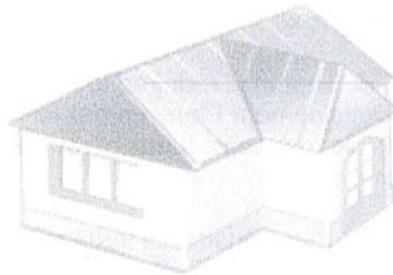




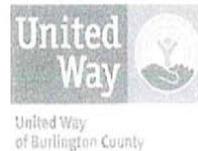
BURLINGTON COUNTY 10 YEAR PLAN TO END HOMELESSNESS



Board of Chosen Freeholders

Bruce Garganio, Freeholder Director
Leah Arter
Joseph B. Donnelly
Joseph Howarth
Mary Ann C. O'Brien

Developed by:
The Burlington County
Comprehensive Emergency
Assistance System/
Continuum of Care (CEAS/CoC)
In collaboration with the United
Way of Burlington County



WHEREAS, the U.S. Department of Housing and Urban Development ("HUD") allocates homeless assistance grants to organizations that participate in local homeless assistance program planning networks, each of which is called a Continuum of Care ("CoC"); and

WHEREAS, HUD introduced the CoC concept to encourage and support local organizations in coordinating their efforts to address housing and homeless issues and foster the creation of collaborative, comprehensive systems to meet the diverse of needs of local homeless populations; and

WHEREAS, the County of Burlington is required to have an approved Consolidated Housing and Community Development Plan in order for the County and various entities within the County to be eligible to receive funding from HUD for Community Planning and Development Programs; and

WHEREAS, the Consolidated Plan consists of three primary components, namely, the Housing Plan, the Homeless Assistance CoC and the Community and Economic Development Plan, each of which includes a needs assessment, an identification of priorities and a strategy that establishes goals and objectives for addressing priority needs and time frames for achievements; and

WHEREAS, HUD defines a CoC Plan as a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency, including steps to end homelessness and prevent a return to homelessness; and

WHEREAS, state and local governments submit a CoC plan each year that draws on extensive community participation and includes identification of local funding priorities in order to receive funds through these programs; and

WHEREAS, the Burlington County Human Services Advisory Council ("HSAC") is a planning and advisory body responsible for making recommendations to the Burlington County Board of Chosen Freeholders ("Board") to assist it in decision making; to identify the high priority human service needs for the County; to coordinate and improve services to target populations and planning, coordinating and implementing initiatives in the County; and

Introduced on: January 25, 2012
Adopted on: January 25, 2012
Official Resolution#: 2012-00061

WHEREAS, the Board has also appointed the Comprehensive Emergency Assistance System/Continuum of Care Committee ("CEAS"), which is the lead organization for homeless assistance planning and advocacy in the County, comprised of social service providers from public entities and private non-profit agencies that provide services and housing opportunities for the homeless and those at risk of homelessness, which develops plans for the County's Homeless Assistance CoC System and makes recommendations for the use of funds to support that system; and

WHEREAS, each homeless service provider seeking grant funds from HUD through the McKinney-Vento Homeless Assistance Act is required to demonstrate that its proposed use of grant funds addresses a need identified in the local Homeless CoC; and

WHEREAS, the HSAC and CEAS committee, working with the United Way of Burlington County and with agencies and interested parties, has developed a plan to address the needs of the homeless in Burlington County; and

WHEREAS, the Board has reviewed and approved the plan; now, therefore, the Board

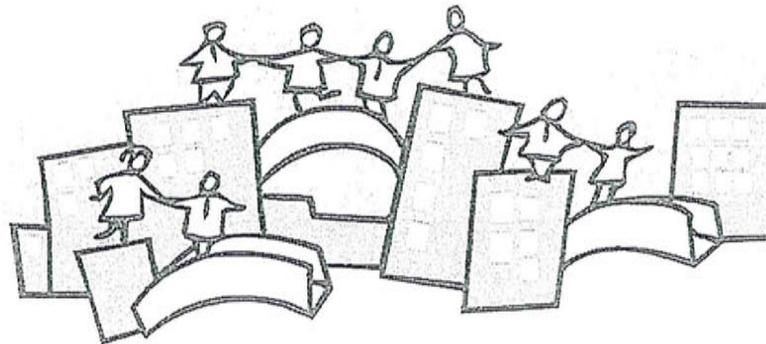
RESOLVES that the Ten-Year Plan to End Homelessness reviewed by the Board on January 11, 2012, is approved.

Introduced on: January 25, 2012
Adopted on: January 25, 2012
Official Resolution#: 2012-00061

Burlington County 10 Year Plan To End Homelessness

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A Plan to End Homelessness in Burlington County

In July 2010, The United States Department of Housing and Urban Development released the first *Ten Year Plan to End Homelessness*. This served as both a model for future efforts and a validation of ongoing efforts to end homelessness throughout the United States. This report calls for an end to the managing homelessness and approach that perpetuates emergency service systems and costly interventions. In response to the successes of some demonstration projects, and in alignment with these goals, and these initiatives, there has been a determined drive by the department of Housing and Urban Development to prioritize funding for communities who have a clearly articulated plans and strategies for ending homelessness.

Within the context of these efforts, Burlington County was reorganizing its efforts to develop a Ten-Year Plan. Having initially begun with a CEAS committee workgroup whose findings were integrated into Continuum of Care planning, a subcommittee was established to evaluate community resources and needs, and develop a plan to address the barriers to housing and eliminate homelessness. An assessment of community needs and resources was conducted by gathering existing data about system utilization and information from point-in-time counts. Through structured workgroups, provider and constituent surveys, and focus group meetings, this workgroup crafted an analysis of recommendations to address the barriers to housing in Burlington County, and developed recommendations for solutions to address these barriers over the next ten years. Participants in the process also met with community leaders and administrative directors or programs serving the homeless to assess the findings of the focus group and to make additional recommendations for programmatic changes from the County level. The resulting goals are a result of this process.

This plan has three components: 1) Understanding the Issue, 2) Quantifying Resources and Barriers, and 3) Structuring Solutions.

1) Understanding the Issue

For purposes of the Point in Time Homeless Count, it was mandated that the Housing and Urban Development (HUD) definition of homeless be used. It should be noted that this definition does not capture the complete picture of homelessness as it does not include the homeless or those at risk of homelessness in Burlington County who are self pay in motels, in doubled up living situations, “couch surfing” or in substandard housing... The HUD definition is as follows:

According to McKinney Act and other Federal guidelines, a person is homeless if that person:

- lacks a fixed, regular and adequate nighttime residence, has a supervised emergency shelter as a primary nighttime residence;
- resides in an institution providing temporary (less than 30 days) residence for individuals in need of institutionalized living (halfway houses, drug and alcohol treatment centers, mental health) and was homeless at time of entry into that institution;
- sleeps somewhere not designed as a regular sleeping accommodation for human beings, for example -- sleeps in cars, parks, streets/sidewalks, or abandoned buildings;
- sleeps in a building that has been condemned as unfit for human habitation, e.g. living in a boarded up or abandoned building;
- resides in transitional housing dedicated solely for the homeless.

Please note that persons meeting the following criteria **may not** be counted as homeless for the purposes of eligibility for or participation in Federal programs such as the Supportive Housing Program:

- persons doubled up with other families;
- persons living in dwelling units without heat;
- persons living in dwelling units without plumbing/running water;
- persons living in illegal dwelling units (unfinished basements and attics, garages, "chop shop" units, etc.); and
- severely overcrowded units, e.g. those with greater than 1.5 persons per room.
- persons being discharged from health institutions
- persons being discharged from jail and/or prison
- persons scheduled for eviction within 7 days
- persons residing in a motel unit which is being paid for by that person or family

The cost of living in the County has increased over the past two years, and, at the time of the research, there was a moratorium on foreclosures. These factors will lead to increases in housing crisis due to eviction and foreclosure that are not reflected in the current figures. These factors are compounded by reductions in funding, which have led to a decrease in the traditional resources available to serve as a safety net for individuals and families threatened with homelessness.

On January 26, 2011 a total of 1,037 individuals were identified as homeless in Burlington County's Point in Time Count. This consisted of 657 households.

Burlington County Homelessness Snapshot

Breakdown of Households

Single Individuals Experiencing Homelessness	474
Adult Head of Households Experiencing Homelessness	183
Number of Children in these Families	380

Characteristics

- Single Individuals made up 72% of the total households counted in 2011; 73% in 2010.

- Individuals with dependent children made up 28% of the total households counted in 2011; 27% in 2010...
- 37% of the total homeless population were children (2011)
- In 2011, there were 47.8% woman and 50.4% men and .2% transgender (1.7% no response)
- In 2011, there were 49.9% African American and 44.9% White, with the remaining equaling less than 6%
- In 2011, the largest portion of homeless persons fell between the ages of 30-39; in 2010, it was between the ages of 40-49
- Most have income sources. The three top income sources were Food Stamps, General Assistance/TANF, and Medicaid. 3.2% were currently employed and 2% had no income at all.
- 39% of homeless individuals responding to surveys have been homeless more than a year.
- 16% of individuals had no car OR access to public transportation, making finding work a very difficult venture.

Contributing Factors to Homelessness – there are multiple and sometimes overlapping causes for people’s homelessness. The most commonly reported factors (2011) are:

- Eviction (31.7%)
- Lost job/cannot find work (26.2%)
- Relationship/family breakup/death (18.3%)
- Mental Illness/emotional problems (17.8%)
- Alcohol or Drug Abuse Problems (13.5%)
- Medical problems/physical or developmental disability (12.8%)
- Incarceration (11.9%)
- Other (10.2%)
- Housing Costs too high (9.9%)
- Domestic Violence (7.9%)
- Have work but wages are too low (4.6%)
- Lost work due to lack of transportation (4.1%)

Chronic Homeless - A "chronically homeless" person is defined by HUD as "an unaccompanied homeless individual or family with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.

****INDIVIDUALS** (Chronic)**

- In the 2011 PITC, there were 88 chronically homeless individuals counted in Burlington County. This equaled 18.5% of the total homeless **individual** population counted.

- The largest percentage of the chronically homeless **individual** population were in hotel/motel placements (73.9%) followed by those in emergency shelter (21.6%) and finally those unsheltered (5.5%).
- 59.1% of the chronically homeless **individual** population was male and 38.6% were female and less than 2% were transgender.
- The largest percentage of the chronically homeless **individual** population identified themselves as White (69.3%) followed by 29.5% African American, with the remaining equaling less than 2%.
- The largest portion of chronic homeless **individual** persons fell between the ages of 50-59 years (26.1%), Next being between 40-49 years (25.0%) followed by 30-39 years (19.3%).
- The largest subpopulation identified by the chronic homeless **individual** population was mental illness (67.0%) and alcohol and drug abuse problems (44.3%)
- Contributing Factors to Homelessness for the chronically homeless **individuals** – there are multiple and sometimes overlapping causes
 - Mental illness/emotional problems (67.0%)
 - Alcohol or Drug Abuse Problems (44.3%)
 - Medical Problems/physical or developmental disability (28.4%)
 - Lost job/cannot find work (25.0%)
 - Relationship/family breakup/death (23.9%)
 - Eviction (20.5%)
 - Housing Costs too high (17.0%)
 - Have work but wages too low (17.0%)
 - Utility costs too high (13.6%)
 - Lost job due to lack of transportation (12.5%)

****FAMILIES** (Chronic)**

- In the 2011 PITC, there were 11 chronically homeless **families** counted in Burlington County. This equaled 6% of the total homeless **family** population counted.
- The largest percentage of the chronically homeless **families** were in emergency shelter (63.6%) followed by hotel/motel placements (36.4%).
- 90.9% of the chronically homeless **families** population was female (10) head of household and 9.1% were male (1) head of household.
- The largest percentage of the chronically homeless **families** population identified themselves as White (63.6%) followed by 36.4% African American.

- The largest portion of chronic homeless **families** head of household fell between the ages of 30-39 years (36.4%), Next being between 25-29 years (27.3%) followed by 21-24 years (27.3%).
- The largest subpopulation identified by the chronic homeless **families** population was mental illness (54.5%), Domestic Violence (45.5%), and Eviction (45.5%).
- Contributing Factors to Homelessness for the chronically homeless **families** – there are multiple and sometimes overlapping causes
 - Mental illness/emotional problems (54.5%)
 - Domestic Violence (45.5%)
 - Eviction (45.5%)
 - Alcohol or Drug Abuse Problems (27.3%)
 - Housing Costs too high (18.2%)
 - Lost job/cannot find work (18.2%)
 - Relationship/family breakup/death (18.2%)
 - Medical Problems/physical or developmental disability (18.2%)

Code Blue Statistics – The “Code Blue” Plan and declaration is designed to attempt to prevent hypothermia, frostbite and other cold weather related injuries that could lead to death for the unsheltered population within the County of Burlington. The following are statistics from December 2010 through March 2011.

- There were 58 code blue declared days.
- There were a total of 2280 nights of shelter were provided to 183 unduplicated households which equated to 244 unduplicated persons.
- There were 152 unduplicated single individuals and 92 unduplicated persons in families provided shelter.
- The cost of providing the 2280 nights of shelter for the above time period was \$71,604.64

Critical Issues

With the statistics in mind from the prior Point in Time surveys, community surveys were developed requesting that community members prioritize key challenges. Feedback from these surveys determined the following areas were the most critical issues related to homelessness.

- **Prevention:** There is a need for improved intervention services in addition to financial assistance. The Prevention Workgroup focused on evaluating the following tools to ending homelessness:

- Improve intervention services
 - Ensure that there are dedicated resources to house individuals discharged from psychiatric care
 - Strengthen discharge planning efforts/protocols to prevent homelessness
 - Identify methods for increased coordination/centralization of services to ensure more effective prevention services
- **Family and Individual Self-Sufficiency:** We must improve resources that provide support to those who have lost jobs or have had experiences such as a death/Break-up as a precipitating factor for homelessness.
 - **Affordability/Housing Stock:** We must take steps to ensure that there is an adequate supply of housing that is affordable. There is a need for the expansion of the variety of available housing options to include low demand housing, Rapid Re-housing, permanent housing, housing first and special needs housing.
 - **Shelter:** We must ensure that there is a continuum of shelter services responding to identified needs; and ensure the availability of emergency shelter including low demand, transitional housing
 - **Supportive Services and Disabilities' Services:** There is a need for additional case management, food and behavioral health services for those with and without disabilities. For those with medical problems, developmental disabilities, mental illness, and substance abuse, more timely identification and case management for crisis and ongoing issues are needed.

2) Resources and Barriers

Funding Sources for 2010 Homelessness and Homelessness Prevention Services

Funding Source	Amount	Food	Emergency Shelter	Code Blue	Motel/Hotel	Transitional Housing	Case Management	Prevention	Section 8 Rental Assistance	24 Hour Response	Permanent Housing	Supportive Services	Disaster Response	HMIS* FEE
Social Services for the Homeless 2010	454,368	40,760	49,755	25,000	26,000	20,000	84,313	185,000	0	20,530	0	0	0	3,000
Community Development Block Grant (CDBG)	53,000	0	0	0	0	0	25,000	0	0	28,000	0	0	0	0
County of Burlington	22,532	0	0	22,532	0	0	0	0	0	0	0	0	0	0
Division Of Youth and Family Services (DYFS/SSBG)	132,443	0	0	0	60,000	0	72,443	0	0	0	0	0	0	0
United Way of Burlington	289,955	12,715	49,005	0	27,740	0	0	63,935	0	0	57,660	0	78,900	0
FEHA	276,750	61,750	58,000	0	41,250	66,839	0	115,750	0	0	433,596	69,218	0	0
HUD SuperNOFA	569,653	0	0	0	included in emergency shelter	0	0	0	0	0	0	0	0	0
BCBSS EA***	13,525,285	0	11,501,000	0	0	0	0	2,024,285	0	0	0	0	0	0
BCBSS Section 8	6,016,583	0	0	0	0	0	0	0	6,016,583	0	0	0	0	0
Foundation	14,500	0	0	14,500	0	0	0	0	0	0	0	0	0	0
TOTAL	21,355,059	115,225	11,657,760	62,032	154,990	86,839	181,756	2,388,970	6,016,583	48,530	491,256	69,218	78,900	3,000

* HMIS = Homeless Management Information System

***Breakout for BCBSS is estimated

Funding Source	Amount	Food	Emergency Shelter	Code Blue	Motel/Hotel	Transitional Housing	Case Management	Prevention	Rental Assistance	24 Hour Response	Permanent Housing	Supportive Services	Disaster Response
ARRA - Social Services for the Homeless*	114,897	0	16,650	0	15,000	0	27,895	55,352	0	0	0	0	0
Homelessness Prevention Rapid Rehousing (HPRP)**	403,929	0	0	0	0	0	0	403,929	0	0	0	0	0
TOTAL	518,826	0	16,650	0	15,000	0	27,895	459,281	0	0	0	0	0

*The America Recovery Reinvestment Act (ARRA) and Homelessness Prevention Rapid Re-Housing Program (HPRP) is one time stimulus funding.

** 663,041 for 3 years (118,798 spent 2009; 403,929 spent 2010) Current rate of spending this will be spent out by February/March of 2011

Barriers

Surveys were used to identify key challenges in the community. Focus groups were then held, using a consultant hired through the County Office of Human Services and the United Way of Burlington County. Over five sessions, participants were asked to consider existing system resources, and to identify recommendations for addressing the gaps within the context of these challenges. Focus group participants were given problem statements around each of the identified target areas, and asked to consider strengths of the current system and areas where additional resources or system retooling are needed. Key issues that arose per target group are identified. Areas of significant overlap among focus groups and leadership workgroups are identified as the key immediate and long-term goals of this plan.

The following Gaps were identified across areas through the planning process.

Gaps	Problem	Possible Solution
Lack of access to a continuum of sheltering options	<ul style="list-style-type: none"> • Lack of low-demand 24 hour walk in location • Lack of sheltering options for those not on public assistance (working poor, those waiting eligibility determination, those that have exhausted benefits, etc.) • Lack of sheltering options for those on public assistance which result in many being placed in motels with inadequate case management and supervision 	<ul style="list-style-type: none"> • Development of more resources for the continuum of sheltering needs including emergency shelter, transitional housing, permanent supportive housing and affordable permanent housing
Lack of access to stable affordable housing	<ul style="list-style-type: none"> • Lack of permanent affordable housing • Working Poor whose wages are insufficient to afford housing • Unemployment and Social Security disability not adequate to pay most persons housing and living expenses • Zoning restrictions against congregate housing of unrelated people • Available housing 	<ul style="list-style-type: none"> • Development of more affordable housing that address the different populations • Increase the number of available subsidized units

Gaps	Problem	Possible Solution
	inventory for low income does not address the very low /indigent population	
Lack of adequate case management services	<ul style="list-style-type: none"> • Intensive case management is needed • Staffing levels are inadequate • Lack of funding for staff 	<ul style="list-style-type: none"> • Explore funding sources to increase case management staffing
Need to improve system of care accessibility and response	<ul style="list-style-type: none"> • Lack of uniformity of intake , eligibility requirements and procedures among system providers • Long process and immediacy of need • Need aid in navigating system particularly for barriers such as language, education and disabilities to ensure accessibility of the system to these high risk populations. • Limited access to transitional housing for those who do not qualify for emergency shelter. • Sites of shelters and housing may not be consistent with transportation, service, and employment needs of the homeless. 	<ul style="list-style-type: none"> • Virtual single point of entry with multiple hubs • Uniform intake • Uniform eligibility, procedures and protocols (where legislatively permitted) • Prioritize new housing services in accordance with employment networks and location of homeless individuals. • Electronic applications for the Board of Social Services
Supportive services such as case management, food, behavioral health care, crisis response, child care, transportation, employment services	<ul style="list-style-type: none"> • Need for identification and case management of crisis for those with mental health, substance abuse or other disabilities which contribute to their homelessness • Waiting lists for mental health and substance abuse services • Increase in developmentally disabled population 	<ul style="list-style-type: none"> • Increase case management services • Explore use of interns from local colleges to aid staff and free up more time for case management • Provide financial literacy classes • Provide long-term supportive services, especially for those who may not qualify for other

Gaps	Problem	Possible Solution
	<ul style="list-style-type: none"> • Need for life skills and financial literacy education • Need for employment education and training • Need for employable skills 	<p>state-funded services.</p> <ul style="list-style-type: none"> • Mobilize One Stop Career Center employment services to outreach to the community and to work with existing homeless service providers • Engage and educate the population on the employment and life skills services the One Stop Career Center has to offer
Prevention Services	<ul style="list-style-type: none"> • Lack of funds for prevention services, particularly longer term such as rental subsidies • Lack of uniformity regarding eligibility for prevention services among providers • Need for better discharge planning and protocols 	<ul style="list-style-type: none"> • Create uniformity for all prevention funds including intake, and eligibility requirements
Public Awareness and Education	<ul style="list-style-type: none"> • “Face” of homelessness in Burlington County different from the stereotypical perception of homeless people • Many on the brink of homelessness due to one time crisis, unemployment etc; working poor • NIMBY 	<ul style="list-style-type: none"> • Hold community leaders (municipal, County, religious, business, etc.) forum • Educate the public on the scope, causes and costs of homelessness • Speakers’ Bureau involving those with firsthand experience of homelessness and to highlight success stories of formerly homeless people • Countywide Homeless Summit to present Burlington County’s 10 Year Plan to End Homelessness upon completion

Gaps	Problem	Possible Solution
Evaluation and Data Monitoring	<ul style="list-style-type: none"> • Need to Evaluate Short-term versus Long-Term effectiveness of current prevention programs • Data Collection/Evaluation of trends • Information Sharing about availability • Duplication of Services in looking for resources 	<ul style="list-style-type: none"> • Online Single Point of entry form for an online system with protocols. • A “Cheat Sheet” for non-providers --social services’ information for teachers, counselors, bus drivers who can then share contact information with students and families one-on-one in a confidential manner

3) Ending Homelessness

Analysis of focus group findings allowed the planning group to identify priorities that were consistent across areas of need. In the context of geographical data, demographic data, and information about community resources, these led to short-term and long term plans for ending homelessness in the community.

Ending Homelessness in Burlington County will require a multi-faceted approach that identifies target populations, evaluates use of system resources, and allocates existing resources to meet the greatest need. The needs of families, single individuals, transition populations, and those with disabilities must be assessed using a common tool, and resources allocated to ensure the greatest reduction in use of emergency medical and social service resources. Prevention costs less than emergency intervention; rent vouchers cost less than shelters; and permanent housing for the disabled and chronically homeless result in significant decreases in the use of social services system resources across the continuum. A comprehensive approach to ending homelessness will take all these factors into consideration, utilizing best practice interventions to address identified gaps with the following short-term and long-term goals.

Short Term Goals

1. Upon approval of the plan, develop an implementation platform from which goals will be monitored, with a focus on establishing timeframes and guidelines for all goals
2. Community-wide education/information on the state of homelessness in Burlington County, use the final 10-year plan as the foundation of a forum to put the plan into “real time use.”
3. Create a structure for continued engagement with municipal and elected leaders and other elected officials, educators and residents. Establish and maintain a municipal point-of-contact list. Develop a contact list for providers and referral agencies.
4. Sanction and planning and implementation body to carry out the objectives of the plan and monitor progress.

Immediate and Long-Term Goals

1. **SINGLE POINT OF ENTRY into a uniform, shared system:**
 - a. Create a universal on-line system that is updated daily
 - b. Create a uniform initial intake form
 - c. Protocols [review and enhance all protocols]
 - d. Create uniform procedures
 - e. Ongoing training for all case managers working with any aspect of homelessness/potential homelessness, including skill-building and issue-specific training
 - f. Bring hospital social workers, prison staff and educators into the planning and placement look

- g. Utilize HMIS to effectuate this change
2. **Improve Sheltering options that track quickly to permanent housing**
 - a. Prevent loss of housing whenever possible
 - b. Utilize a Rapid Re-housing model to address the needs of families and short term homeless
 - c. Eliminate the use of hotel/motel placements for emergency housing
 - d. Expand options for sheltering to include low demand shelter, rapid re-housing, transitional housing, permanent supportive housing and affordable permanent housing
 - e. Implement a Housing First program for those with the highest service needs
 3. **System Coordination**
 - a. Develop more resources for the continuum of sheltering needs
 - b. Integrate transportation, housing and employment planning
 - c. Advocate for more effective use of emergency resources including legislation changes as needed
 - d. Foreclosure Prevention and creative Re-use of housing stock.
 - e. Focus on the problem as a Growing Emergency Issue throughout the county: Use the County's Emergency Preparedness template to create uniformity of homelessness response at the municipal level including a point of contact in each municipality
 4. **Integrate Services**
 - a. Mobilize One Stop Career Center employment services to outreach to the community and to work with existing homeless service providers.
 - b. Engage and educate the population on the employment and life skills services the One Stop Career Center has to offer
 - c. Explore funding avenues to ensure that case management is available to all clients who enter through the single point of entry
 - d. Prioritization of mental health and substance abuse services for those who need services
 - e. Electronic application for mainstream services provided by the Burlington County Board of Social Services
 5. **Improved Electronic & Data Monitoring**
 - a. Uniform Assessment
 - b. Shared Outcome monitoring
 - c. Shared goals for success
 6. **Create a task force to monitor efficiency of use of local resources and to explore new avenues of funding for County-directed projects.**
 - a. Assess areas for system cost savings
 - b. Legislative and system change
 - c. Identify sources of new funding
 - d. Quantify the true cost of managing homelessness, including ancillary services (i.e. medical care through emergency room, etc.)

APPENDICES

10 Year Plan to End Homelessness Committee and Planning Participants

The following individual participated in the committee planning and analysis for the 10 Year Plan to End Homelessness

Don Starn, HSAC Chairperson

Theresa Tobey, CEAS/CoC Chairperson

Anna Payanzo, Adhoc Planning Committee Chair

Bruce Conway, United Way of Burlington County

Gary Miller, Human Services Administrator

Barbara Biglin, Office of Human Services Staff

Jennifer Hiros, Office of Human Services Staff

Planning Members:

Dawn Rademan, United Way Burlington County
Karen Trommelon, Burlington County Community Development Office
Debbie Mellhenny, Christian Caring Center
Miraim Rodriguez, Family Services of Burlington County
Marcus Tetter, Crossroads Program
Kenila Xavier, Burlington County Community Action Program
Robert Gogats, Burlington County Health Officer
Theresa Tobey, Contact of Burlington Co
Bonnie Jordan, Catholic Charities Emergency Services
Bruce Conway, United Way Burlington County
Sue Dietz, Burlington County Headstart
Melissa Young, Bridge of Hope
Lori Newkirk, Contact of Burlington
Maureen Fahey, Emergency Services Delaware House
Megan Mills, People First
Tricia Pigiarelli, People First
Diane Willard, Mt Laurel School System
April Lyons, Virtua CNS
Michael Jones, Burlington County Health Department
Diane Baird, People First
Rebecca Hill, Providence House Emergency Services
Joi Segalini, Family Services of Burlington County
Salli Gordon, Code Blue Provider Agency
Kent Pipes, People First
Madelyn Mears Sheldon, Christian Caring Center
MaryAnn Reinhardt, Freeholder
Jeff Grasser, Burlington County Health Department
Leona Cadelyn Jeaney, Haitian Foundation
Howard Lipton, Wiechert Realtors
Kathy Weisel, Burlington County Board of Social Services
Kristen Mines, Burlington West DYFS
Machell Pettis, The Extended Hand Ministries
Pastor Sharon Gautier
Andres Gautier
Donna Longuillo, Providence House Catholic Charities
Pat Lasusky, The Interfaith Hospitality Network
Dan Boas, Director of the Board of Social Services Burlington County
Gary Miller, Human Services Director

Consultant: Kathleen Cavanaugh

Burlington County 2011 Point In Time Homeless Count

Indicate date of last point-in-time count: 01/26/2011 BURLINGTON

Part 1: Homeless Population	Sheltered		Unsheltered	Total	% increase/decrease
	Emergency	Transitional			
1. Number of Households with Dependent Children:	176	4	3	183	44.09%
1a. Total Number of Persons in these Households (adults and children)	545	12	6	563	49.34%
2. Number of Households without Dependent Children**	443	10	21	474	40.24%
2a. Total Number of Persons in these Households	443	10	21	474	40.24%
Total Persons (Add Lines 1a and 2a):	988	22	27	1037	45.03%
Part 2: Homeless Subpopulations (below)	Sheltered		Unsheltered	Total	% increase/decrease
a. Chronically Homeless Individuals	84		4	88	39.44%
a. Chronically Homeless Families	11		0	11	
b. Severe & Persistent Mental Illness	130		7	137	2.19%
c. Substance Abuse	65		3	68	17.24%
d. Veterans	12		2	14	100.00%
e. Persons with HIV/AIDS	2		0	2	-75.00%
f. Victims of Domestic Violence	38		0	38	58.33%
g. Unaccompanied Youth (Under 18)	0		0	0	0.00%

Description of Funding Sources for Homeless Services

Funding Program	Source	2010 Amount	Allocation	Eligibility	Services Provided	Comments
Burlington County Board of Social Services Emergency Assistance (EA)	TANF EA 95% State/5% County funds; GA EA 100% State; SSI EA 95% State/5% County funds;	\$13,525,285	Direct	EA eligibility is limited to those families or individuals who receive TANF, GA or SSI	The program provides services to address housing issues by issuing payments to prevent homelessness or to re-house homeless in permanent housing or in most cases to place homeless in temporary housing in shelters or motels	TANF EA payments - \$5,552,901* (Eligibility is limited to those families receiving TANF benefits. 5% of total funds are county funds as required by statute) SSI EA payments - \$2,026,732* (Eligibility is limited to individuals who receive SSI benefits. The County is reimbursed from the State any funds expeditied on behalf of SSI clients) GA EA payments - \$5,945,652* (Eligibility is limited to individuals who receive GA benefits. All funds are State funds) *Estimated
Community Development Block Grant (CDBG)	Federal	\$53,000	Application Process	1)Battered women's shelter 2)Emergency housing hotline Subject to 15% Public service cap	Case Management 24 Hour Response	1. FY2011 CDBG allocation expected to be large decrease over 2010 funds-e.g. recommending funding for Emergency Services to remain at \$25,000, but Providence House to be decreased to \$25,000 and Transportation decreased to \$198,000. 2. There is no \$ limit on capital improvements; however, I cannot allocated more than 15% of the CDBG grant to "Public Services" (or non-capital improvements).
County of Burlington	County	\$60,000	Direct	Code Blue Shelters	Nights of shelter during code blue declaration	Last Dollar In

Funding Program	Source	2010 Amount	Allocation	Eligibility	Services Provided	Comments
Division of Youth and Family Services/Social Services Block Grant (SSBG)	Federal; State	\$132,443	Originally RFP; Now renewed annually	Agency set criteria	Sheltering Program (motel placements and case management)	Emergency Services/Catholic Charities; same amount for the past 3 years; money gets split between salaries/operating expenses and motel shelter costs; spend about \$60,000 of it on actual motel costs. The DYFS money is just for shelter program, not prevention, food pantry, or any other services.
FEMA	Federal	\$276,750	FEMA Application Process	Need Based program; Agencies set criteria; Must be permanent resident or transient in jurisdiction	Food, Emergency Shelter, Motel/Hotel, Prevention	
HUD	Federal; McKinney Vento	\$569,653	Associated Application	Must meet HUD definition of homeless	Transitional Housing Supportive Services Permanent Supportive Housing	Associated application; County completes Exhibit 1 and Agencies applying for funding submit an Exhibit 2; HUD contracts directly with agency
Social Services for the Homeless (SSH)	State	\$454,358	RFP	Individuals and Families receiving services through SSH funding must have incomes of less than or equal to 250 percent of the Federal Poverty Level (FPL) for their household size. Can not be receiving public assistance.	Food, Emergency Shelter, Motel/Hotel, Transitional Housing, Case Management, Prevention and 24 Hour Response	Subcontracts awarded through RFP
United Way of Burlington County	Funds raised through U.W. campaign	\$289,955	RFP	May vary by agency receiving funding	Food, Emergency Shelter, Motel/Hotel, Prevention and Permanent Housing	
United Way of Burlington County	Foundation	\$14,500	Direct	Code Blue Shelters	Nights of shelter during code blue declaration	United Way of Burlington County applied for and received this grant

Additional Information
HOME Program for creation of affordable housing. Community Development Office has allocated approximately \$790,000. None of those funds have been allocated to any projects as yet. These funds cannot be used for a shelter-only for affordable housing, either for rentals or home ownership opportunities.