

## HISTORY OF RAPID REHOUSING

In the fiscal year 2014, the Burlington County Continuum of Care (CoC) began exploring the Housing First Model and how it could be implemented in our County. It was the thought that our County could begin to transform the homeless landscape through meaningful planning. The housing first model is a national model put forth by the National Alliance to End Homelessness. This philosophy calls for reducing the use of emergency shelters and transitional housing and an increase in permanent housing and supportive services to support individuals who are experiencing homelessness. The CoC actively embarked on a plan to learn about the model and its core components. Simultaneously, the CoC looked at the activities taking place in neighboring counties and across the state as related to housing first. We asked our colleagues what funding streams they utilized, what populations were being assisted, and the success and recidivism rates. Once the CoC had researched the model and explored what was occurring in the field regionally, we began to develop a local model. We looked at what our Homeless numbers were in Burlington County. We spent time evaluating data to try to begin to understand what we were spending on the current homeless system and if the system was remediating homelessness. The CoC began to discover that the most effective, efficient, and well-documented method of addressing homelessness is a two-fold approach:

- Prevent the loss of housing whenever possible
- Provide rapid access to affordable permanent housing with the support necessary to maintain success.

These are the central tenets of the County's plan to end homelessness. In order to achieve these goals, the system needs to have a cohesive assessment and tracking system and short-term beds that are immediately available where these assessments can take place.

Our plan to end homelessness also mirrors the Federal plan. It calls for the reduction of emergency shelters and transitional housing and an increase in rapid rehousing and supportive services to support individuals experiencing homelessness. The CoC created a board comprised of persons to look more closely at this information. These members were comprised of: CoC members, local government, formerly homeless, local law enforcement, entitlement programming, funders, the faith-based, health community, and mental health providers. Until this point, the Burlington County CoC mainly utilized a patchwork system comprised of relationships between social service providers, transitional housing service vendors, and motel hotel owners willing to work within this system to provide emergency shelter for our homeless. Burlington County has minimal shelter-based emergency beds. Therefore, unfortunately, the motel/hotel beds have been a necessary component of the homeless housing planning. This is not an ideal way to assist the homeless population. The difficulties in implementing the program were educating individuals on the best practices models in housing.. This meant using current

funding streams in a new capacity and moving away from an existing system that has always assumed a housing readiness mentality. Housing readiness translates to a person being remediated from most barriers to housing before receiving housing. The housing is a reward. If a person is mentally ill, they would be stable prior to being housed; if a person is suffering from addictions, they will complete treatment prior to receiving housing. Housing first differs because it is not a reward; it houses the individual first. The housing first model utilizes an intensive case management model. Case management is a core component of the program. Once a person is identified for housing, they may be housed for a very brief period in an emergency placement while permanent housing is located. They are assigned a case manager and introduced to their care management team on day one. During housing, treatment and or any other ancillary programming will begin. However, it is not mandatory. The teaching of good choice making is implemented. Healthy living is encouraged. Being a good neighbor and healthy community partner is championed. Clients are assisted in attaining jobs, Social Security income, and often Medicaid. In some cases, Rapid Rehousing is chosen. This is a variation of the housing first model. This model is for a client who has less barriers to housing. A person who may be considered for this program would be able to become successful in 6 months and considered stable within that time period. This client theoretically would be able to work or have the ability to increase their income. This is not offered in every case; the funding is more limited and the case management is more aggressive.

## **UPDATE TO 10 YEAR HOMELESSNESS PLAN**

The Burlington County Continuum of Care (CoC) adopted a *Ten-Year Plan to End homelessness* in 2012. The Plan development included input and coordination from multiple agencies. This document identifies the overall achievements of the plan, as it has been implemented over the last five years and addresses the areas that require more attention.

### **Short-Term Goals/Achievements**

The CoC Governing Board was formed in 2013 and established timeframes and guidelines to manage the continuum of care for homeless county residents. The Board has created sub-committees with regularly scheduled meetings and has met many goals and objectives. These sub-committees operate and focus on a specific task, including but not limited to the formalization of Code Blue procedures, the Coordinated Assessment development and implementation, and the HUD Super NOFA McKinney-Vento application. HMIS Data Quality Committee meets monthly and, through its efforts, has realized an 89% data accuracy rate for Burlington County's CoC. The Funding and Allocation Committee reviews and approves all applications and available funding.

As the plan enters its fifth year, the Board continues to monitor the progress, analyze the programs goals and that objectives are being met. The Board continually monitors both the

progress and the implementation of the plan to ensure adherence to Federal and State guidelines. If agency guidelines and funding sources change, the Board is poised to adjust the plan.

Agencies are working together across the County, collaboratively sharing program qualifications and resources, one of the goals for Coordinated Assessment. Coordinated Assessment includes any provider that offers services utilized directly or indirectly by the homeless population. Participation of these agencies is vital and includes outreach, rapid re-housing, permanent and transitional housing, prevention support services, and emergency shelter. Information shared between agencies for a coordinated assessment evaluates the clients' eligibility for housing and prioritizes them based on their score. Coordinated Assessment also leads to the uniformity of our County's intake procedures.

### **Immediate and Long-Term Goals/Achievements**

Previously each agency established its intake procedures. Clients followed each agency's process multiple times to qualify for that program or service. Implementation of the Coordinated Assessment went live June 1<sup>st</sup> 2018, improving service delivery efficiency. Coordinated Assessment, also known as coordinated intake, allows clients to move through the process faster and be matched according to their need and eligibility. The Coordinated Assessment Tool identifies a target population and diverts them from the shelters to a more appropriate permanent solution. Full implementation of the Coordinated Assessment is available now for participating agencies.

The Homeless Management Information System (HMIS) is a centralized online data collection tool that gathers information about persons that utilize any homeless service. With over ten (10) agencies using this system, it has become a vital tool in managing information. Reports are generated based on queries such as demographics, veteran status, prior program usage, etc. Any personal information is confidential, while other information attained from this database is shared. Currently, housing reports are generated for data quality and program statistics. Metrics are used to benchmark the impact of services or the lack of services and improve quality and the client's experience. These reports can also identify other obstacles clients may face.

Understanding that a client's needs are broader than being homeless, other obstacles such as access to transportation, long-term housing, and employment training are also addressed. Clients who participate in WFNJ have access to BurLink and NJ Transit to get to work or training that meets their transportation needs. Employment training is necessary to give clients the skills they need to obtain and maintain employment. After an assessment, clients meet with an employment counselor that works with the One-Stop Job Center and are matched with education and career services designed to increase their knowledge and income. A federal grant administered through the Community Development and Housing Division has been tailored to increase housing stock in the County and has, in fact, dedicated units specifically to house the homeless. These long-

term housing options include low-demand housing, rapid re-housing, permanent housing, housing first, and special needs housing.

The lack and/or reduction of funding continues to impede reaching several key goals. Budget cuts have made case management, housing loss, foreclosure prevention programs, and hardship rental assistance goals harder to achieve.

Our commitment to ending homelessness is evident by the measurable progress being made. Even more progress can be made in the coming years with adequate funding and continued participation and input of stakeholders in the community. Burlington County will continue to engage in outreach, prevention, collaboration among the Board of Social Services, social workers, housing teams, and others to ensure a care for our homeless population.

<b>PROGRAM</b>	<b>SERVICE PROVIDING ORGANIZATION</b>	<b>CLIENTS SERVED</b>	<b>DETAILS</b>
<b>CODE BLUE</b>			
	Beacon of Hope Christian Caring Catholic Charities No Greater Love, CDC No Greater Love, Burlington City	CODE BLUE DAYS 2018- 2019: 2217 individuals served, 306 unduplicated 14 families 8 unduplicated 58 people in families 33 unduplicated \$73,112.50 spent	Family Count Appears lower because Emergency Services Catholic Charities did not apply to be a Code Blue vender through the RFQ process, they had money available to serve the families through DCP&P  Reference Code Blue Sheltering Analysis Spreadsheet available upon request
<b>First Time Home Buyers</b>		<b>34</b>	
	2016	<b>33</b>	
	2017	<b>20</b>	
<b>DCA\ SRAP State Rental Assistance Program (Grant)</b>	2018	<b>TOTAL VOUCHERS: 25</b>	First Time Home Buyers

	Dept. of Human Services Legacy VIRTUA	<b>25 VOUCHERS</b>	16 Clients obtained housing w/ case management support 2 Clients found housing outside of Burlington County w/o further contact 4 Clients obtained housing w/o further case management 1 Client obtained housing and passed away 2 Clients passed away before using their voucher
<b>RAPID REHOUSING</b>		<b>TOTAL: SINGLES: 220 FAMILIES: 131</b>	
	Catholic Charities	<b>60</b> Singles <b>78</b> Families	SSH Funded
	Christian Caring Center	<b>59</b> Singles <b>36</b> Families	SSH Funded
	BCCAP	<b>20</b> Singles <b>24</b> Families	Home Prevention Rapid Rehousing HPRP (through DCA) Funded
	Oaks Integrated Care	<b>136</b> Singles <b>24</b> Families	Board of Social Services referral after lifetime benefits have been exhausted and client needs ICM (Intensive Case Management) DFD Funded

### HOME Funded Affordable Rental Housing Since ten Year Plan to End homelessness

Name	Housing Contact	Location	Number of Units/Type	Number of Homeless Set-aside Units	HOME Funding Amount
Living Springs Manor	Abundant Life Community Development Corp 856-461-7000	501 Parkview Drive Delanco	20 units/Special needs, Veterans	10 for disabled/homeless veterans	\$500,000
Springside Apartments	MEND <a href="http://mendinc.org/">http://mendinc.org/</a>	1508 Mt. Holly Rd Burlington Township	75 units/Seniors	5	\$850,000
Freedom Village at Westampton	Project Freedom, Inc. <a href="http://www.projectfreedom.org/HousingPre-Application.cfm">http://www.projectfreedom.org/HousingPre-Application.cfm</a>	Woodland and Springside Rd. Westampton	48 units/Families, Special needs	5	\$500,000
The Apartments at the Mill	Ingerman Affordable Housing, Inc. 856-662-1730	505 Mitchell Ave Burlington City	65 units/Families	5	\$500,000
Duffy School Apartments	MEND <a href="http://mendinc.org/">http://mendinc.org/</a>	203 West 2 <sup>nd</sup> St. Florence	53 units/Seniors	5	\$300,000

Union Eagle Apartments	Mission First <a href="http://missionfirsthousing.org/">http://missionfirsthousing.org/</a> 609-496-9001	1 Spring St. Bordentown City	48 units/Seniors	5	\$240,000
The Willows at Westampton	Ingerman Affordable Housing, Inc. 856-662-1730	Stemmers Lane Westampton	72 units/Families	5	400,000
Freedom Village at Westampton	Project Freedom, Inc. <a href="http://www.projectfreedom.org/HousingPre-Application.cfm">http://www.projectfreedom.org/HousingPre-Application.cfm</a>	Woodland and Springside Rd. Westampton	24 units/Families, Special needs	5	\$250,000
Ethel Lawrence – Connell III	ERLH III – Connell Urban Renewal, LLC	368, 396 and 398 Mt. Laurel Road (Moorestown-Mt. Laurel Road), Mt. Laurel	60 units/Families	5	\$250,000
Cinnaminson Home (Preliminary award)	MEND <a href="http://mendinc.org/">http://mendinc.org/</a>	1410 Riverton Rd. Cinnaminson	54 units/Seniors	5	\$440,000
TOTAL			519	55	\$4,480,000