>Prison</i>	<i>Shelter</i>	<i>Mental Hospital</i>	<i>Hospital</i>
<i>New York</i>	\$41.85	\$167.57	\$74.00	\$54.42	\$467	\$1,185
<i>Chicago</i>	\$20.55	\$60.00	\$61.99	\$22.00	\$437	\$1,201
<i>Atlanta</i>	\$32.88	\$53.07	\$47.49	\$11.00	\$335	\$1,637
<i>Boston</i>	\$33.45	\$91.78	\$117.08	\$40.28	\$541	\$1,770

¹⁶ See *Getting Housing, Staying Housed, Chicago's Ten Year Plan to End Homelessness*.

¹⁷ Studying shelters in Philadelphia and New York City in the 1990s, Dennis Culhane found that although the long-term homeless made up only 10 percent of the homeless population over three years, they were using half of all shelter beds on any given night.

¹⁸ The Lewin Group, *Costs of Serving Homeless Individuals in Nine Cities* (2004). Full report available at: <http://www.rwjf.org/files/newsroom/cshLewinPdf.pdf>

We cannot develop all of the permanent housing that we need overnight, but we also cannot let individuals and families remain unsheltered while we wait. For this reason, in the short term, we will work to transition existing shelters to the Interim Housing model, with reduced barriers to entry and comprehensive services, including specialized settings for persons with active mental health and/or substance abuse issues. For the next ten years, our housing stock will be an evolving combination of Interim Housing and two kinds of Permanent Housing (Supportive and Low-Income).

Goal: Our objective is to create 1,000 new units of permanent supportive housing within five years; and 3,000 new units of low income housing within ten years.*

**These targets are projections based on 2009 Point in Time Count (PITC) data and may change as the PITC becomes more comprehensive and accurate.*

We recognize that these are aggressive goals—ones that are matched to the urgency of the need. Our success in reaching these goals is dependent upon the ongoing viability of state and federal financing (e.g., New Jersey Special Needs Housing Trust Fund; U.S. Department of Housing and Urban Development; Federal Home Loan Bank), which have been the engine of such housing production, and our ability to access that funding for local development.

Core Strategies:

Housing Production:

- We will develop a detailed financial model to analyze permanent housing gaps, develop a production strategy, detail funding sources and gaps, timelines, and establish a housing development pipeline.
- Through a combination of new construction, rehabilitation, and leasing of existing stock, we will increase the availability of permanent supportive housing for homeless and long term homeless individuals and families with special needs (e.g., mental illness, substance abuse), including: youth, veterans, and individuals who are re-entering the community from prison, jail, or detention facilities.
- For homeless individuals and families who need little or no services in order to retain housing, but cannot find housing they can afford, we will work to increase low income housing availability through increases in: Section 8 vouchers, temporary rental assistance, and affordable housing development.

Access to Housing:

- Rapid Re-housing: for homeless individuals and families with service needs that range from zero to moderate, we will develop the case management, services, and housing linkages needed to place them into permanent low-income housing as soon as possible. Persons appropriate for rapid re-housing placement are those most likely to be able live independently immediately upon placement or after provision of temporary, short term services.
- Housing First: for homeless individuals and families with high service needs, we will develop the case management, services, and housing linkages needed to place them into permanent supportive housing as soon as possible. Persons appropriate for housing first placement are those who will most likely need ongoing, long-term services in order to retain housing.

- To facilitate rapid placement into Interim and Permanent Housing, we will develop a web-based housing locator tool with real-time vacancy data.

Interim Housing:

- To transition the current shelter system to Interim Housing, we will develop an Interim Housing model that promotes low barriers to entry¹⁹, comprehensive services, rapid placement into appropriate permanent housing, and the least restrictive settings possible.
- We will provide peer mentoring and technical assistance to shelter providers seeking to transition to the Interim Housing model and use local public funding to encourage, and ultimately mandate, existing shelters to transition to this new model.

III. Coordinated Services

People who are homeless or at-risk may need a variety of services in order to transition out of, or prevent, homelessness. The intensity of those services, and the need over time, will vary for each individual and family. Disorganized, complex, and contradictory service systems can inadvertently prolong or create homelessness and waste money. Ideally, prevention and supportive services (e.g., housing, rental assistance, healthcare, substance abuse services, legal services, mental health services, family support, life skills, employment and job training) will be accessed and deployed through a coordinated, “one-stop” model that allows homeless or at-risk persons and/or case workers to quickly connect to vital supports and locate appropriate housing.

Goal: Increase the speed, accuracy, and effectiveness of service delivery and housing placement by streamlining entry into the system, eliminating service barriers, and creating a web-based, real-time view of housing and services available throughout the system.

Core Strategies:

Coordinated Entry:

- We will design a “one-stop” coordinated entry model for homelessness and housing services, analyze the current service delivery environment, identify 2 to 3 physical locations (at least one in Newark) that are most suited to be a one-stop entry points, and develop a plan to secure any financing, partnerships, and/or structural changes necessary to fully implement this model.
- We will develop a web-based tool that will be accessible to all providers across the system (prevention, housing, supportive services), which will provide up-to-date information on all resources, service eligibility, real-time housing availability, and accurate contact information. The objective is to standardize the quality and accuracy of the information provided to people in need across the system, in order to eliminate dead ends, multiple visits to agencies, and expedite effective, non-duplicative service delivery.

¹⁹ We recognize that this may require revisions, waivers, and/or advocacy regarding the current per diem financing model for shelters.

Expanded Outreach Network:

- Working with law enforcement, the court system (e.g., Community Court in Newark), feeding programs, emergency rooms, existing outreach programs, and other “front line” personnel, we will increase outreach to homeless persons who are unsheltered (e.g., living in streets, parks, cars, etc) and develop direct pathways to services and housing for those who want them.

Eliminating Service Barriers:

- We will document all existing eligibility exclusions for shelters, permanent housing, and other resources (e.g., criminal convictions, lack of money, lack of identification), analyze the impacts of such exclusions on efforts to end homelessness, and develop a strategy for revision of such exclusions or other methods to decrease negative impacts, as necessary.

IV. Data Quality and Performance Measurement

If we cannot measure our efforts, how will we know if we are succeeding? One of the most critical elements of our work will be to develop quantitative and qualitative measures for resource planning, ongoing evaluation, performance measurement and, as necessary, mid-course corrections. The Essex-Newark Ten Year Plan to End Homelessness, combined with the subsequent Action Plan for implementation, is the community’s “business plan” for ending homelessness, and therefore, quality data (on capacity, costs, and outcomes) and well-designed performance metrics will be critical for the ongoing assessment and smart evolution of our work.

Goal: Continuously improve the quality and comprehensiveness of the program and resource data in Essex and Newark, develop detailed action steps and measurable outcomes for all Ten Year Plan goals, track progress, and provide regular reports to the community.

Core Strategies:

Improve Data Quality:

- We will work with all providers, the Continuum of Care, and the state Homeless Management Information System (HMIS) staff to improve Essex County HMIS data quality, until it reliably reflects real-time housing utilization and capacity, non-duplicative service data, and accurate performance outcomes. Our data quality improvement plan will include ongoing training, technical assistance, expanding the base of HMIS-users whenever possible, performance benchmarks and agency-level reports, and funding contingencies tied to HMIS performance.
- We will improve the comprehensiveness and accuracy of the annual Point in Time Count of the homeless population in Essex County. Through outreach and advance planning, we will significantly increase the number of trained survey volunteers, expand geographic scope to more accurately assess the unsheltered population, and work with shelters and transitional housing providers to ensure a comprehensive count of all sheltered homeless persons.

Performance Measurement:

- Using detailed and evolving Action Plans, we will translate our Ten Year Plan goals into discrete projects with measurable outcomes, benchmarks, and clear accountability for each action step.
- We will regularly review our performance in each area defined by Our Roadmap to End Homelessness, make strategy adjustments as needed, and provide annual progress reports to the community.
- We will work with independent evaluators whenever feasible to assess the impact of our efforts, including cost-effectiveness and cost-avoidance, longitudinal outcomes, and overall success at reducing and preventing homelessness.

V. Employment, Training, and Education

For most people, some level of participation in the labor force is an essential part of increasing self-sufficiency and can lead to greater community engagement, productivity, and dignity. It is no different for persons who have experienced homelessness. Helping people move towards greater self-sufficiency is a central focus of all of our efforts. Employment is often a key part of long-term housing stability, and can also have a stabilizing effect on mental health and/or substance abuse recovery. Empowering individuals to develop, or re-claim, a promising work life is a vital aspect of a healthy community. Of course, having gainful employment, including opportunities to increase income through advanced training, career planning, and/or education, is also a key to preventing future homelessness.

Goal: Increase employment, training, and career opportunities for homeless and formerly homeless individuals through dedicated partnerships with mainstream workforce agencies, educational institutions, and public and private sector employers.

Core Strategies:

Job Placement and Training:

- We will work with mainstream workforce agencies (e.g., Workforce Investment Boards, One Stop Career Centers), local colleges, and supportive service providers to develop targeted strategies for employment, training, and educational advancement for homeless and formerly homeless individuals, including: increasing employment service connections with housing providers, cross-training between housing and workforce staff, career pathway development, and job retention services.

Social Enterprise and Employer Partnerships:

- Through social enterprise development and employer partnerships, we will create job training and employment opportunities for homeless and formerly homeless individuals, with an emphasis on career development in growth sectors (e.g., green jobs).

VI. Advocacy and Community Awareness

Without the support, commitment, and accountability of jurisdictional (City and County) and community leaders, a Ten Year Plan is simply a piece of paper. Leadership and action are vital to translating a good strategic plan into actual, effective systems change. Annual progress reports to the community, regular updates on new initiatives and success stories, and opportunities for the community to engage in this work are essential to our efforts to end homelessness. We will engage volunteers from multiple arenas (e.g., law enforcement, healthcare, judicial, education, housing, faith based) to help us increase community awareness of the causes and impacts of homelessness, as well as our ongoing work to end homelessness.

Goal: Expand community awareness and support for ending homelessness through outreach, regular reporting, and ongoing opportunities to join us in this work; and successfully advocate for changes to public policies that undermine or delay efforts to end homelessness.

Core Strategies:

Expand Community Awareness:

- We will develop a community engagement and communications plan that includes annual progress reports, regular updates on activities and outcomes, a speaker's bureau, and volunteer opportunities (e.g., Project Homeless Connect, Point in Time Count, Coalition workgroups and projects, community forums and education, etc.).

Advocacy:

- We will analyze the impacts of various public policies on homelessness (e.g., housing and other resource eligibility exclusions), determine priorities for change, and develop an advocacy strategy, joining with other allied groups whenever feasible.
- We will advocate for Essex County to implement a County Housing Trust Fund within the first six months of the Ten Year Plan (by July 2010).

VII. Financing

Our success in achieving our goals will be largely dependent on ongoing access to state, federal, and private philanthropic funding. We are not interested in issuing ourselves (or anyone else, for that matter) unfunded mandates and, therefore, as we develop our Action Plans (see Section Four), we will identify funding sources for our projects and ideas, as applicable. The availability of financing will drive the pace of progress for many of our goals and, therefore, it is one of our key areas of focus. It is essential that there is a permanent funding source to support maintaining families/individuals in supportive or subsidized housing, as many of the funding sources are time-limited. We also recognize that many of the changes we seek do not require *new* resources, but a more efficient use of existing resources and/or a shift in investment strategy (i.e., better service coordination; investing in permanent versus emergency housing). In some

cases, the ability to use existing funds in a different manner (e.g., Emergency Assistance) will require changes to state law, which may impact the timeframe and/or feasibility of such a shift.

Goal: Secure the funding necessary to achieve our Ten Year Plan goals, through increased leveraging of federal, state, and local funds, expanded philanthropic support, and re-investment of potential cost-savings.

Core Strategies:

Financial Planning:

- We will develop a detailed analysis of resources needed and available to achieve the housing and service increases and shifts needed to end homelessness and develop a plan to fill gaps and/or adjust strategies and timelines, as needed.
- We will analyze how restrictions on current funding sources may impact or impede our strategies to end homelessness and devise a plan to advocate for changes to those restrictions, as needed.
- Within the first year, we will develop a sustainability plan for the work of the Essex-Newark Coalition to End Homelessness, including governance structure, staff support, and other costs necessary for ongoing oversight and implementation of the Ten Year Plan.

Maximize Resource Utilization:

- By shifting our system to one focused on prevention and permanent housing, we will increase our ability to draw upon federal, state, and local resources, including: federal Continuum of Care funds (McKinney-Vento), New Jersey Special Needs Housing Trust Fund, and the newly authorized County Housing Trust Fund.

Funders Collaborative:

- We will develop an expanded and coordinated network of public and private funders, dedicated to supporting the Ten Year Plan goals and action steps (e.g., developing streamlined funding opportunities and application processes that align capital, operating, and service financing).

Shifting Investment:

- Whenever possible and prudent, we will shift funding away from existing system strategies that do not end homelessness towards those delineated in the Ten Year Plan (including re-investment of cost savings attributed to new interventions), in a manner that seeks to avoid any interruption in essential services for those in need. We recognize that, in some cases, the ability to use existing funds in a different manner (e.g., Emergency Assistance) will require changes to state law, which may impact the timeframe and/or feasibility of such a shift.
- We will determine the costs of the current system and quantify projected (and track actual) cost savings and/or cost avoidance as we implement the Ten Year Plan.

SECTION FOUR: PLAN IMPLEMENTATION

The Essex-Newark Coalition to End Homelessness will carry out the implementation and oversight of the Essex-Newark Ten Year Plan to End Homelessness. In addition to Mayor Booker and County Executive DiVincenzo, the Coalition is comprised of many who served on the Task Force, plus additional state allies and community members.

The very first task the Coalition will undertake is to draft detailed Action Plans for each Ten Year Plan goal, above. This will be done within smaller workgroups. While the Ten Year Plan is intended to provide the broader framework to guide our efforts over the long term, the full Action Plan (covering all seven sections of the Roadmap) will be detailed and flexible, designed to evolve over time as our projects and strategies evolve. The Action Plan will include clear accountability, measurable outcomes, and timelines for each activity. The Action Plan will be approved by the County Executive and the Mayor.

The Workgroups will present their individual plans to the full Coalition for feedback and refinement. The plans will be finalized, combined into one full Action Plan, and submitted to an Executive Committee. The Executive Committee of the Essex-Newark Coalition to End Homelessness will be comprised of seven Coalition members (three appointed by the Mayor; three by the County Executive; one by agreement of both). After review and approval by the Executive Committee, the Action Plan will be submitted to the County Executive and the Mayor for final approval.

This initial governance structure will evolve over time, as Coalition members examine different entity and governance options (see p. 23, Financial Planning) and based on the approval of the Mayor and County Executive. Our goal is to complete the full Action Plan by October 31, 2010.

GLOSSARY OF TERMS

Appropriate Permanent Housing means housing that is matched to the needs of a household (individual or family). For some, such as a person with a mental illness, this may mean low income housing with long-term wraparound services (permanent supportive housing). For others, it may simply mean low income housing that they can afford, with no need for any services or with short term services.

At Risk of Homelessness means persons or families at imminent risk of becoming homeless because they are paying too much of their incomes to maintain housing and/or are experiencing other stressors that threaten housing stability (e.g., family violence), and for whom homelessness could, more likely than not, be prevented through rent subsidies and/or services. Some of these individuals have been homeless one or more times previously, which increases their risk of future homelessness.

- **“At Risk” also includes persons leaving institutional settings**, such as correctional facilities, psychiatric hospitals, or returning from military service. A sizeable number of these individuals are very likely to become homeless soon after leaving their former setting if suitable housing is not readily available and accessible.

Consumer is a term used to describe a person who is, or has been, homeless (and thus has utilized or been offered various services provided through the homeless services system).

Homeless means individuals or families who lack a fixed, regular, adequate nighttime residence, including persons whose primary nighttime residence is: a supervised public or private shelter designed to provide temporary living accommodations; a time limited/non-permanent transitional housing and/or behavioral health treatment facility (with no permanent residence to return to after treatment); or a public or private facility not designed for, or ordinarily used as, a regular sleeping accommodation; or any other place not meant for human habitation (e.g., street, park, car, abandoned building).

- **Homeless also includes “doubled-up”** – a residential status that places individuals and families at risk for becoming homeless; defined as: sharing another person’s dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice. (Note: this situation can often also put the leaseholder at risk of losing housing.)

Housing First means providing homeless people with housing as quickly as possible and then providing services as needed. What differentiates a Housing First approach from traditional emergency shelter or transitional housing approaches is that it is “housing-based,” with an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing (e.g., Rapid Re-housing is a Housing First strategy targeted at individuals and families with minimal to moderate service needs). This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve. Housing First programs share critical elements:

- There is a focus on helping individuals and families access and sustain permanent rental housing as quickly as possible and the housing is not time-limited;

- A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being;
- Such services are time-limited or long-term depending upon individual need; and
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

While all Housing First programs share these critical elements, program models vary significantly depending upon the population served. For people who have experienced chronic, or long-term, homelessness, there is an expectation that intensive (and often specialized) services will be needed indefinitely. The vast majority of homeless individuals and families do not experience chronic homelessness. Most often they have experienced a housing or personal crisis that led them to seek help from the homeless shelter system.²⁰

Interim Housing means short term housing provided for the minimum time needed to access appropriate permanent housing, with services focused on immediate and comprehensive needs assessment, resource acquisition (e.g., public benefits), and housing placement. Ideally, Interim Housing rapidly re-houses persons who are homeless into appropriate and affordable permanent housing within a 120 day time goal. The focus of this Interim Housing is to stabilize and assess the household and connect them to housing and community-based social services.²¹

Long Term Homeless means individuals and families who:

- Have chronic health conditions that are at least episodically disabling such as mental illness, substance use issues, and HIV/AIDS, or other substantial barriers to housing stability (e.g., domestic violence, trauma, history of out-of-home placements, and ongoing economic hardship), *and*
- Have been homeless for long periods of time (one year or more), or repeated stays in the streets, emergency shelters, or other temporary settings, sometimes cycling between homelessness and hospitals, jails, or prisons, or have a history of residential instability (i.e., five or more moves over the past two years).

Low income housing means housing targeted for households making less than 50 percent of Area Median Income (AMI), with rent set at ideally no more than 30 percent of household income.

²⁰ See *National Alliance to End Homelessness*: www.endhomelessness.org

²¹ See *Getting Housing, Staying Housed*, Chicago's Ten Year Plan to End Homelessness.

Permanent Supportive Housing is a combination of low income permanent (not time-limited) housing with services that helps people live more stable, productive lives. Generally, permanent supportive housing is defined by the following elements:

- The unit is available to, and intended for, a person or family whose head of household is homeless, or at-risk of homelessness, and has multiple barriers to employment and housing stability, which might include mental illness, chemical dependency, and/or other disabling or chronic health conditions; and
- The tenant household ideally pays no more than 30% of household income towards rent and utilities, and never pays more than 50% of income toward such housing expenses; and
- The tenant household has a lease (or similar form of occupancy agreement) with no limits on length of tenancy, as long as the terms and conditions of the lease or agreement are met; and
- All members of the tenant household have easy, facilitated access to a flexible and comprehensive array of supportive services designed to assist the tenants to achieve and sustain housing stability.

Appendix A: Essex-Newark Task Force to End Homelessness

Member Agencies & Representatives

AIDS Resource Foundation for Children

Terry Zealand, Executive Director
Kevin Zealand, Chief of Operations

Apostles' House

Sandy Accomando, Executive Director

Bethel World Outreach Ministries Inc.

Reverend Reginald Osborne

City of Newark:

Department of Child and Family Well-Being

Maria Vizcarrondo, Director

Department of Housing and Economic Development

Arcelio Aponte, Director of Operations

Division of Planning and Community Development

Toni Griffin, Director

Alex Dambach, Principal Planner

Division of Housing and Real Estate

Mike Meyer, Director

Municipal Court

Amy DePaul, Court Director

NewarkWORKS

Patricia Sermon, Director of Operations

Shavon Harris, Assistant One Stop Operator

Office of Innovation and Performance Management

Jolanda Williams, Director

Office of the Mayor

Tonya Bryan, Policy Analyst

Office of Partnerships and Grants Management

Srabanti Sarkar, Director

Police Department

Susan Broxton-Cole, Captain, Division of
Community Affairs

Sheilah Cole, Captain, Director's Office

Consumer Advocates:

Gwendolyn Coursey

Jose Santos

Corporation for Supportive Housing - New Jersey

Alison Recca-Ryan, Director

Erin Healy, Senior Program Manager

East Orange General Hospital

Kevin Slavin, President

Susan Goodwin, Manager of Housing

East Orange Housing Authority

Mark Damato, Executive Director

Essex County:

Department of Citizen Services

Anibal Ramos, Director

Department of Economic Development

Frank Cuoco, Coordinator, HSAC

Division of Community Action

Benjamin Amos, III, Director

Natasha Mayes, Coordinator, CEAS

Division of Housing and Community Development

Esther Martinez, Project Coordinator

Division of Welfare

Bruce Nigro, Director

Sharon Butler, Administrator

Office of the County Executive

Benjamin Amos, III

Sheriff's Office

Armando Fontoura, Essex County Sheriff

Christell Culpepper, Undersheriff

Essex County College

Dr. Akil Khalfani, Acting Director,

Urban Issues Institute

Essex-Newark Legal Services

Felipe Chavana, Executive Director

Jose Ortiz, Deputy Director

Integrity House, Inc.

David Kerr, Executive Director

Irvington Housing Authority

David Brown, Executive Director

Rose Crenshaw, Dir. Of Resources

Isaiah House

Dr. Glenda Kirkland, Executive Director

Mental Health Association of Essex County

Robert Davison, Executive Director

Nadine Venezia, Director, Supportive
Living Services

(Continued on next page...)

Newark Emergency Services for Families

Genia Philip, Executive Director
Deneen Jackson, Director of Programs &
Services

Newark Housing Authority

Keith Kinard, Executive Director
Tory Gunsolley, Chief Administrative Officer

The Nicholson Foundation

Fred Sambataro, Board Member

Project Live

Raul Mendes, Executive Director
Sangeeta Benbow, Director of Housing &
Community Development

St. Matthew AME Church

Reverend Reginald Jackson

United Way of Essex and West Hudson

Machelle Lassiter, Manager of RFP
& Capacity Building

United Way of North Essex

Shelley Slafkes, Director,
Family Success Center

**University of Medicine and Dentistry New Jersey –
University Behavioral HealthCare**

Rosemarie Rosati, Vice President, Brief &
Extended Treatment Services
Rena Gitlitz, Clinical Administrator

Verizon

Mark Bocchieri, Director, External Affairs

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Nicholson Foundation.**

The Nicholson Foundation provided funding for the Corporation for Supportive Housing, a national nonprofit organization, to convene, staff, and facilitate the Task Force and draft the Ten Year Plan. CSH will now work with the Essex-Newark Coalition to End Homelessness to begin implementing the plan.