



Ten Year Plan to Reduce Homelessness

2011 to 2021

Cumberland County
New Jersey

Cumberland County - Ten Year Plan to Reduce Homelessness

Executive Summary

People become homeless for different reasons, remain homeless for different lengths of time, and—if they are able to find a home—have different degrees of success in avoiding a return to homelessness. As a result, it is not surprising that there is no single response to homelessness and no simple solution. In fact, no public agency or system is charged by law with the responsibility for solving homelessness. Into this void have stepped a number of different programs and services, each usually directed at a limited part of the problem. Despite the best intentions of those involved, the net result of such a fragmented approach has been a system that *manages* homelessness but does not *end* it.

Cumberland County joins scores of other communities across the country being encouraged by the U.S. Department of Housing and Urban Development (HUD)—the nation’s largest funder of services for the homeless—to develop and implement new ways of responding to the problem of homelessness. HUD was inspired by the vision, first articulated by national advocacy groups, that chronic homelessness can be significantly reduced—or even ended—only if communities stop assuming that spending an ever-increasing amount of resources just to contain the problem is an acceptable way to operate. HUD calls such a paradigm shift an “essential element” for communities hoping to make significant progress in reducing chronic homelessness.

The Cumberland County Board of Chosen Freeholders, in collaboration with the Office of Aging and Disabled, Division of Homeless, is willing to make this shift and to think differently about homelessness. This change in perspective was substantiated by a sobering review of local statistics generated through the Homeless Management Information System (HMIS), Point-In-Time Counts and service provider case logs.

According to the 2010 Point in Time Count (PITC) Report, of the 274 homeless respondents, 53 or 39.2% had at least one dependent child under 18 with them the night of the count and would be considered homeless. A total of 64 of the homeless children were six (6) years of age or younger and 49 were between the ages of seven (7) and seventeen (17). The remaining 60.8% of the homeless population in Cumberland County were adult individuals.

In the 2010 count, a total of 73 or 45.3% were male and 78 or 48.8% were female. The total portion of the homeless population that defined their ethnicity as Hispanic or Latino equaled 16.8%. The largest majority were Black 49.1% followed by Caucasian at 39.8%. The remaining individuals equaled approximately four (4) percent of the surveyed population.

Thinking differently about homelessness allowed plan leaders to consider all of the homeless, not just those whom HUD defines as chronically homeless, i.e., single adults with a disability (typically a serious mental illness and/or alcohol or drug addiction) who have been living on the street or in an emergency shelter for a year or longer or who have had multiple episodes of homelessness over a several year period. In Cumberland County, according to the most recent PITC, eleven (11) 6.8% of the homeless individuals surveyed qualify as chronically homeless.

Responding to the needs of the chronically homeless demands an inordinate amount of available resources and staff hours. Although addressing the critical needs of the chronically homeless is a major factor of reducing homelessness, this activity will not be the sole focus of the Cumberland County Plan. There simply are not enough resources but for purposes of planning it will not be ignored for the CEAS Committee realizes the toll of chronically homelessness on all of the people who experience it, especially children. Directing a

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majority of the County's resources to address the needs of the eleven (11) chronically homeless individuals does not seem logical. Therefore, it was unacceptable to mobilize the county to address only the needs of the chronically homeless without also addressing the needs of homeless youth, of families with children, and of singles without disabilities.

Having explored the maze of issues confronting homeless people and those on the edge of homelessness, and having considered the challenges facing the agencies that serve all of them, the Cumberland's Comprehensive Emergency Assistance System (CEAS) Committee along with various service provider agencies and County Departments' were asked to identify key systemic or policy changes that would make an impact. They were also asked to suggest some specific, fundable programs that would close the gaps in the existing network of services. As they discussed and responded, they drew from the best practices of other communities that are making great strides in their efforts to reduce homelessness. The work group detailed recommendations can be structured using four key principles as guidelines.

- **Homelessness and poverty are inextricably connected** - While the root causes of homelessness often lie in such contributing factors as mental illness and substance abuse, poor people with these issues are much more likely to become homeless than persons with similar disabilities and a higher income.
- **Earlier intervention and prevention of homelessness are key** – Proactive actions are critical. Such prevention strategies can include short-term emergency assistance programs to help people maintain housing; housing placement as an integral part of discharge planning from mainstream systems such as criminal justice and behavioral health; and an increase in the supply of

affordable housing so that low-income households do not pay more than 30 percent of their income for housing.

- **Access to affordable and supportive housing options** - An adequate supply of supportive and affordable housing is needed. Subsidized housing, with or without supportive services, has ended homelessness for families and played a key role in ending homelessness for people with serious mental illnesses.
- **A multi-system response will result in better outcomes** - The solution to homelessness is bigger than the network of homeless providers. A multi-system response is needed that breaks down funding, planning, and service “silos” and directly involves the mainstream systems of behavioral health, public assistance, child welfare, education, housing, and criminal justice in the solution.

Homelessness is a moral and ethical challenge for our county. Our community will be judged by how it treats its most vulnerable residents. The community cannot allow our citizens to live on the street or in shelters. The toll that homelessness exacts on all of the people who experience it, especially children and teens, coupled with the negative impacts on neighborhood revitalization and economic development, is too great. The cost – in human and economic terms – is staggering.

“The math is borne out in national studies...supportive housing costs about \$1,000 a month to maintain, while hospital beds cost about \$30,000 a month, and jails cost more than \$3,000 a month.”

– San Francisco Chronicle, 2005

The Causes of Homelessness

The housing affordability crisis in the United States has been a driving factor for a growing homeless population. When it is not possible to obtain affordable housing, residents with low incomes inevitably pay a larger percentage of their income toward housing costs than people earning higher incomes, or they combine households to share housing costs. Individuals who pay a high proportion of their income for housing costs and those who are living in overcrowded situations are at increased risk for homelessness. Many low-income individuals and families are forced to make critical choices when their income is not sufficient to meet their basic living needs. It may mean fewer meals, no health care, and the loss of utilities, overcrowded housing, or eviction.

According to a U.S. Department of Housing and Urban Development (HUD) release of the Annual Homeless Assessment Report (AHAR), the department's first report on homelessness to the Congress since 1984, it is estimated that 700,000 to 754,000 people were homeless (sheltered and unsheltered) on any given night. People staying in homeless shelters represent only a portion of the homeless population. Other marginally housed people may be staying in substandard housing, in cars, or in temporarily doubled-up situations with friends or relatives. Homeless services are available but meet only part of the outstanding need. People who are homeless may be experiencing mental health and/or substance abuse issues that impact their housing stability and ability to access available services. Before becoming homeless, 12.4 percent of single adults came from public systems and institutional settings, including psychiatric facilities, substance abuse treatment centers, hospitals, jails, and foster care. (*Coalition for Supportive Housing*)

Each year local government, homeless providers and social service agencies in Cumberland County participate in a one day “point in time” count of homeless individuals and families— on the street, in shelters, in transitional housing and those doubling up with friends or family.



In a 2010 one-day count, 274 people were homeless in Cumberland County. Within that universal population counted during the PIT count, 50% were homeless families with children. Of those people counted in 2010, only 14.9% were unsheltered – on the streets, in parks, sleeping in cars, or doubled up with family or friends. The largest majority (40.4%) were residing in an emergency shelter.

Homelessness is an issue not only of housing, but also of living wage jobs and services for those who need them. The median family income in Cumberland County was \$50,833 in 2008, an increase from \$45,403 in 2000. In 2008, 16.3% of the population was living below the poverty level, of which 7.4% were below the age of 18. The largest increase in households below the poverty level was in female heads of households, with no husband present and with children under 18 years of age. The number of households in this category increased 61 percent from 2000 to 2008.

While incomes stayed fairly stable and there were an inadequate number of living wage jobs, housing costs increased rapidly. Housing is considered affordable if a household is paying no more than 1/3 of their income for housing costs. The average selling price of housing units increased 57.9 percent between 2005 and 2009, from \$126,980 in 2005 to \$219,200 in

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January 2009. In just one year, from 2006 to 2007, the average selling price increased 19 percent. As of 2009, housing units in Cumberland County were predominately owner-occupied (67 percent) compared to renter-occupied (33 percent).

Rental costs are also on the rise - Fair Market Rent (FMR) in 2010 \$802 for a studio, \$805 for a 1-bedroom, and \$1,014 for a 2-bedroom apartment. FMRs have increased from 2000, when they were \$652 for a studio, \$652 for a 1- bedroom, and \$702 for a 2-bedroom apartment. Housing costs take up a disproportionate amount of wages for people who are earning low incomes in Cumberland County.

Declining Housing Subsidies - Many people earning low incomes turn to housing assistance providers to help them bridge the gap between the amount they can afford and the rising housing costs in the county. Providers of housing assistance include non-profit community based organizations and public housing authorities that provide assistance through various programs, including facility-based units and rental assistance. However, many of these programs have extensive waiting times before a person can get assistance, as there is far more demand for assistance than the existing funding can meet. For example, the estimated wait for a Section 8 Housing Choice Voucher through the Vineland Housing Authority is three or four years and the Millville Housing Authority four to six years.

Other issues - High housing costs and stagnant incomes are two of the most significant factors causing homelessness among individuals and families, but there are other significant factors that cause or compound homelessness. Those factors include:

Domestic violence- Domestic violence affects many individuals who experience homelessness. Nationally, as many as half of women and

children who are homeless have left abusive situations. Lack of affordable housing and shelter resources leave women experiencing violence few choices and many will stay in unsafe situations for lack of other options.

Mental health and physical health - While availability of mental health services has decreased in recent years, a strong demand for services continues. People with mental illness who lack supportive services often have difficulty maintaining their housing. Homeless people suffer from high rates of mental and physical health problems worsened by living on the streets and in shelters. The lack of residential stability makes healthcare delivery more complicated. Health conditions that require ongoing treatment such as diabetes, cardiovascular diseases, tuberculosis, HIV/AIDS, addiction, and mental illness are difficult to treat when people are living in shelter or on the streets. Homeless people often lack access to preventative care, waiting until a trip to the emergency room is a matter of life or death. These emergency room visits are costly. Additionally, when homeless people become ill, they often do not receive timely treatment.

The County of Cumberland's Health Department has been tracking statistics of individuals seeking services through the Prescription Assistance Program. According to 2009 statistics it is estimated that 72.6% of the population seeking services has an income that places them in the 'poverty' category. Twenty five percent or 1 out of 4 seeking service does not have permanent housing; 62.9% disclose having chronic health issues; and 25.5% are seniors. In Cumberland County, the major reasons why individuals find themselves on the verge of homelessness or in non-permanent housing are directly related to the failing personal health and the financial burden of ongoing healthcare.

In addition to chronic health problems, approximately 20% of homeless people suffer from mental health issues. At a given point in time, 45% of homeless people, New Jersey based, report indicators of mental health problems during the past year, and 57% report having had a mental health problem during their lifetime. About 25% of the homelessness population has serious mental illness, including such diagnoses as chronic depression, bipolar disorder, schizophrenia, schizoaffective disorders, and severe personality disorders. In Cumberland County's 2010 PITC, 31 people (19.3%) described themselves as mentally disabled. According to the New Jersey Division of Mental Health, approximately 9% of admissions to Ancora Hospital, the closest state facility to the target area, were of individuals who claimed they were homeless prior to admission.

Generational poverty - This is also a contributing factor to homelessness. If one grows up poor, there is a significant chance of remaining poor. The lack of education or vocational skills among families makes it difficult to find and maintain employment at a living wage, or to establish a stable educational environment for children. Research indicates that the longer people are in poverty the less likely they are to escape it. In New Jersey, twenty-five percent of people who were consistently poor before age 17 were still poor at age 25 to 27.

Loss of system support - It is common for people leaving jails or prisons, hospitals, foster care, or mental health or substance abuse treatment facilities to land on the streets. They face many challenges in finding work and a place to live. Due to problems of recidivism among people discharged from prison or jail, Cumberland County plans to focus future efforts on coordinating with local jurisdictions on discharge planning into housing. This is a key since Cumberland currently has 1 jail and 4 prisons within its geographical boundaries. It is important to understand not only the causes of

homelessness, but also the different ways that homelessness manifests itself. Different subpopulations of homeless people such as, chronically homeless, families, youth, veterans and physically or mentally disabled people require different housing strategies.

At Risk of Homelessness - Individuals or families can be considered at risk of homelessness if they are paying a high percentage of their income for housing (typically 50% or more), are living in substandard or overcrowded housing. Substandard housing is defined as housing that does not meet local housing codes, housing is considered overcrowded by HUD if there are more than 1.01 persons per room.

Chronically Homeless People - As noted earlier in this report, in both the advocacy and federal funding arenas, there is an increased emphasis on ending homelessness for chronically homeless individuals in the next ten years. Chronically homeless people are defined by the Department of Housing and Urban Development (HUD) as homeless individuals with a disabling condition (substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability) who have been homeless either 1) continuously for one whole year, or 2) four or more times in the past three years. Chronically homeless people are in need of housing, but often in need of other services such as mental health, basic health care, and substance abuse treatment. Chronic homelessness is long-term or repeated homelessness accompanied by a disability. Many chronically homeless people have a serious mental illness like schizophrenia and/or alcohol or drug addiction.

Research reveals that nationally between 10 to 20 percent of homeless single adults are chronically homeless. Luckily in Cumberland the current rate of chronically homeless individuals is around 6.8%, so although not a large percentage this is still a population that requires management. Few people in this chronic

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group are likely to ever generate significant earnings through wages. While they may have some income from wages and/or public benefits, they will require long term subsidization of both housing and services because of their disabilities.

Episodically Homeless Group - People who use shelter repeatedly, often called the episodically homeless group, are estimated to constitute approximately 23% of the homeless single population. This group has a high public cost when housed in shelter because its members seem frequently to interact with other very costly public services systems, particularly jails, prisons and hospitals.

Transitionally Homeless - Those individuals who have one-time and short-term stays in the homeless assistance system; exit it and return infrequently if at all have been called the “transitionally” homeless. The majority of families and single adults who become homeless fall into this category. They have most often had a financially-related housing crisis that has resulted in their homelessness. In Cumberland County this was the highest increase within a homeless population between 2008 and 2010.

The Cost of Chronic Homelessness

Chronically homeless individuals are often caught in a revolving door, shuttling back and forth between expensive crisis and treatment services such as hospital emergency rooms, jail, substance abuse treatment, or crisis psychiatric services and the street or emergency shelter. A limited but growing body of research suggests that stabilizing individuals in supportive housing can reduce their use of expensive crisis services (Corporation for Supportive Housing). Local examples show similar results.

A case study was compiled on “Mr. J” in early 2009 as part of the Homeless Solutions planning process. Mr. J, a single male in his mid 40s, has been homeless off and on since 1995. He has a diagnosis of Schizo-affective disorder and depression and a long history of using drugs and alcohol. Mr. J also has a long history of asthma and hypertension—two chronic health problems that can be easily managed for people with a stable home. Mr. J. has no criminal history. A chronology of service from April 2006—January 2007 identified a partial cost to the community of more than \$83,000. This cost includes several hospitalizations at Good Samaritan Hospital, substance abuse treatment, and shelter. It excludes costs incurred by Grandview Medical Center, Miami Valley Hospital, Samaritan Behavioral Health Crisis Care Program, Nova House, and additional services that were not tracked by case managers. (*National Coalition on Homeless Populations*)

The second example demonstrates both the high cost of chronic homelessness and the success of supportive housing in reducing those costs and preventing a return to the streets. Cobblegate, a Housing First program (New York), opened in September 2007 with a 10-unit apartment building. The program provides supportive housing to homeless mentally ill men and women who were not linked with the public mental health system. The average length of

homelessness for the original 10 tenants was close to four years. All the tenants had a history of substance abuse and many had serious medical issues. Seven of the 10 original tenants remain housed.

Five of the tenants who remained housed self-reported shelter episodes, incarceration, emergency room usage, in-patient hospital days, nursing home stays and inpatient residential treatment in the 12 months prior to housing. The cost for the 12-month period was estimated at \$370,354 (\$203 per day per person). The initial cost to provide supportive housing to these five tenants for one year was less than half that cost, \$155,125 (\$85/day per person for housing and services). While chronically homeless individuals create a significant cost to institutions such as hospitals and jails, there is also a cost to provide the permanent supportive housing that will enable these individuals to leave their lives on the street. The cost differential between doing nothing and stabilizing individuals in supportive housing will not always be as dramatic as that found at Cobblegate. (*National Coalition on Homeless Populations*)

Research co-sponsored by the Corporation for Supportive Housing shows that providing supportive housing for homeless people with severe mental disabilities does reduce the usage and cost of additional crisis services (e.g., shelter use, hospitalizations, length of stay per hospitalization, and time incarcerated). At the same time, use of ongoing community services to address physical or behavioral health concerns is likely to increase. Even in instances where the cost of providing supportive housing may be close to or equal the reduction in crisis costs, the non-financial benefits – the societal and human rewards – tip the scales in favor of investing in supportive housing.

The challenge is to find a way to connect the savings from lower use of crisis/ treatment services to offset the cost of developing and operating new permanent supportive housing.

Why Develop A Ten Year Plan?

Cumberland County's goal of reducing homelessness will be achieved through strategies and action steps that take a long-term, comprehensive approach prioritizing prevention, supportive services, income, and affordable housing programs. These initiatives include:

1. Educating citizens and county leadership about homelessness and the actions being considered to reduce homelessness.
2. Closing the "front door" to homelessness with efforts that work towards supporting and maintaining individuals and families in their current housing.
3. Coordinating and creating discharge plans with 'release' institutions such as South Jersey Health Care, Cumberland County Correctional Institutions and Mental Health Facilities.
4. Improving and expanding our coordinated system of service delivery; with particular attention being addressed to the needs of seniors experiencing medical related homelessness and those with disabilities.
5. Increasing the collaboration with surrounding Counties. (Atlantic, Cape May, Gloucester and Salem Counties)



Benefits of Reducing Homelessness

Belief in the need for respecting the worth and dignity of every county resident demands that Cumberland take a thoughtful and strategic approach to reducing homelessness in our community. As stated in the National Alliance to End Homelessness' report on family homeless, it is "a problem with a solution."

First, the benefits to Cumberland's individuals and families are:

- Safe, decent, transitional and permanent housing
- Improved health through comprehensive health services
- Long-term support services only for those who need it
- Opportunities for self-sufficiency and contributions to the community through skills training and job placement

Second, the fiscal benefits include:

- Increase in service coordination and integration, through co-locating and streamlining of services
- Reduction in use of immediate, emergency, high cost health and public safety services
- Investment in strategies that provide long-term, permanent and proven results.

Finally, benefits to the community as a whole are:

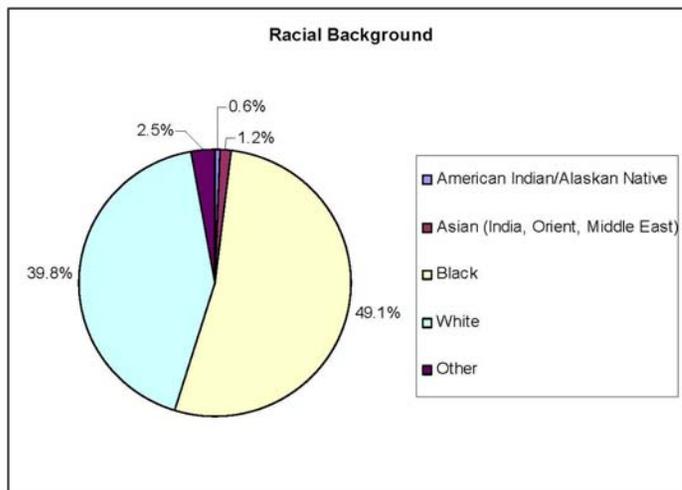
- Improved quality of neighborhoods
- Positive experiences for all residents
- Pride in the accomplishment of positive community change

Present Day Cumberland County

Cumberland County is located in the southern portion of New Jersey along the Delaware Bay. According to the U.S. Bureau of the Census, 2008 American Community Survey, the County has a population of 156,830; almost three quarters (116,000) live in the three largest cities: Vineland, Millville, and Bridgeton – which together encompass only 24% of the County’s land.

Cumberland is the most racially and culturally diverse of all New Jersey’s southern counties. There are approximately 54% white, 21% African American, 22% Hispanic, 1% American Indian, and 2% Asian residents (Census 2000).

The homeless racial demographic, within Cumberland County, shows a different ratio. The portion of the homeless population that defined its ethnicity as Hispanic or Latino equaled 16.8%. The largest majority were Black 49.1% followed by Caucasian at 39.8%.



The remaining population equaled approximately four (4) percent of the surveyed population.

Cumberland County has long been one of the most economically distressed counties in New Jersey. Social, political, educational, geographic, and cultural barriers have all contributed to this unfortunate distinction. According to the 2000 U.S. Census, the County’s income levels were among the lowest in New Jersey.

- Median Family Income was \$45,403 or 69.4% of the State average;
- Median Household Income was \$39,150 or 69.7% of the State average; and
- Per Capita Income was \$17,376 or just 64.3% of the State average.

In addition, 2,605 households reported public assistance income. This was 5.3% of total County households. For New Jersey as a whole, only 2.8% of households reported public assistance income. The County’s poverty rate was 15.5% of the total population compared with only 8.5% of the State population. Because these characteristics contribute to high levels of social stress and unrest, it is not unusual to find similarly high levels of mental illness and crime among the general population.

Homelessness in Cumberland County has been fairly consistent, over the past four years, except for the drop that occurred in 2009 (which is attributed to the harsh weather the day of the PITC). The drop from 2008 to 2009 equaled 61.2% while the increase in the total number of homeless from 2009 to 2010 equaled 62.4%.

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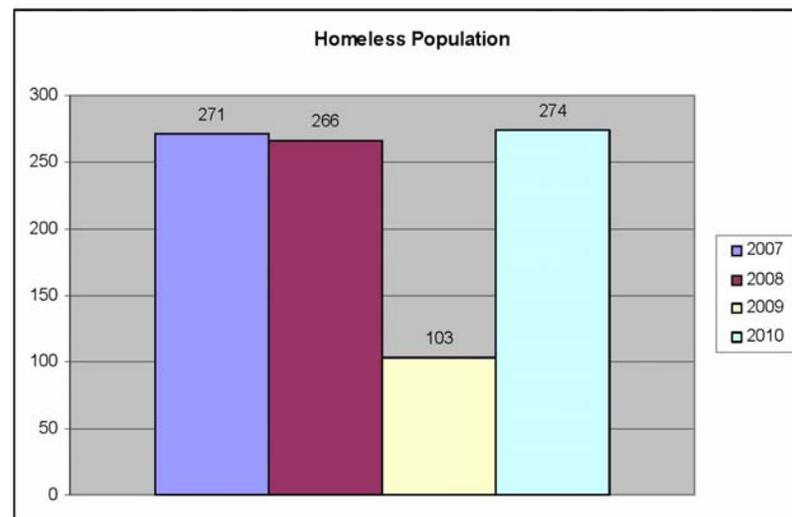
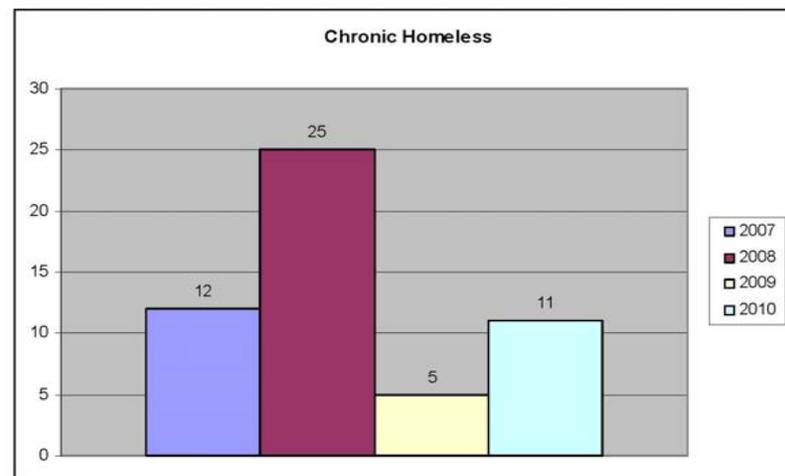
Within the homeless population, the largest subpopulation was those with mental illness (19.3%). This group was followed by those with substance use issues (11.8%) and those with medical disability.

On the night of January 27, 2010, there were eleven (11) chronically homeless counted in Cumberland County equaling 6.8% of the total homeless population. With the data that has been collected, Cumberland is able to compare chronic homeless numbers for the past four years which is represented in the chart below.

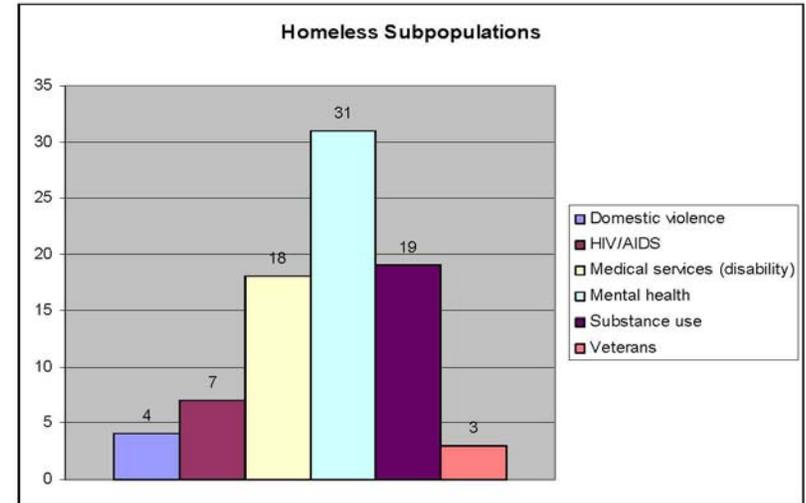
The number of chronically homeless has been fluctuating since 2007 reaching its highest level in 2008. The percentage of chronic homeless as part of the total homeless population has also been fluctuating although always remaining under 10% of the total homeless population.

Contributing factors to homelessness: The 2010 PITC survey asked chronic homeless respondents what factors they felt contributed to their homelessness. The highest ranking factor that respondents stated contributed to their homelessness was the loss of a job or inability to find work. Furthermore, many of the other top ranking factors included relation breakdown, mental health issues and substance use issues.

Moving forward there is a need to obtain demographic data about the senior population that is facing homelessness along with those who are living in nontraditional, non-long term situations. With the Baby Boomer generation comes the need for supportive care. The Cumberland County Office of Homeless has noticed a trend over the past several years of the need for care for a senior and disabled population that is facing homelessness. This demographic will need to be tracked and included within the section in subsequent years.



Factor	%
Lost job/cannot find work	54.5
Relationship/family breakup/death	54.5
Alcohol or drug abuse problems	45.5
Mental illness/emotional problems	45.5
Have work but wages are too low	36.4
Housing costs too high	36.4
Medical problems/physical or developmental disability	36.4
Incarceration	27.3
Utility costs too high	18.2
Eviction	9.1
Lost job due to lack of transportation	9.1



The Planning Process

A special committee, the 10 Year Plan Ad-Hoc group was established to brainstorm and develop the goals and strategies for ending homelessness in Cumberland County. The Committee began its work in the summer of 2010, with assistance from Triad Associates and the Cumberland County Office of Homeless. Participants included representatives from a range of homeless shelter and service providers, the community, and County staff.

The Committee drew some of its members from the Comprehensive Emergency Assistance Systems Committee (CEAS), which includes County staff, providers and other community members. Represented in the discussions were a range of entities including the Community Food Bank of New Jersey, City of Vineland, Cumberland County Board of Social Services, Commercial Township Food Bank, New Jersey Division of Mental Health, South Jersey Aids Alliance, Cumberland County Health Department, Tri-County Community Action Agency, Catholic Charities and Rural Development/Cumberland Family Shelter.

The planning process was led by Triad Associates staff with support from The Cumberland County Office on Aging and Division of Homeless staff. These principal partners in addition to a working sub-committee of homeless service providers discussed and articulated principles to guide the planning. As a result of their efforts four goal areas (Poverty Reduction, Prevention, Housing and Multi-System Response) were identified and expanded upon as part of this Ten Year Plan.

A key decision was made up front to broaden the focus of the plan beyond chronic homelessness. Given that the majority of the homeless in Cumberland County are families and/or senior and disabled populations, it was unacceptable to all involved to

galvanize the community energy and resources needed to reduce homelessness for a small percentage of individuals without also working to solve homelessness for families and/or singles without disabilities.

While only a small percentage of homeless individuals are considered chronically homeless, this group presents a two-fold challenge to communities. Chronically homeless individuals use significantly more than their “share” of existing shelter and other high-cost services such as emergency rooms and psychiatric beds. In addition, the burden placed on the correctional system by the homeless is disproportionately large. Therefore, Cumberland County will continue to seek to reduce this population within the community but for the most part will work to reduce homelessness to a broader community.

Defining Homeless

There are many ways to define homelessness; some are broad and others are more narrowly focused. Cumberland's Plan will use the definition outlined by the U.S. Department of Health and Human Services/Health Resources and Services Administration, which states:

"A homeless person is an individual (without regard to whether the individual is a member of a family) without permanent housing who:

- Lives on the streets;
- Stays in a shelter, mission, single room occupancy facility, transitional housing facility, abandoned building or vehicle, or any other unstable nonpermanent situation;
- Lives "doubled up," a term that refers to a situation where individuals are unable to maintain their housing and are forced to stay with a series of friends and/or extended family members; and/or
- Was previously homeless and is released from a prison or hospital without a stable housing situation to which he/she can return.

Recognition of the instability of an individual's living arrangements is critical to the definition of homelessness." This definition allows a more flexible understanding of the issues confronted by very low income individuals and families when housing becomes unstable, putting them at imminent risk of homelessness. It also better reflects the reality of homelessness in rural parts of the state.

Any plan to make homelessness brief in Cumberland County must look beyond the families and individuals experiencing homelessness at any given time. The population of homeless people is not static; every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations.

This could not be truer in a community where an individual making up to 50% of the Area Median Income (\$21,000 a year), can only afford a rental of \$562.00 a month; in a county where the fair market rent for a one bedroom apartment is \$805/month. For a family of four (4) making up to 50% of the Area's Median Income (\$30,000 a year), this family could afford a rent of \$870.00 a month; but the fair market rent for a two bedroom is \$1014/month.

There has long been a push for communities to develop plans to reduce or end chronic homelessness. Cumberland County plans to address the issue of homelessness credibly and comprehensively, which is why the focus of this plan is on the common denominator of all homeless and at-risk families and individuals considered to be living at very low poverty rate (HUD 30%-50% of AMI). For it's the very poor who tend to be in the most unstable housing situations, and it is also the very poor who struggle the most with earning enough income to make ends meet and to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Thus, many of the recommendations and strategies discussed in subsequent sections target those households with very low incomes, which for the purposes of this Plan are defined as those below 50% of Area Median Income. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric

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facility) without employment or income, and working households who simply cannot make enough money to cover the rising costs of housing and utilities.

A 10-Year Plan addressing the myriad of issues related to homelessness is intended to assist Cumberland County plan for a more coordinated approach to ending homelessness. Since there are many facets of the problem; no one solution will fix the current situation. Various solutions are not the only problem, limited resources lack of coordination of discharge planning and limited placement options must also be considered.

Often issues related to homelessness seem so complex that it is difficult for policymakers to know where to focus, or how to allocate scarce resources in the most effective manner. Affordable housing certainly is a major part of the solution, but housing alone will not solve the problem, especially for those experiencing longer-term homelessness and for many others struggling for different reasons. Health and income also need to be integral components to the solution.

This Plan outlines recommendations associated with objectives that will reduce homelessness if implemented in conjunction with each other over a 10-year period.

Guiding Principles

The following five principles will serve as the guiding force for the broad goals, strategies, and action steps:

Commitment from all sectors of the community - There is a proverb that states it takes a village to raise a child. Cumberland County feels that it takes a community to reduce homelessness. This includes the collaboration and support of government, non-profits, the faith-based community, the criminal justice system, the business community, and residents.

Best practice, evidence based solutions - There are several best practice models that have provided promising results in addressing the issue of homelessness. Cumberland County is a cash strapped community that will research and consider the implementation of some best proven practice models.

Affordable, appropriate housing options - The plan identifies the need for safe, clean and affordable housing within the County. Due to financial restraints and the need for long term planning this will not be an immediate principle that Cumberland will act upon. However, the need for affordable housing will be addressed in this plan because of the extreme need for this type of homeless prevention service.

Culturally competent, consumer-centered services - The face of homelessness has been constantly changing over the past five years. Cumberland, like other places across the nation, has experienced an increase in homeless families. In addition to severe poverty, many have additional, unique challenges such as legal status issues, varying customs and traditions, and language barriers. With these thoughts in mind and other challenges previously discussed, the services provided to homeless persons will need to

be comprehensive, consumer driven, flexible, and with a focus on meeting the individual client's needs.

Sufficient financial resources - Funding resources for human service needs are and will continue to be limited in the foreseeable future. In order to fund changes and new services, Cumberland County will need to make the best use of existing federal, state, local and private funding by streamlining, strategic targeting and re-allocating funds towards the plan priorities. It should be mentioned that the majority of the plan deals with streamlining to save funds and thus making Cumberland a community poised to address issues without the need for an infusion of funds.



Key Principles to Reduce Homelessness



Poverty Reduction: Homelessness and Poverty are Connected

- In Cumberland County, a full-time worker must earn \$22.88 per hour (approximately \$47,590 annually) or work 89 hours per week at minimum wage to afford a two-bedroom apartment. The Fair Market rent in Cumberland County for a two-bedroom apartment is \$1,014 per month (HUD Fair Market Rents (2010).
- More than half of all annual job openings in Cumberland County pay less than \$11.00/hour (Bureau of Labor Market Information, August 2009).
- Approximately 12.6% of households in Cumberland County have incomes below poverty.

Housing: Access to Affordable and Supportive Housing Options is the Best Tool

- Homelessness could be ended for an estimated 20-30 percent of the persons who experience homelessness in Cumberland County with immediate access to affordable housing.
- Homelessness could be ended for an estimated 80 percent of persons experiencing chronic homelessness in Cumberland County with immediate access to permanent supportive housing.
- Housing stability is essential for successful treatment and/or recovery of homeless persons who are addicted to alcohol or drugs (Oakely and Dennis, Homelessness in America, 1996).

Prevention: Earlier Intervention and Prevention are Key

- More than 5,600 very-low income renter households in Cumberland County pay more than 30 percent of their income for housing (2000 Census).
- Reorienting homelessness prevention from work with specific at-risk individuals to efforts to increase the supply of affordable housing and sustainable sources of livelihood will have a greater impact on overall numbers of persons experiencing homelessness (Shinn, Baumohl, and Hopper, 2001).

Multi-System Response: A Multi-System Response Will Result in Better Outcomes

- Insufficient income, mental illness, substance abuse, and domestic violence are some of the contributing factors to homelessness. A “one size fits all” response, focused primarily on the homeless providers, will not be successful.
- Homeless persons with a serious mental illness or addiction experience longer episodes of homelessness. According to the National Resource Center on Homelessness and Mental Illness, approximately 20-25 percent of the single adult homeless population has some form of severe and persistent mental illness.
- Compared to poorly housed children, homeless children have worse health, more developmental delays, more anxiety, depression and behavior problems, and poorer school attendance and performance (Buckner, 2004: Shinn and Weitzman, 1996).
- Senior oriented service and or facilities that can be used short term to provide interim care while convalescing which would prevent a homeless situation until the senior can be returned to their home.

Recommendations

I. Poverty Reduction - Homelessness and poverty are inextricably connected. Poverty reduction strategies include those designed to get more money directly into the pockets of homeless persons and those that take a broader, more systemic approach to poverty reduction.

- a) Improve access to benefits for persons who are eligible.
 - Determine eligibility for SSI or Medicaid for persons being released from prison so that benefits commence upon re-entry into the community.
 - Determine eligibility for SSI or Medicaid for persons being released from the hospital or State Psychiatric Institutions prior to release so that benefits commence as soon as person is going home.
- b) Increase employment of homeless persons.
 - In collaboration with the Cumberland County WorkForce One-Stop Center develop and implement flexible, longer-term training programs that also address life skills, job readiness, and job training.
 - Establish partnerships with employers to hire homeless persons.
- c) Form an alliance of local and state public interest/policy groups to focus on homelessness and poverty reduction issues and advocate for policy and funding changes. Work toward a unified community plan and approach to poverty reduction.
 - Create Central Agency on Poverty to meet and discuss single intake applications to streamline process.
 - Work with Cumberland Board of Social Services to discuss how to implement a single application form.

II. Prevention - Earlier intervention and prevention are key. Prevention strategies include short-term emergency assistance programs to help people maintain housing, housing placement as an integral part of discharge planning from mainstream systems (such as criminal justice and behavioral health), and an increase in the supply of affordable housing so that low-income households do not pay more than 30 percent of their income for housing.

- a) Establish a committee to review the status of homelessness in Cumberland County; committee will analysis data from various streams to supplement data from the point in time count.
- b) Outreach to Veterans Organizations to identify homeless concerns and issues facing this target population especially for those who are chronically homeless or those at immediate risk of becoming homeless.
- c) Identify and resolve those discharge policies and practices from the criminal justice and hospital systems that lead to homelessness, especially for the senior population.



III. Housing - Access to affordable and supportive housing is the best tool for ending homelessness. Subsidized housing, with or without supportive services, has ended homelessness for families and played a key role in ending homelessness for people with serious

mental illnesses. These housing strategies are targeted to persons who experience homelessness.

- a) Work with members of the Cumberland County CEAS committee to research options for funding the development of permanent, affordable and supportive housing for homeless families and individuals including the chronically homeless.
- b) Review the option of establishing a Rental Assistance Subsidy program to provide temporary rental subsidy to homeless individuals and families moving into permanent housing.
- c) Consider the creation of a web-based Centralized Housing Locator System to connect potential tenants to vacant/available units.

Housing Summary - There are recommendations calling for the development of housing units in more than one section of this report. However, it is the reality of this planning group that the financial resources are not readily available for the construction, acquisition or rehab of units within Cumberland County. Although Cumberland County is not in a financial position to pursue new transitional or permanent housing units; it remains a long range goal to develop noted housing and as such will remain as a priority within the plan although funding is not currently available.

IV. Multi-System Service Response - The solution to homelessness is bigger than the network of homeless providers currently working within Cumberland County. A coordinated system that breaks down funding, planning, and service “silos” is needed. The mainstream systems of behavioral health, public assistance, child welfare, education, housing, and criminal justice must be directly involved in the solution.

- a) Governance
 - Expand the representation of key target population representatives on the CEAS Committee (i.e.: veterans, One-Stop)
 - Establish a Consumer Advisory Board to provide feedback and guidance on the implementation of the Homeless Solutions plan.
 - Implement strategic community education and advocacy program to support the implementation of the *Ten Year Plan to Reduce Homelessness*.
 - Develop an advocacy program designed to provide a voice for the homeless.
 - Educate the community about the importance of providing affordable housing throughout Cumberland County.
 - Recruit and coordinate volunteers from the faith and broader community.
 - Organizations encouraged to ‘adopt’ a homeless family and provide them with essential services.
- b) Integrated Services
 - Implement the Continuum of Care concept within the criminal justice system, with re-entry planning and support from adjudication through the first six months of re-entry.
 - Explore the creation of a homeless court designed to help homeless citizens resolve outstanding misdemeanor criminal warrants and ease court case processing backlogs.
 - Increase availability of alcohol and other drug treatment services.
 - Develop Mobile Outreach Teams to include members from multiple disciplines and expand availability of needed mental health services
 - Coordinate reporting requirements for all funding sources managed by the Cumberland County Division of Homeless.

Cumberland County

c) Homeless Services

- Explore development of a single entry point into the homeless system or at least a single source form for the intake of individuals seeking homeless related services.
- Review ways in which to fully utilize the HMIS data to track and understand the homeless population of Cumberland County.
- Strengthen connections with existing life skills and parenting programs.

Conclusion

Homelessness is a major challenge in Cumberland County as well as throughout the region. While there are no simple solutions to the complexity of homelessness, one agency or jurisdiction cannot solve it alone. Civic leaders, faith-based organizations, service providers, businesses and consumers, and neighborhoods must work together to assist those who want to help themselves. Although the national movement focuses on ending chronic homelessness, Cumberland County has chosen to focus on individuals and families that are chronically, episodically and/or temporarily homeless.

Chronic homelessness points to the shortage of affordable supportive housing, as well as the occurrence of mental illness, substance abuse, and the lack of employment and other skills necessary for self-sufficiency. The *Cumberland County Ten Year Plan to Reduce Homelessness* recognizes the need for a comprehensive, coordinated, and continuous effort. Without an ongoing commitment at the federal, state, and local levels to solving the problems, there will be little success.

The plan also recognizes the need for adjustments and changes, as well as new innovations to support the community effort to reduce homelessness. It is intended that this plan be a living document that changes be made to in response to the success or failure of individual strategies and in response to events that will change the dynamics in yet unforeseen ways. This plan lays out the changes that Cumberland County needs to institute over time in order to effect change. The key to this plan's success will be in the partnerships and commitment of government, non-profits, housing providers and residents to innovation and accountability set forth as part of the plan.

The process that developed this plan—individuals and organizations identifying problems, pointing out barriers, and suggesting solutions— represents an important move toward coordination and systemic change. By continuing to work together and implementing a plan, the community can end chronic homelessness and reduce all homelessness within ten years.

Priority Projects and Programs Funding Matrix

An Implementation Agenda for the Cumberland Ten Year Plan to Reduce Homelessness

RECOMMENDATION	STEPS TOWARD IMPLEMENTATION	PRIORITY STATUS	PROSPECTIVE PARTNERS	RESOURCES
<p>Recommendation #1: Poverty Reduction</p> <p>PROJECT 1: Improve access to benefits for persons who are eligible.</p>	<ul style="list-style-type: none"> Determine eligibility for SSI, GA or Medicaid for persons being released from prison so that benefits commence upon re-entry into the community. Determine eligibility for SSI or Medicaid for persons being released from the hospital or State Psychiatric Institutions prior to release so that benefits commence as soon as person is going home. Create checklist of what is required for eligibility (SSI, GA, Medicaid, etc.) and make available to service providers for distribution to clients. Create a brochure or similar media deliverable that highlights all homeless and related social services. Document should include contact numbers and site locations. Continue to update the HSAC Cumberland County Help Guide 	<p>Short Term (Within next 2 years)</p>	<ul style="list-style-type: none"> Cumberland County Board of Social Services Social Security Administration SJHS CEAS Partners FQHC Rehabilitation Facilities Homeless Service Providers Cumberland County Office of Homeless Representatives from law enforcement, corrections and mental health. 	<ul style="list-style-type: none"> Homeless Resource Center HUD's Homeless Assistance Program National Resource Center on Homeless and Mental Illness National Coalition for the Homeless The Homeless Resource Exchange
<p>PROJECT 2: Increase employment of homeless persons</p>	<ul style="list-style-type: none"> Develop a working relationship with local temp agencies to create a targeted job placement program for eligible clients. In collaboration with the Cumberland County One-Stop Center develop and implement flexible, longer-term training programs that also address life skills, job readiness, and job 	<p>Short Term (Within next 2 years)</p>	<ul style="list-style-type: none"> Cumberland County Board of Social Services Local Soup Kitchens Cumberland Salem One Workforce Development and One Stop Career Center Temp Agencies Homeless Service Providers Cumberland County Office of Homeless 	<ul style="list-style-type: none"> NJ Department of Labor and Workforce Development US Department of Labor Division of Family Development (NJDHS)

RECOMMENDATION	STEPS TOWARD IMPLEMENTATION	PRIORITY STATUS	PROSPECTIVE PARTNERS	RESOURCES
	training. <ul style="list-style-type: none"> • Work with agencies to expand literacy and job readiness training programs. • Identify partners within CEAS committee to organize a job fair at soup kitchens on a regular basis. • Create a list of service providers that currently offer job readiness, preparatory workshops and/or placement services. 			
PROJECT 3: Form an alliance of local and state public/policy groups to focus on homeless and poverty reduction issues and advocate for policy and funding changes.	<ul style="list-style-type: none"> • Create Central Agency on Poverty to meet and discuss single intake applications to streamline process. • Work with Cumberland Board of Social Services to discuss how to implement a single application form. 	Mid Term (Within next 2— 6 years)	<ul style="list-style-type: none"> • Cumberland County Board of Social Services • CEAS Partners • Homeless Service Providers • Cumberland County Office of Homeless • Representatives from law enforcement, corrections and mental health. 	<ul style="list-style-type: none"> • Homeless Resource Center • HUD’s Homeless Assistance Program • National Resource Center on Homeless and Mental Illness • National Coalition for the Homeless • The Homeless Resource Exchange
Recommendation #2: Prevention PROJECT 1: Establish a committee to review the status of homeless in Cumberland County	<ul style="list-style-type: none"> • Create a committee of service providers, consumers and governmental agencies that collect and analysis homeless data on an annual basis. • Identify priority information to be tracked. • Create tracking systems that make data gathering manageable and pertinent to the task of reducing homelessness. 	Short Term (Within next 2 years)	<ul style="list-style-type: none"> • Cumberland County Board of Social Services • CEAS Partners • Homeless Service Providers • Cumberland County Office of Homeless • Representatives from law enforcement, corrections and mental health. 	<ul style="list-style-type: none"> • CoC – Homeless Management Information System (HMIS) • HUD tracking • Agency intake and tracking databases
PROJECT 2: Outreach to Veteran’s Organizations.	<ul style="list-style-type: none"> • Define level of services required for homeless veteran population. • Identify veteran service agencies coordinating and offering services in Cumberland County. • Develop a working relationship with agencies offering veteran 	Short Term (Within next 2 years)	<ul style="list-style-type: none"> • American Legion • Department of Veteran’s Affairs • Cumberland County Veteran’s Commission • Cumberland County Office of Homeless 	<ul style="list-style-type: none"> • Department of Veteran’s Affairs • National Coalition for Homeless Vets

RECOMMENDATION	STEPS TOWARD IMPLEMENTATION	PRIORITY STATUS	PROSPECTIVE PARTNERS	RESOURCES
<p>PROJECT 3: Identify and resolve discharge policies from criminal justice and hospital systems.</p>	<p>specific services.</p> <ul style="list-style-type: none"> • Work with social workers, policy staff and informed individuals to identify gaps within discharge policies. • Define appropriate discharge policy verbiage for corrections and medical facility/psychiatric treatment facilities to consider. • Engage partners from all entities that require discharge planning and form an ad-hoc committee that will create said policies. 	<p>Mid Term (Within next 2— 6 years)</p>	<ul style="list-style-type: none"> • Cumberland County Board of Social Services • CEAS Partners • Homeless Service Providers • Cumberland County Office of Homeless • Representatives from law enforcement, corrections and mental health. 	<ul style="list-style-type: none"> • Homeless Resource Center • HUD’s Homeless Assistance Program • National Resource Center on Homeless and Mental Illness • National Coalition for the Homeless • The Homeless Resource Exchange
<p>Recommendation #3: Housing</p> <p>PROJECT 1: Work with members of the Cumberland County CEAS Committee to research options for funding the development of permanent, affordable and supportive housing.</p>	<ul style="list-style-type: none"> • Establish an ad-hoc committee to review the feasibility and funding resources for permanent, affordable and supportive housing. • Prioritize the feasibility of each housing opportunity. • Develop working funding matrix for available funding resources. 	<p>Mid Term (Within next 2— 6 years)</p>	<ul style="list-style-type: none"> • Cumberland County Office of Homeless • Cumberland County Board of Realtors • Homeless Service Providers • Cumberland County Board of Social Services 	<ul style="list-style-type: none"> • CoC – Homeless Management Information System (HMIS) • Homeless Resource Center • HUD’s Homeless Assistance Program • National Resource Center on Homeless and Mental Illness • National Coalition for the Homeless • The Homeless Resource Exchange
<p>PROJECT 2: Review option of establishing a Rental Assistance Subsidy for temporary rental subsidy for homeless.</p>	<ul style="list-style-type: none"> • Review best case practices for rental assistance programs. • Prioritize need for and guidelines of a Rental Assistance Subsidy. • Work with CEAS Committee or an ad-hoc to review feasibility and funding resources for Rental Assistance Subsidy program. 	<p>Mid Term (Within next 2— 6 years)</p>	<ul style="list-style-type: none"> • Cumberland County Office of Homeless • Cumberland County Board of Realtors • Homeless Service Providers 	<ul style="list-style-type: none"> • CoC – Homeless Management Information System (HMIS) • Homeless Resource Center • HUD’s Homeless Assistance Program • National Resource Center on Homeless and Mental Illness • National Coalition for the Homeless • The Homeless Resource Exchange
	<ul style="list-style-type: none"> • Create a list of available housing 		<ul style="list-style-type: none"> • Cumberland County Office 	<ul style="list-style-type: none"> • New Jersey Housing

RECOMMENDATION	STEPS TOWARD IMPLEMENTATION	PRIORITY STATUS	PROSPECTIVE PARTNERS	RESOURCES
<p>PROJECT 3: Consider the creation of a web-based Centralizes Housing Locator System.</p>	<p>vacancies that can be distributed to the homeless population.</p> <ul style="list-style-type: none"> Engage in a working relationship with local relators to identify and market affordable housing options. Establish a working partnership with the County Board of Realtors. Promote HMFA housing webpage with local service providers 	<p>Mid Term (Within next 2— 6 years)</p>	<p>of Homeless</p> <ul style="list-style-type: none"> Cumberland County Board of Realtors Homeless Service Providers 	<p>Mortgage and Finance (HMFA)</p> <ul style="list-style-type: none">
<p>Recommendation #4: Multi-System Service Response</p> <p>PROJECT #1: Governance</p>	<ul style="list-style-type: none"> Expand the representation of key target population representatives on the CEAS Committee (i.e.: veterans, One-Stop) Establish a Consumer Advisory Board to provide feedback and guidance on the implementation of the Homeless Solutions plan. Implement strategic community education and advocacy program to support the implementation of the Ten Year Plan to Reduce Homelessness. Develop an advocacy program designed to provide a voice for the homeless. Educate the community about the importance of providing affordable housing throughout Cumberland County. Recruit and coordinate volunteers from the faith and broader community. Organizations encouraged to ‘adopt’ a homeless family and provide necessary services. 	<p>Mid Term (Within next 2— 6 years)</p>	<ul style="list-style-type: none"> Cumberland County Board of Social Services Social Security Administration SJHS CEAS Partners Homeless Service Providers Cumberland County Office of Homeless Representatives from law enforcement, corrections and mental health. 	<ul style="list-style-type: none"> Homeless Resource Center HUD’s Homeless Assistance Program National Resource Center on Homeless and Mental Illness National Coalition for the Homeless The Homeless Resource Exchange
<p>PROJECT #2: Integrated Services</p>	<ul style="list-style-type: none"> Implement the Continuum of Care concept within the criminal justice system, with re-entry planning and support from adjudication through 		<ul style="list-style-type: none"> Cumberland County Board of Social Services Social Security Administration 	<ul style="list-style-type: none"> Substance Abuse and Mental Health Association (SAMHA) HUD - Continuum of Care

RECOMMENDATION	STEPS TOWARD IMPLEMENTATION	PRIORITY STATUS	PROSPECTIVE PARTNERS	RESOURCES
	<p>the first six months of re-entry.</p> <ul style="list-style-type: none"> • Explore the creation of a homeless court designed to help homeless citizens resolve outstanding misdemeanor criminal warrants and ease court case processing backlogs. • Increase availability of alcohol and other drug treatment services. • Develop Mobile Outreach Teams to include members from multiple disciplines and expand availability of needed mental health services • Coordinate reporting requirements for all funding sources managed by the Cumberland County Division of Homeless. • 	<p>Long Term (Within next 6 – 10 years)</p>	<ul style="list-style-type: none"> • SJHS • CEAS Partners • Alcoholism and Drug Abuse Services Office, Cumberland County • Rehabilitation Facilities • Homeless Service Providers • Cumberland County Office of Homeless • Cumberland County Mental Health Task Force • Staff from Corrections Facilities 	<ul style="list-style-type: none"> • Homeless Resource Center • HUD’s Homeless Assistance Program • National Resource Center on Homeless and Mental Illness • National Coalition for the Homeless • The Homeless Resource Exchange
<p>PROJECT #3: Homeless Services</p>	<ul style="list-style-type: none"> • Explore development of a single entry point into the homeless system or at least a single source form for the intake of individuals seeking homeless related services. • Review ways in which to fully utilize the HMIS data to track and understand the homeless population of Cumberland County. • Strengthen connections with existing life skills and parenting programs. 	<p>Long Term (Within next 6 – 10 years)</p>	<ul style="list-style-type: none"> • Cumberland County Board of Social Services • Social Security Administration • CEAS Partners • Rehabilitation Facilities • Homeless Service Providers • Cumberland County Office of Homeless • Cumberland County Mental Health Task Force • Staff from Corrections Facilities 	<ul style="list-style-type: none"> • Substance Abuse and Mental Health Association (SAMHA) • HUD - Continuum of Care • Homeless Resource Center • HUD’s Homeless Assistance Program • National Resource Center on Homeless and Mental Illness • National Coalition for the Homeless • The Homeless Resource Exchange