A close-up photograph of a person's face, partially obscured by a white, featureless mask. The person's left eye is visible, looking directly at the camera. The background is dark.

2021

# UNMASKING HOMELESSNESS

COMING HOME OF MIDDLESEX COUNTY  
ANNUAL REPORT 2021

## **OUR MISSION**

Coming Home's mission is to create a true system to end homelessness in the County by fostering collaborative strategies and public-private partnerships among all stakeholders to rehouse individuals and families as quickly as possible, and to facilitate connections to community resources to provide them the choices and opportunities to pursue healthy lifestyles.



Ending Homelessness  
in Middlesex County

Dear Supporters of Coming Home Middlesex County,

I am personally very grateful for your support of CHMC. The team at CHMC is very dedicated to ending homelessness.

The truth is many people don't believe homelessness is a solvable problem. Seeing people without a place to live has become such a common experience that it has begun to feel normal. Yet homelessness is not normal — it is a deadly and urgent public health crisis. To solve it, we must first embrace the belief, at all levels across our community, that solutions are both necessary and possible.

Most people vulnerable to homelessness are in the throes of a short-term health or financial crisis. Connecting them to permanent housing quickly can keep a one-time issue from defining the rest of their lives. In fact, exhaustive research has proven that even people living with severe addiction or mental illness can exit homelessness and improve their lives much more quickly when they are connected to permanent housing and support right away, rather than expecting them to get well on the street.

Coming Home Middlesex is part of "Built for Zero," a national initiative of more than 90 communities working to equitably and measurably end homelessness. Through Built for Zero, Coming Home has committed to the application of a proven methodology that focuses on developing real-time, by-name data on every person experiencing homelessness to illuminate their unique needs and clarify the right resources to support them. I am confident that with your continued support we will work together to end homelessness in Middlesex County.

Best regards,

Jamie Schleck  
Coming Home Chair



Dear Friends,

Greetings. This year 2021 brought with it a strong emphasis on collaboration within and across sectors as the pandemic raged on and the system, through the Middlesex County Housing Continuum of Care (CoC), realized an unprecedented influx of federal dollars in reaction to the pandemic, to assist all of us working to end homelessness in the County.

To deal with the immediate challenges of the pandemic, Coming Home maintained its partnerships with area hospitals and continued to place homeless persons, most vulnerable to the ravages of Covid, in non-congregate shelters, *i.e.*, hotels. As to extraordinary resources, we worked with our agency partners in the County and the State to efficiently implement the Emergency Housing Voucher (EHV) programs of rental subsidies for those homeless or at risk of homelessness and funding for non-congregate sheltering. We continue to work within the CoC to assess unmet system needs, like housing navigation and more community-based case management and assist in developing solutions that will at least be launched with the one-time federal funding as well.

A private partner in the fight against homelessness, Community Solutions, a nonprofit agency that consults with CoCs nationwide, gave our system a grant, with which Coming Home developed the CoC's Flex Fund program. Flex funds pay for relatively small incidental expenses like apartment application fees or cell phone minutes that need to be paid to assist clients of community agencies in their quest to attain housing.

While Coming Home has always seen the value of collaboration and coordination, the benefits of such system-building were never more apparent and appreciated than they were this year. With the generous collaboration and extraordinary resources, we were able to realize a large measure of success and end homelessness for many, as you will see in this report. However, our success was constrained by the scarce availability of affordable housing units and limited ability to stem the tide of people becoming homeless.

Homelessness is solvable, and we are making great strides in doing so. Clearly, the federal rental and shelter subsidies helped. Acknowledgment, through the EHV program, of the need to stop homelessness before it starts by aiding those "at-risk" or "precariously housed" in others' residences, instills hope that eligibility for public homelessness assistance will be broadened. There will be as well some dollars from the pandemic reactionary funding to devote to the creation of more affordable housing.

We cannot, however, end homelessness by reliance solely on the public sector, which is subject to too many variables. We need all hands-on deck through strong private sector partnerships as well. We need you.

Thank you,

Eileen O'Donnell  
Executive Director



# UNMASKING HOMELESSNESS:



Ending Homelessness  
in Middlesex County

## WHO WE ARE

Coming Home is a private nonprofit organization committed to preventing and ending homelessness in Middlesex County. The backgrounds of staff in law, accounting, banking, construction, education, psychology, data analysis and social work coalesce to create the cohesive team needed to conduct all the work of the organization. Its staff is supported by the wisdom, wealth and work of its strong Board of Directors, whose members possess a splendid blending of skills from both the private and public sectors.

## WHOM WE SERVE

Coming Home works on both a micro and a macro level. Through its unparalleled community-based case management programs it directly helps individuals address and overcome their particular barriers to stable housing. As it coordinates the system's work, it is of service to the County and to the agencies that also provide direct services to homeless persons.

## WHAT WE DO

Coming Home was formed by the County of Middlesex to establish a system to end homelessness, one that would ensure the most efficient use of scarce resources by coordinating all agencies' services to avoid waste and duplication, and secure the active participation of the private sector to complement the government's effort. Collectively, we have improved interagency communication, collaboration and trust and have increased the collection of objective data enabling its use to attack homelessness with evidenced-based strategies.

## UNMASKING HOMELESSNESS

Coming Home gathers data on homeless persons via homeless service agencies' client assessments allowing us to reveal who is homeless in Middlesex County and why, so we can target our solutions. This report informs the reader first of demographic information of our homeless population in the County, followed by the system work spearheaded by Coming Home in 2021. Lastly, we seek herein to inform you of Coming Home's discrete case management and housing creation programs and their outcomes.

### SYSTEM DATA

Who is Homeless  
Causes of Homelessness

### SYSTEM WORK

Emergency Housing Voucher  
Flex Funding  
Help from People  
with Lived Experience

### COMMUNITY BASED CASE MANAGEMENT

Homeless Hotline  
Covid Vulnerable Non-Congregate Shelter  
Diversion  
Social and Health Care Services Integration

### HOMES FOR HOMELESS

Need For Affordable Housing



**TEAMWORK MAKES THE DREAM WORK**

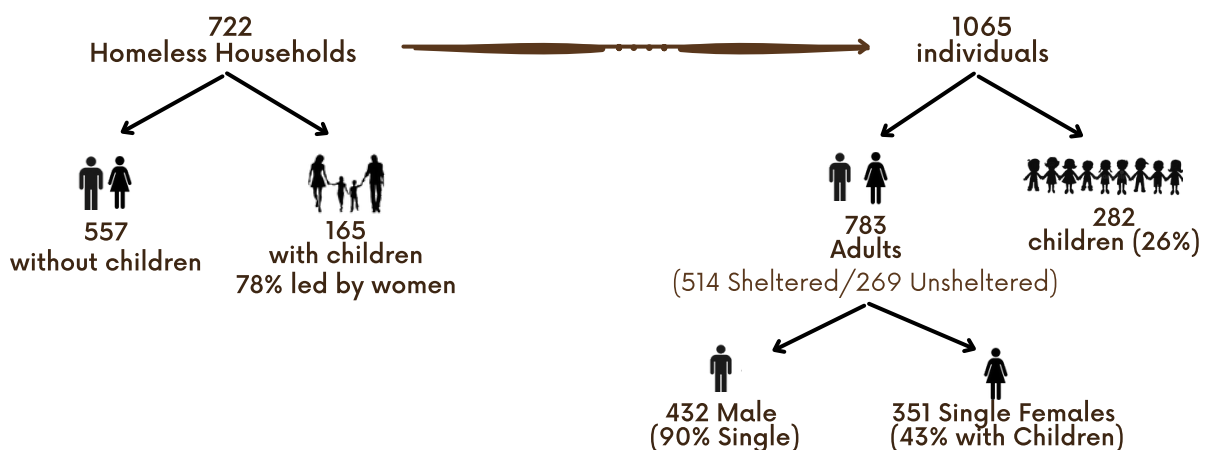
# UNMASKING HOMELESSNESS: SYSTEM DATA

## Who is Homeless in Middlesex County?

Coming Home collects County level data on persons experiencing homelessness daily through the Coordinated Assessment program, in addition to measuring outcomes of its specific programs.

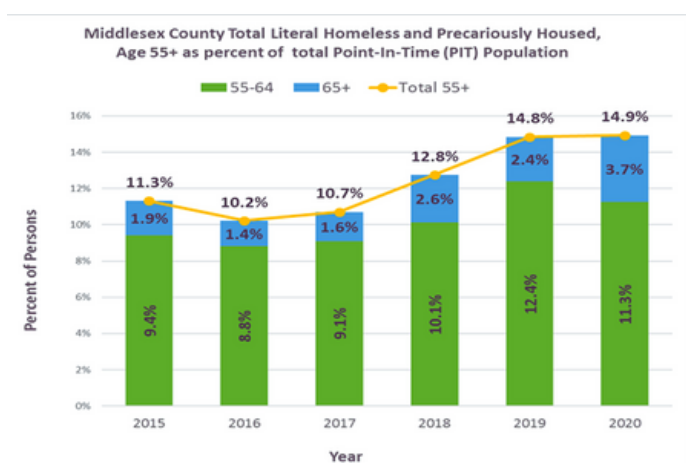
This data provides a wealth of information, enabling us to better address people's barriers to permanent housing. It doesn't reflect the 250 persons comprising 129 adults and 121 children sheltered in 2021 due to domestic violence, since they are not entered into our information system for confidentiality reasons. We also estimate that approximately 50 additional people remain unsheltered and homeless in Middlesex County who have not yet been ready to accept help.

### Year 2021 in Middlesex County:



In our direct service work, as well as our communications with the shelters and other agencies serving homeless families, we know that families with children are better able to receive assistance from friends and relatives when they experience a housing crisis, which may account for their lower numbers of literal homelessness.

Coming Home also began to investigate the growing number of older adults who were homeless. In partnership with the County Planning Department, we analyzed the trend of aging in homelessness over the last 5 years. We observed that older individuals are representing a higher percentage of the overall homeless population each year through 2021. While this cohort is not the largest age group experiencing homelessness, the trend bears monitoring to appropriately plan for this more vulnerable population.

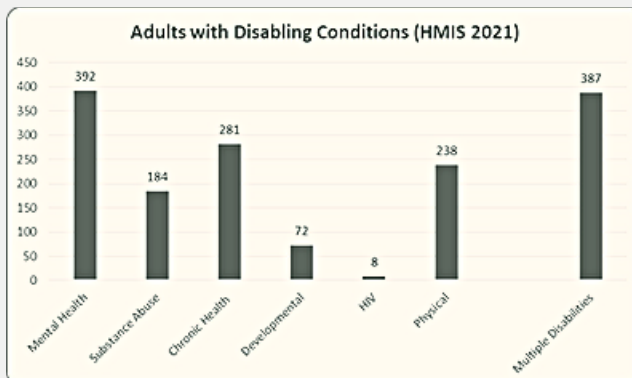


# UNMASKING HOMELESSNESS: SYSTEM DATA

## Homeless Adults:

### Living with a Disability:

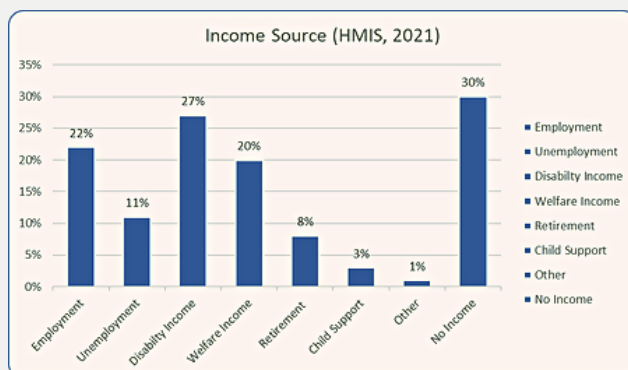
- 67% had at least one disability
- 49% had more than one disability
- 50% are living with a mental health condition
- 21% were classified as “chronically homeless”



- "Chronically Homeless" (CH) means having a disability and being homeless for at least 12 months consecutively or having multiple episodes of homelessness over the last 3 years.
- CH individuals typically are the “hardest to serve” and face the most barriers to ending their homelessness.
- The 2021 PIT data shows that 90% of those who are CH have a mental health disorder, while 30% have co-occurring disorders (mental health and substance abuse).

### Income:

- 22% were working
- 11% were receiving unemployment benefits
- 8% were retired with a pension or social security
- 30% had no income at all
- 27% had disability income
- 20% were on welfare

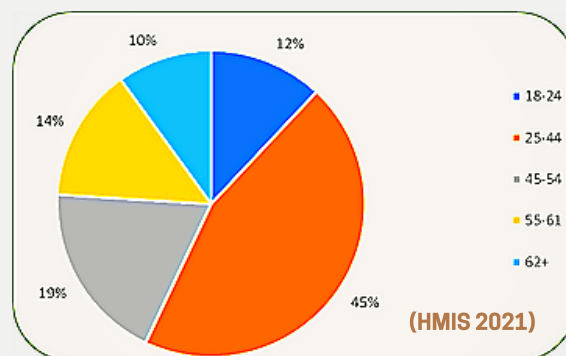


- While 22% of adults reported employment as a source of income, their earnings were insufficient to support the cost of living in Middlesex County.
- For those receiving disability income, welfare, or retirement income, housing is also out of reach.
- Our data showed that, the vast majority of households have insufficient income to afford housing.
- According to HMIS data, only 24% of the adults reported any type of income over \$2000/month.

## Ages:

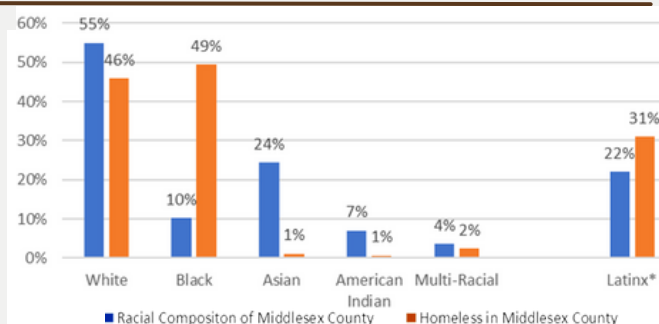
### Of 783 Homeless Adults in Middlesex County:

12%                      64%                      24%  
Ages 18-24      Ages 25-54      Ages 55+



### Through a Racial Lens:

Persons of color experience homelessness at a disproportionate rate as compared to White persons. Despite making up only 10% of the population of Middlesex County, African Americans represent 49% of persons experiencing homelessness. Coming Home and other community agencies seek to ensure that homeless and housing services are available to all persons in an equitable manner, while also combatting racism and discrimination in the housing market through individual and systematic education.



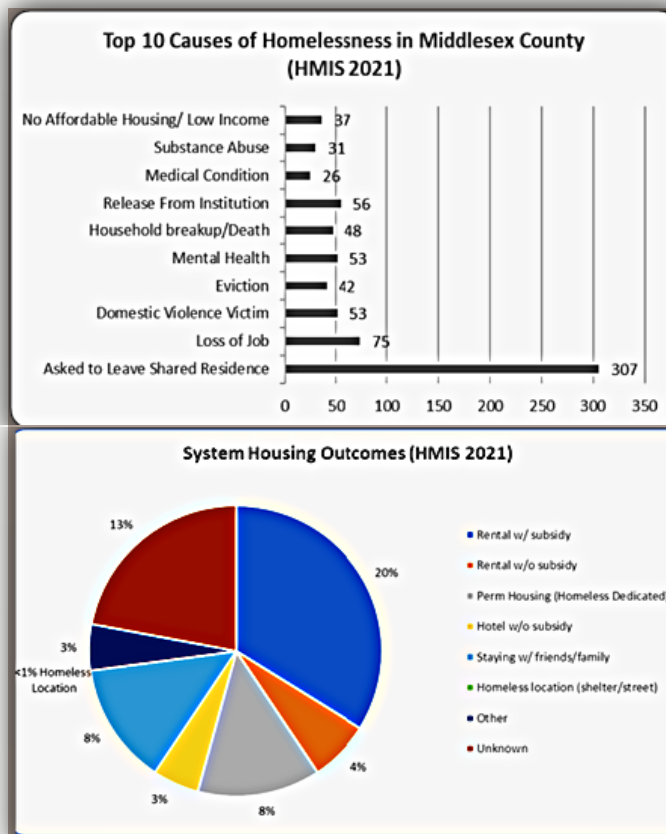
\*Latinx data is duplicative of Race, in that HUD considers it an Ethnicity and not a Race.  
\*\* 1/2 of the 46% of homeless white persons are Caucasian; the rest Latinx.

# UNMASKING HOMELESSNESS: SYSTEM DATA

## Cause of Homelessness

The reasons why persons experience a housing crisis are varied, often complex and multi-faceted. While a slight majority of adults experiencing homelessness are living with disabilities, this is rarely the direct cause of their homelessness. Many homeless persons simply have fallen on difficult times. Financial challenges and lack of affordable housing have been exacerbated by the continued effects of the pandemic.

The most frequently reported cause of homelessness is being Asked to Leave a Shared Residence, cited by 42% of all homeless households as the primary cause of homelessness. We know anecdotally that they are "couch surfing" due to their inability to afford their own housing. Combining this cause with the others of: "No Affordable Housing/Low Income, Eviction, and Loss of Job," suggests that 64% of households are having a housing crisis for the sole reason that they cannot afford housing in Middlesex County.



We can report that the most prevalent barriers to securing housing for persons, even with a rental voucher, include a history of eviction, poor credit, and for some, a criminal background. National trends indicate that persons of color struggle with these barriers at a higher rate than White individuals.

Despite the challenges and barriers, our community providers collaborated to make the best use of COVID 19 federal housing assistance, combined with our standard homeless dedicated housing opportunities, to assist 32% of all homeless individuals in 2021 secure permanent housing. The majority received either a permanent or temporary subsidy for their housing. Others were diverted out of the homeless system to stay with friends or family or afford their own hotel room while they worked with a case manager to secure permanent housing. In 2021, the average length of time that someone experienced homelessness in our community was 252 days, or a little over 8 months.



# UNMASKING HOMELESSNESS: SYSTEM WORK

## EMERGENCY HOUSING VOUCHER PROGRAM: EHV



**Jean** was one of our chronically homeless individuals who was successfully housed through the EHV program in partnership with PAHA. Jean had been on the By Name List for over 2 years but had been homeless on the streets or in shelter for over 5 years! He regularly participated in case management, volunteered at the homeless Drop-in Center, and tried to work when he could. However, Jean struggled with chronic health issues that limited his ability to work, as well as undiagnosed depression which interfered at times with his ability to fully engage in services offered to him. Unfortunately, due to lack of access to care and resistance to treatment, Jean was unable to obtain the documentation of his disabilities required to secure formal housing assistance through the CoC. Since the EHV program did not require an individual to have a disability to obtain the voucher, with the help of staff from the Raritan Bay YMCA and PAHA, he was successfully housed in August.

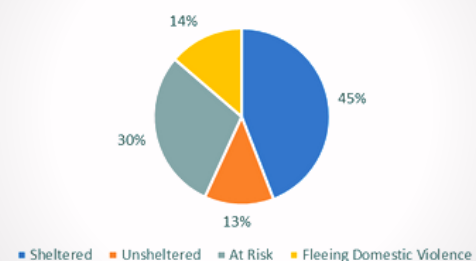
Through the Federal American Rescue Plan (ARP), some Public Housing Authorities (PHAs) across the country received Emergency Housing Vouchers (EHV) to be issued to eligible residents. Middlesex County had access to EHV's through the Perth Amboy Housing Authority (PAHA) and the NJ Department of Community Affairs (DCA). Perth Amboy received 31 vouchers to administer and DCA received almost 1000 vouchers, which they made available to all NJ counties on a first come, first served basis.

The eligibility guidelines for the use of the vouchers were relatively broad and significantly allowed for persons at-risk of homelessness to apply. Federal resources typically require that a person be on the street or in shelter. The flexibility in EHV criteria allowed us to address the needs of some people who had long been known to us, and to create new community partnerships and collaborations.

Coming Home quickly adapted its Coordinated Assessment process to make EHV appropriate referrals. This allowed us to stem the tide of the "inflow" of homeless persons into our system: a necessity if we are to end homelessness. For Perth Amboy, Coming Home and the system's front line case managers collaborated closely on identifying clients and the rock star staff at the PAHA found suitable housing.

All 31 voucher recipients leased up in a record 4 - month time period.

EHV Applications Submitted to DCA\*



### DCA vouchers:

Coming Home worked closely with front line case managers to troubleshoot and submit the applications to ensure the highest likelihood of success for approval.

### In collaboration with other agency partners:

- **356** Homeless and at-risk households were identified and referred to the State.
- **270** Applications were perfected as of Jan 14, 2022.
- **112** Of those applications had been approved, with more being approved daily.

# UNMASKING HOMELESSNESS: SYSTEM WORK

## Flex Funding

Coming Home is spearheading the system's participation in a "Systems Flow Cohort", organized by the National Organization Community Solutions, where we focus on accelerating housing placements, solving for system barriers, and including case management staff in housing those on our By Name List (BNL). We were challenged by Community Solutions to prioritize chronic, single "long stayers," i.e., those who are "Chronically Homeless" and have been on our BNL for at least 6 months. We have a collective goal to end all CH by Spring 2023 and an intermediate goal to decrease a person's time on our BNL. Through interagency case conferencing, we made great strides towards our goal. In June 2021, we set a goal to house an average of 3 long stayers each month through August. By September 1st, we had housed a total of 15 long-stayers, an average of 5 long stayers per month.

In October 2021, there were 129 Chronically Homeless persons on our BNL, 70, or 54%, of whom had been there for 6 months. CoC agency case managers collectively agreed that the greatest barriers to quick housing placements are lack of affordable apartments, difficulties in engaging clients and in gathering documentation needed to secure housing. The case managers believe that with funding for items not covered by other funding sources, they could help clients more quickly.

Community Solutions granted funds to the CoC to help. To best use these funds, Coming Home created a program, Flex Funds, to assist the long stayer population. We focused on solving individual barriers to housing by providing agency case managers with prepaid gift cards that could be used to meet immediate needs of their clients. For example, they could take clients out for coffee to fill out a housing application with them, buy them a housing visit outfit, or put minutes on a client's cell phone. For larger expenses, we reimbursed agencies for expenses incurred to solve for more costly system barriers, such as apartment holding fees or application and/or document fees. We also created an Uber account to provide transportation for clients unable to access other means of transportation in the County.

### **Eighty percent (80%) of individuals who utilized Flex Funding were permanently housed.**

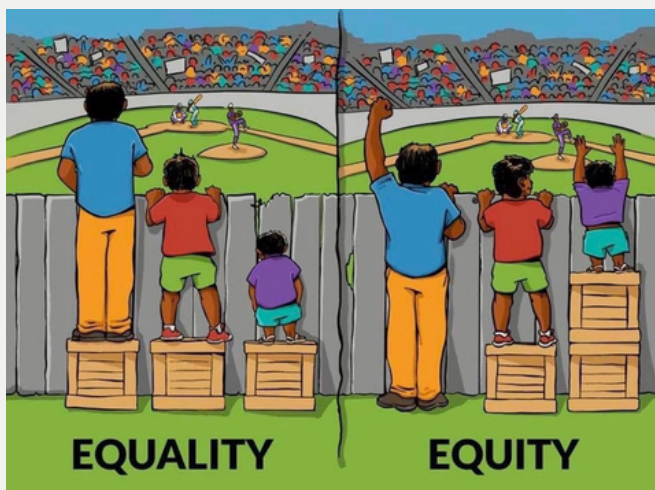
Importantly, case managers are also building our landlord network through the flexibility the fund provides. With the scarcity of available, affordable apartments, it is important to continually find creative ways to not only house people, but to house them quickly. Having access to unrestricted funds that meet needs that are typically not covered by other sources has been quite effective.



# UNMASKING HOMELESSNESS: SYSTEM WORK

## Help From People With Lived Experience

Acknowledging that people with lived experience are an untapped resource of system improvement, the CoC sought to involve more homeless and formally homeless clients in its collective projects and programs. Coming Home spearheaded this effort through a Steering Committee comprised of personnel from Catholic Charities, RU Behavioral Health, Women Aware and Mission First. We concertedly wanted to avoid “tokenism” in our efforts to involve consumers and, accordingly, adopted the working definition of consumer participation given by the World Health Organization (WHO): “A process by which people are able to become actively and genuinely involved in defining the issues of concern to them; in making decisions about factors that affect their lives; in formulating and implementing policies; in planning, developing and delivering services, and in taking action to achieve change.”



Our mode of securing consumer participation is through the frontline case managers of the CoC service organizations: the case manager sponsors a client, *i.e.*, they are responsible for disseminating committee scheduling information and facilitating the clients’ participation in meetings, virtual or in person. There is both strength and comfort for all, meeting regularly in this group as opposed to prior practices of asking individual consumers to sit on already established boards and committees. We have discussed all aspects of the homeless system, recording specific concerns and recommendations for improvement and look at everything through a racial equity lens.





# COMMUNITY BASED CASE MANAGEMENT: COMING HOME WORK

## Homeless Hotline

Coming Home continues to provide case management to individuals and families referred by the County's Homeless Hotline. While some of these individuals are unsheltered, many others are staying with friends or family or paying for a hotel room and seeking their own housing.

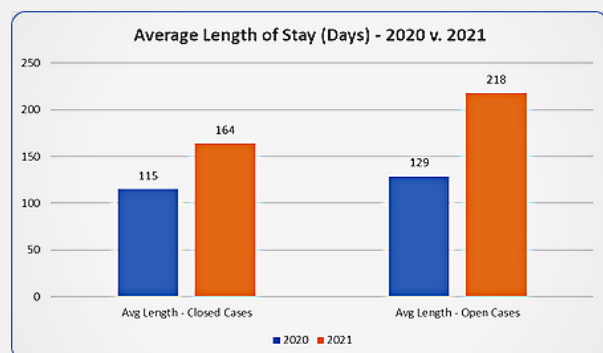
### Coming Home provided case management to:

<b>57</b> cases	◆	◆	<b>105</b> individuals
<b>29</b>			Single adults
<b>7</b>			Adult-only families
<b>21</b>			Families with minor children

### Location of Households served by case management

<b>52%</b>	Staying with Friends/families
<b>22%</b>	Hotel paid by Clients
<b>12%</b>	Hotel paid by Agency
<b>12%</b>	Unsheltered
<b>2%</b>	Rental - imminent risk

Coming Home served approximately half the number of cases in 2021 that it served in 2020 because the cases were more complex and required ongoing case management for a longer period of time. These factors combined with the shortage of available apartment, led to clients staying in our program 30% longer than they did in 2020. For cases that remained open due to ongoing needs, the length of stay jumped to almost 41% longer than in 2020.



We were able to develop relationships with **several senior housing properties** in the area to assist older adults on fixed retirement income to secure affordable housing. We provided referrals and assisted them to receive home health care, if needed, and ensured that they were linked to the Care Coordinator of their Medicaid/Medicare provider for ongoing care.

### Of Coming Home clients:

- **45%** Secured permanent housing.
- **10%** Linked to the Shelter; those who were not able to stay with others or afford their own hotel
- **18%** Voluntarily discontinued services while staying with friends or family or paying for their own hotel.
- **4%** Linked to rental assistance and other case management to find housing.

# COMMUNITY BASED CASE MANAGEMENT: COMING HOME WORK

---

## Homeless Hotline

**Janice** is a 52-year-old, single mother who was born and raised in New Brunswick. As a child, she enjoyed helping people. One day, she decided to move to Florida and lived there for over twenty years. For several years, she worked as a customer service representative at different hotels, which was her dream job growing up. Unfortunately, she had to leave Florida with her daughter due to family issues. The family issues caused her major stress, and she suffered three heart attacks back-to-back. As a result, she is now partially disabled and suffers from depression. She has been living in hotels with her daughter for the past 3 years, which was very challenging for them since her daughter is still in school, and they had no transportation or the wheelchair that she needed to get around. Janice had not seen a doctor in over four years when Coming Home met her. Milly, our case manager, was able to find her permanent housing, as well as link her with a primary care physician, transportation, and her health insurance care coordinator in order to get her a wheelchair. Janice and her daughter are now housed, stable and happy. When asked if she had a message to send to the people that are looking for help, she said, "Everyone's situation is different, but don't delay in asking for help." Janice doesn't dwell on what she suffered in the past. She says that she is now at peace and grateful for all the help that led her to where she is today.



# COMMUNITY BASED CASE MANAGEMENT: COMING HOME WORK

## COVID VULNERABLE NON-CONGREGATE HOTEL PLACEMENT

Coming Home was awarded federal funds (ESG CV) to shelter in hotels COVID + persons being discharged from our area hospitals, and unsheltered, homeless individuals who were more vulnerable to the ravages of COVID-19, i.e., seniors and those with underlying health conditions. For those not already linked to a community-based case manager (a little over 50% of the cases), Coming Home also provided intensive case management services. We began the outreach/case management and placed persons in hotels starting in November 2020 and continued through 2021.

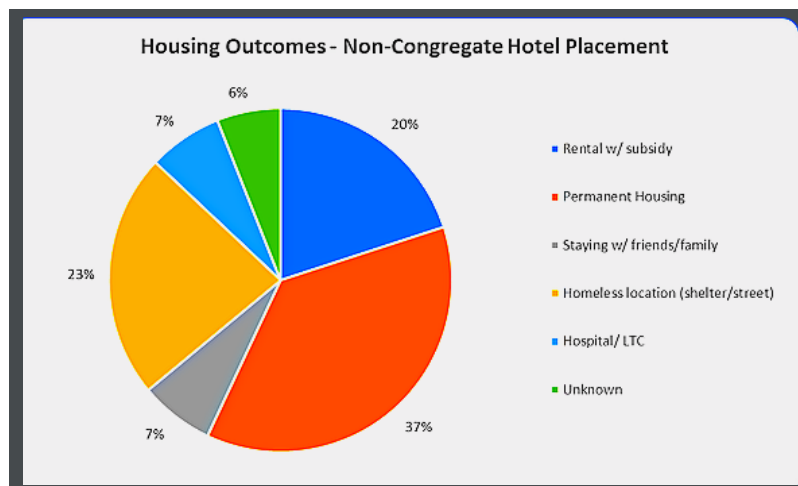
**From November 2020 through the end of 2021, Coming Home sheltered in non-congregate placement**  
45 Homeless Households → 50 vulnerable adults

42% Chronically homeless

86% Living with chronic health conditions

30% Age 62 and older

- Coming Home was able to secure permanent housing for **28** of these individuals.
- The remaining households were assessed through the Coordinated Assessment process and referred for permanent housing resources.



Although not part of the program as designed, we hoped that temporary hotel placement might be a gateway to permanent housing for people. Our hope was that persons who had long resisted assistance from the homelessness system would begin to trust us and change their minds once they were able to enjoy sleeping in a bed with a roof over their heads.

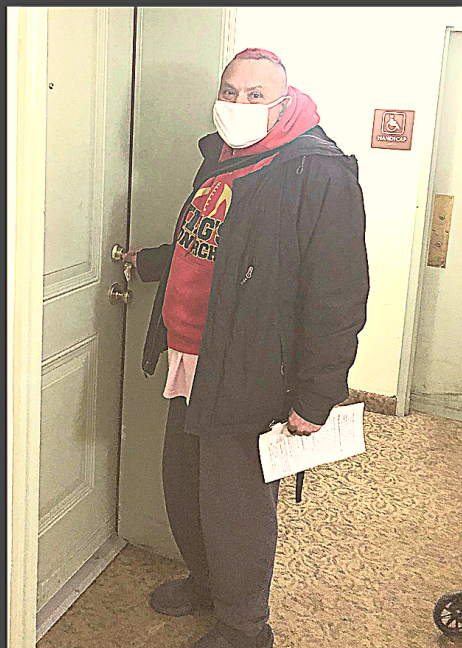
**We are thrilled to report that this hope was realized for 17 clients to date. The key, of course, is the assistance provided by the case manager. With the continuation of this funding, we are hoping to house more persons, and that the success of this approach may be replicated with other sources of funding, and perhaps additional agencies, once the Covid funding is depleted.**



# COMMUNITY BASED CASE MANAGEMENT: COMING HOME WORK

## COVID VULNERABLE NON-CONGREGATE HOTEL PLACEMENT

**David** is a 55-year-old high school and school for art and design graduate. His art talent was recognized and first displayed in the Newark Museum when he was in elementary school. He worked as a cashier and salesperson for several years but was unable to continue working due to medical issues. His mother, Gloria, is 79-years old, with complex medical issues. She raised six children on her own and worked in several factories to support her family before becoming too ill to work. David and his mother resided with friends when they were both working; however, when David lost his job, he was asked to leave the friend's home, but his mother was allowed to stay temporarily due to her age. David slept in a coffee shop, then a laundromat, until he was asked to leave both locations. At the same time his mother was asked to leave the shared residence. David sought help from the police who advised him to call the homeless hotline. Using the federal "pandemic funds," for non-congregate sheltering, Coming Home placed David and mom in a motel, while they searched for housing. Coming Home assisted them in applying for a rental voucher through the EHV Program. Through this, David and his mother continued to struggle with their health issues so Coming Home assisted David in becoming the official caregiver (paid by Medicaid) for his mother. In addition, we assisted with the following services: emergency food, clothing, housing search, adult day program, household items, toiletries, holiday gifts, linkage to medical care, and a furniture voucher. Applications were completed and submitted on their behalf for food stamps, prescription assistance, and utility assistance. After residing in the motel for 3 months, David and his mother were able to secure a 2-bedroom apartment using the EHV. David is now part of the Consumer Participation Committee and is joining an art program. He and his mother are now happy to be in their own home and are looking forward to focusing on their health from a safe, stable home.

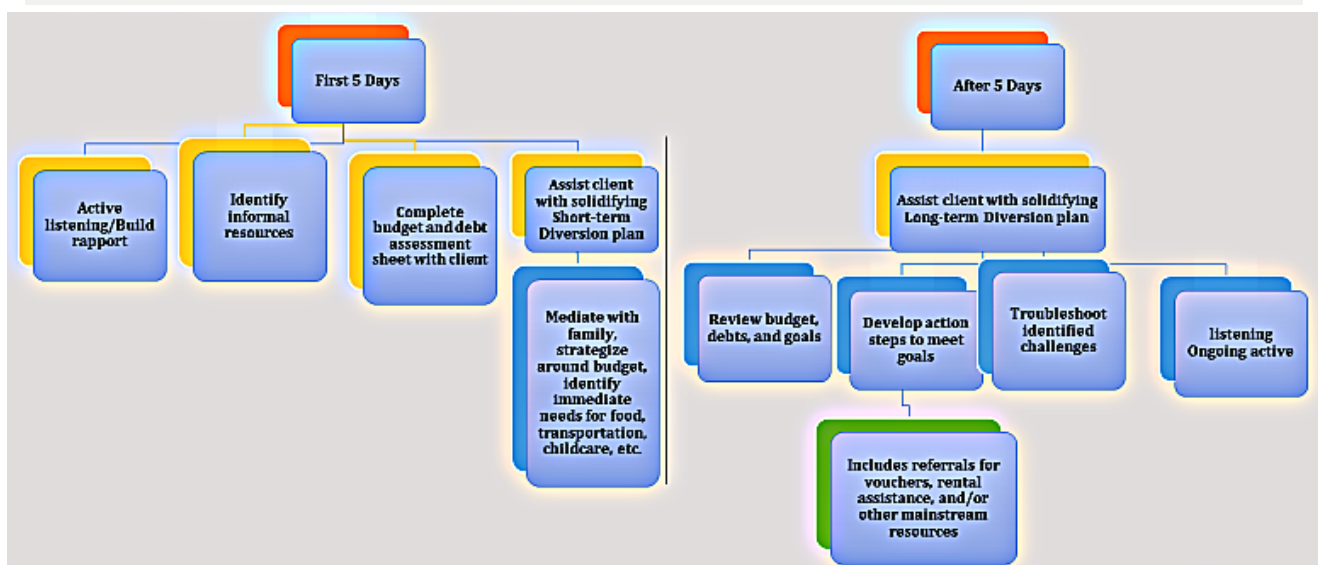


# COMMUNITY BASED CASE MANAGEMENT: COMING HOME WORK

## DIVERSION PROGRAM

Diversion/Problem-Solving is a person-centered, short-term housing intervention that assist households seeking placement in homeless shelters maintain their current housing or identify an immediate and safe housing alternative within their own social network. It is a strengths-based approach that utilizes conversation and empowerment methods to help resolve the household's housing crisis.

Coming Home, in partnership with Catholic Charities Diocese of Metuchen (CCDOM), launched a Diversion pilot program in the second half of this year. Through a grant from the Department of Community Affairs (DCA), we, collectively, provide intensive case management to homeless persons in the community to find them living accommodations (friends or family) as an alternative to the County shelters. The case managers work with the client for a short time to develop a long-term plan to reach their goal of securing permanent housing.



- 64 out of 75 referrals to the program accepted services.
- 49 out of the 64 were indeed diverted from shelters.
- 14 out of the 49 found permanent housing.

## IN PRACTICE

"Asked to Leave Shared Residence" and "Loss of Job/Reduction of Income" are always among the top causes of homelessness.



The Diversion Program attempts to mitigate these issues by assisting clients with understanding and improving their financial situation; problem-solving to either increase income or find resources/benefits to supplement income limitations; and working with clients to improve/mediate relationships with family members or friends, resulting in an extension in their ability to remain in shared housing.

# COMMUNITY BASED CASE MANAGEMENT: COMING HOME WORK

## DIVERSION PROGRAM

Luz is a 64-year-old widow and mother of two adult sons. She was married to a veteran for 21 years and experienced family turmoil throughout the years. Luz has several severe health conditions which have gone unaddressed due to lack of stable housing. After her husband passed away, she was awarded Survivor's and pension benefits and relocated to Puerto Rico to open a restaurant and a beauty salon. Unfortunately, her businesses closed due to the economic situation in Puerto Rico after Hurricane Sandy. Luz relocated back to NJ and was residing with her son temporarily, but this was unsustainable. Luz called 211 to request assistance with emergency shelter. Once she was referred to Coming Home for screening, she was assessed and referred to the Diversion program. Mediation was attempted with her son without success. In discussing the option of shelter or a hotel stay, we determined that Luz was able to afford to stay in a hotel while engaging in housing search. Diversion staff assisted Luz in applying for available rental assistance. Luz identified an apartment in a 55+ building complex. With the assistance of Catholic Charities, she moved into the apartment. The program also provided her with a stipend for furniture. Additionally, Luz was provided hygiene products, clothing, household items, transportation, holiday gifts, emergency food, and linkages to her HMO Care Coordinator, Adult Day Care Program, and mental health and medical care providers. Luz has improved her relationships with her family and is stable. She has joined the County's Consumer Participation committee and hopes to someday become a volunteer or a mentor to help people.



The purpose of the Diversion program is to support those seeking homeless shelter to maximize the use of their informal resources to avoid the potential trauma of entering the homeless system. The program has proven to be successful this year in ultimately securing permanent housing, in no small measure due to the invaluable assistance of the Emergency Housing Vouchers. Positive outcomes may not be as feasible to achieve without rental vouchers, but we relish the chance to prove otherwise and will advocate for renewal of the program by the State.

### Best Practices Case Examples

Single mom & 2 kids living in hotel

- Explored staying w/family. Sense of trauma so followed her lead & support her ability to stay in hotel
- Employed part time
- Linked to childcare subsidy, SNAP
- Budget & housing search
- Provided gift card for food & Uber

Single man, serious heart condition – hospital --> relative's house

- Hospital w/ heart surgery
- Mediated with relative to stay there during housing search
- Approved for senior housing
- Referred for rental assistance to pay security & 1<sup>st</sup> mo. rent
- Provided furniture assistance through Diversion



# COMMUNITY BASED CASE MANAGEMENT: COMING HOME WORK

## SOCIAL AND HEALTH CARE SERVICES INTEGRATION PROGRAM SHI

Year 2 of the pandemic continued to prove challenging for our efforts to engage new referrals and enroll them in the SHI program, our partnership with both RWJ University Hospital and St. Peter's University Hospital to address the social determinants of health of the highest utilizers of the hospitals' emergency rooms. The state DCA has dedicated 25 housing vouchers to this program. Referrals for the SHI program are sent by the hospitals. Unfortunately, the most vulnerable tend to utilize the emergency rooms during the middle of the night, do not have cell phones, and/or are struggling with mental health and addiction issues that cause them to be difficult to engage.

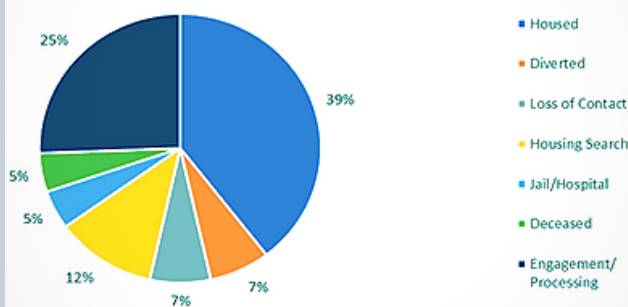
**Despite these challenges, we outreached 82 persons and were able to enroll 14 new SHI participants throughout the year. We found permanent housing for 3 who were experiencing homelessness.**

In 2021, 71% of the SHI participants struggled with mental health including addiction issues. The intersection of challenges is the driving force behind the participants' frequent use of the hospital emergency rooms and the difficulty in finding permanent housing. Stigma against, and untreated, mental illness are both causes. Other barriers to housing include poor credit and criminal history. We ensured that all participants had health insurance coverage.

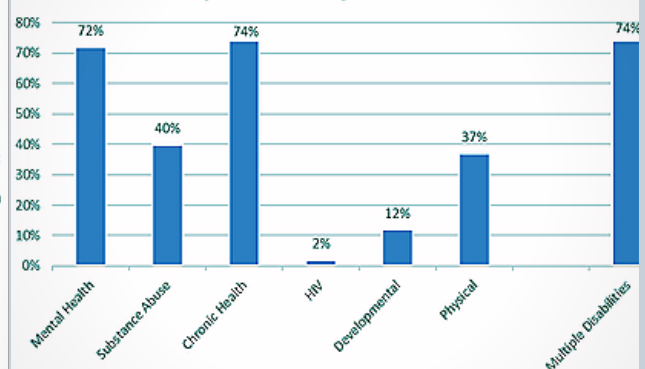
### Since the program's inception in 2019:

- 17 out of 43 homeless or precariously housed participants in SHI were housed
- 3 clients were assisted to reconnect with family to resolve their homelessness.
- 5 participants are currently in the housing search process with a voucher, or our contact with them is precarious.

**Housing Outcomes for Homeless SHI Participants  
2019 - 2021**



**SHI Participants' Disabling Conditions - 2019 - 2021**



Taking a holistic approach to address barriers on a personal and systematic level, Coming Home enhanced its community partnerships to better meet the medical, mental health/addiction, and legal needs of SHI participants. For some of SHI's most vulnerable clients, mental health and addiction treatment and resolving legal issues are critical for their long-term success and self-sufficiency.

### SHI PARTICIPANTS ARE:



#### TWICE AS LIKELY TO HAVE A CHRONIC HEALTH CONDITION:

as compared to all persons experiencing homelessness system-wide.



#### 1.5X MORE LIKELY TO:

Suffer from MENTAL ILLNESS than people experiencing homelessness system-wide.



# COMMUNITY BASED CASE MANAGEMENT: COMING HOME WORK

## SOCIAL AND HEALTH CARE SERVICES INTEGRATION PROGRAM **SHI**

In order to improve access to mental health treatment, Coming Home has partnered with Rutgers-University Behavioral Health Care clinical and case management programs. Through our collaboration, we are working to improve accessibility to treatment for SHI participants. Additionally, Coming Home launched and nurtures its relationship with the Middlesex County Public Defender, Prosecutor's Office and Criminal Court Judges to ensure communication between our team and our clients' legal representation. This advocacy and improved communication ensure that our participants' unique challenges are recognized and considered during the disposition of their legal cases.

**Wallace** is a 31-year-old man who became homeless in 2018, due to his ongoing struggles with mental illness. He "couch surfed" with family and friends in the Middlesex County area and ended up in a shelter. While he received a housing voucher through the SHI program in December of 2020, he experienced difficulty locating an apartment due to the low number of vacancies, lack of transportation to view apartments, and multiple denials of rental applications. Through ongoing SHI Case Management services and support of other social services providers, Wallace signed a lease this year and was relieved to have been able to secure a stable place to rest his head after two years being homeless. He is currently attending his medical appointments regularly and reconnecting with his family.

Wallace is highly motivated in helping others and seeking higher education so that he may increase his wages to sustain, and grow in, his new life.



# ENDING HOMELESSNESS: COMING HOME WORK

## HOMES FOR HOMELESS - Need For Affordable Housing

Our attempts to make the best use of all the extraordinary rental assistance resources made available to our community this past year to end people's homelessness, highlighted the paucity of affordable housing in Middlesex County. People had rental vouchers and nowhere to use them.

### The 2020 Decennial US Census estimates:

- The population of Middlesex County is 863,162, comprising 285,906 households.
- An area median household income (AMI) of \$93,418
- A median rental cost of \$1,527 per month
- The median sales price for a single-family home at over \$400,000.

Middlesex County is a very expensive place to live and increasingly unaffordable for many residents.

### In the industry:

- "Affordable housing" is considered housing for which persons spend 30% or less of their income.
- HUD considers households low-income if they earn less than 80% of the AMI.
- A family of four in Middlesex County is considered low-income if they earn \$74,743 or less per year. This family would be cost burdened if their monthly housing cost exceeded \$1868.
- The fair market rent (FMR) on a 3-bedroom apartment for 2021 was \$2,187. (HUD)

According to the National Association of Home

Builders, "the rising cost of building materials [caused by the pandemic] is harming housing affordability as the cost and limited supplies of softwood lumber, steel, aluminum and other imported materials and equipment exacerbate price volatility and drive-up housing costs."

Affordable housing creation has historically been challenging as developers must use the same materials, codes and building standards and have the same development expenses as market-rate and luxury housing developers. Additionally, if the affordable housing developer needs government grant funding, the time needed for funding approval can often create a disadvantage when competing for state, county, and municipal support for projects, considering the limited amount of developable land suitable to build new residential projects.

As part of its pandemic response, the government, through the American Rescue Plan, allocated resources to the County and the State for the construction of affordable housing. These are a welcome addition to the current State and County resources for such purpose. Once projects are built, however, resources, of which there are few, are needed for project operation. With market rate buildings, rents are used to support a development, but without project-based rental vouchers, the rents that our clients can afford are insufficient to do so and there is no funding dedicated to social service agencies to work with the new tenants to help them increase their level of self-sufficiency.

Coming Home's development arm, CHM Development, faces these challenges every day, and strives to meet them in several ways. One is by using the newest building technology and materials in order to reduce the operating costs of the completed project, specifically the energy and utility consumption.

We received zoning approval for the first phase of CHM Development's next project in New Brunswick this year, which will create the first of two six-unit apartment buildings, using the highest level of energy efficiency available on the residential market, Passive House Design. This project will be the first affordable housing development in New Jersey using Passive House Design. By increasing the demand for this technology, we believe it will become more popular, therefore eventually driving the costs down, making it more desirable for others to use in their projects. We will also use this technology for our Perth Amboy project of two three-bedroom units, which will house slightly larger families experiencing homelessness.



The benefits of decreasing operating costs through reduced energy consumption, and thereby lowering the need for market rate rental revenues, will ensure the project can continue to operate with significantly reduced rents for decades to come. Preserving affordable housing long term, is as important as creating it.



# ENDING HOMELESSNESS:

## COMING HOME'S BOARD OF DIRECTORS

**Jamie Schleck**, Chairman  
Community Solutions/ CFO

**Sharon Grice**, Vice Chair  
Consultant

**Brian Matula**, Treasurer  
M&T Bank, Vice President

**Jason Gosnell**, Secretary  
Hoagland Longo LLP / Partner

**Bridget Kennedy**  
Middlesex County Social Services, retired

**Elizabeth Schullstrom**  
Withum, Senior Manager

**Helmin Caba**  
City of Perth Amboy, Mayor

**James Cahill**  
City of New Brunswick, Mayor

**Jonathan Rabinowitz**  
HPS Investment Partners, Managing Director

**Kathleen Gwozdz**  
Consultant

**Melissa Bellamy**  
Middlesex County Housing, Division Head

**Melyssa Lewis**  
Middlesex County Office of Human  
Services, Director

**Ronald Rios**  
Middlesex County Commissioner Director

## ADVISORY BOARD

**Arp D. Trivedi**  
ORNL Federation Credit Union

**Brad Caruso**  
Withum, Partner

**Gloria Aftanski**  
United Way of Central Jersey, President

**Michael Nulty**  
Certified Public Accountant

**Sarah Clarke**  
Devco, Inc., Vice President

With fundraising events on hold for the most part during the pandemic year 2021, and quarterly meetings held virtually, our Board desired an opportunity for the cohesiveness that interpersonal interaction can often generate. New Brunswick attorney Mike Baker again graciously granted us use of his beautiful barn in East Brunswick to hold an event. The event this time was a Board offsite meeting held outside on the deck of the first floor of the barn. Our chairman used this opportunity to conduct some team building exercises and, together with our Executive Director, to provide an overview of the varied and nuanced government programmatic assistance to help homeless persons and hopefully end their homelessness. This explanation helped our Board members both appreciate and understand the constraints of the system and where and how their work is needed.



# ENDING HOMELESSNESS:

## COMING HOME WORK

### FINANCIAL SUMMARY - Fiscal Year ended December 2021

<b>Statement of Activities</b>	
January - December 2021	
	<b>Total</b>
<b>Revenue and Support</b>	
GRANTS, Government	993,090.00
Corporate & Foundation Support	225,723.00
Individual & Business Contribution	12,250.00
In-kind Support	55,917.00
Program Income	67,232.00
Other Income	5,434.00
<b>Total Income</b>	<b>\$ 1,359,646.00</b>
<b>Expenses</b>	
Program Services	836,621.00
Management and General	277,849.00
Fundraising	96,196.00
<b>Total Expenses</b>	<b>\$ 1,210,666.00</b>
<b>Net Operating Income</b>	<b>\$ 148,980.00</b>
<b>Net Assets Beginning of the Year</b>	<b>\$ 1,385,620.00</b>
<b>Net Assets End of the Year</b>	<b>\$ 1,534,600.00</b>

<b>Statement of Financial Position</b>	
December 31, 2021	
	<b>Total</b>
<b>ASSETS</b>	
Cash	\$ 684,490.00
Grants Receivable	\$ 604,505.00
Other Current Assets	\$ 4,513.00
<b>Total Current Assets</b>	<b>\$ 1,293,508.00</b>
Investment in JV-Zebra Way	179,297.00
Other Assets	110,900.00
<b>Total Other Assets</b>	<b>\$ 290,197.00</b>
<b>TOTAL ASSETS</b>	<b>\$ 1,583,705.00</b>
<b>LIABILITIES Net Assets</b>	
Liabilities	
Current Liabilities	\$ 49,105.00
<b>Net Assets</b>	<b>\$ 1,534,600.00</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 1,583,705.00</b>



# THANK YOU

TO ALL OF OUR SUPPORTERS AND PARTNERS!



*We thank you for your continued support!*



## COMING HOME'S TEAM

### **Bobbie Paskell**

Chief Operating Officer/  
Assistant Director of Systems

### **Christiana Osawe**

CA System Solutions Navigator

### **Ciara Tamburello**

SHI Social Service Navigator

### **Cassandra Jones**

COVID Vulnerable Program, Case Manager

### **Eileen O'Donnell**

Executive Director

### **Meriam Shenoda**

Executive Assistant  
Accountant/Fundraising

### **Josh Iglesias**

Data Quality Specialist

### **Regina Brown**

Coordinated Assessment  
Access Navigator

### **Frances O'Toole**

Assistant Director of Programs  
Homes for Homeless Program

### **Migdalia Figueroa**

Homeless Hotline, Case Manager

### **Courtland Cobb**

SHI Social Service Navigator

### **Kayla McCellon**

Diversion Program, Case Manager

# Contact

## Coming Home of Middlesex County, Inc.

75 Bayard St.,  
New Brunswick, NJ 08901  
732-296-7954  
[www.cominghomemiddlesex.com](http://www.cominghomemiddlesex.com)

[facebook.com/ComingHomeMC](https://facebook.com/ComingHomeMC)  
[twitter.com/cominghomemc](https://twitter.com/cominghomemc)

