



Learning Community

Session 14

Building Blocks: Housing, Health, and Early Childhood

NJ SEEDlings: Supporting Everyone in Early Development



GOAL ONE: Increase the number of ECD experts in pediatric settings



GOAL TWO: Help pediatric practices integrate a continuum of ECD services



GOAL THREE: Improve ECD knowledge and abilities among pediatric primary care staff



GOAL FOUR: Identify solutions to barriers to ensure sustained & holistic ECD services

Continuing Medical Education Statement

Accreditation Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey. New Jersey Chapter, American Academy of Pediatrics is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

AMA Designation Statement:

New Jersey Chapter, American Academy of Pediatrics designates this live internet activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABP MOC Part II:

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 1 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

Welcome & Housekeeping



Please **remain muted** & use the chat to share thoughts and ideas.



Submit any questions using the **Q&A box** or chat in the Zoom toolbar.



This session will be **recorded**. The recording & slides will be shared via email.



Please complete the **evaluation** at the conclusion of the program to provide feedback!

Guest Speakers



Taiisa Kelly

BA

Chief Executive Officer
Monarch Housing Associates



Sofia Reyes

CHW

Family Resource Specialist
SPAN Parent Advocacy Network

Disclosures: Taiisa and Sofia have no disclosures or conflicts of interest to report.

Homeless Service System in NJ

Addressing Youth and Family Homelessness

Taiisa Kelly, CEO
Monarch Housing Associates

Monarch Background

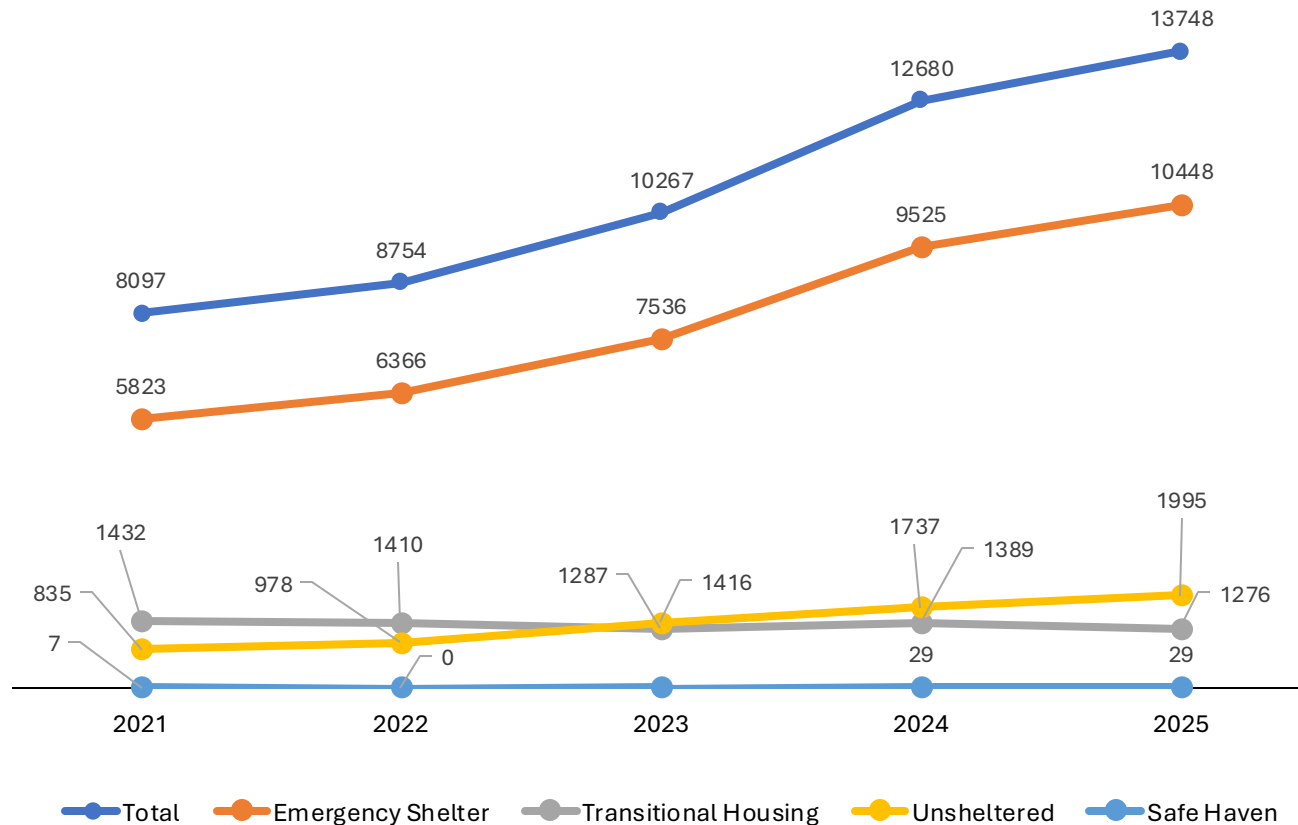
Our Vision: Every person will have quality affordable, permanent housing that fosters freedom, independence and community integration.



Our mission: To expand the supply, accessibility and variety of affordable, permanent supportive housing through development, planning, advocacy and partnerships.

2025 Point In Time Data

Fig. 1: 5-Year Comparison of Total Homeless Population by Housing Situation



Source: [NJ Statewide Point in Time Count Report](#)

Since 2022

104% increase
unsheltered
homelessness

50%
increase in
families

30% increase
Chronic
Homelessness,
Youth &
Domestic
Violence

77%
increase in
adults 65+

80%
increase in
adults 30 -
45

Family & Youth Data

Category	Families	Youth
Household Type	68.5% Single Parent Female Headed Households	51.2% Male; 44.7% Female
Households with children 0 - 5	42.2% with only children under 5; 60% at least 1 child under 5	
Disabling Conditions	14.5% Disabling Conditions reported	27.8% Disabling Conditions reported
Household Size	40.5% 2-person; 31.9% 3-person; 17.4% 4-person	97.8% 1-person; 2% 2-person
Income	32% no income; 27% earning less than \$10K	72% no income; 13% earning less than 10K
Race	57.6% Black; 24.6% Hispanic; 12.3% White	53.1% Black; 22.9% Hispanic; 13.5% White
Primary Programs used	67% Emergency Shelter; 15% Rapid Re-housing; 15% Coordinated Entry	63% Emergency Shelter; 15% Street Outreach; 12% Coordinated Entry
Domestic Violence Interaction	8% Domestic Violence survivors	12.4% Domestic Violence survivors

Source: NJ Homeless Management Information System data from January 1, 2024 – December 31, 2024
Database administered by NJ Housing Mortgage Finance Agency

Continuum of Care



Planning Structure

Committee Meetings including:

1. Executive Committee
2. Full Membership
3. Subcommittees
(issue/population based)

Goals

1. Secure system funding
2. Promote goal of ending homelessness
3. Optimize self-sufficiency
4. Promote access to mainstream resources

1 Assessing the Need

2 Develop & Implement Strategies

3 Apply for Funding

4 Develop Strategic Partnerships

5 Build Effective System

6 Monitor System Progress

Homeless System Components

Outreach/Engagement

- Connecting with those experiencing homelessness to ensure they access the services they are eligible for

Centralized/Coordinated Intake

- A single process to field requests for assistance and screen for the most appropriate program

Prevention

- Provide limited financial assistance for those at risk of homelessness

Diversion

- Assist those requesting emergency shelter in identifying alternative shelter arrangements through their support network

Emergency Shelter

- Provide temporary emergency shelter to those with no other shelter alternatives

Transitional Housing

- Temporary housing available for 18-24 months provided to targeted populations requiring intensive services in a structured setting

Rapid Re-Housing

- Temporary financial assistance and support services provided for up to 24 months in permanent scattered site units

Permanent Supportive Housing

- Long-term financial assistance and support services in permanent housing

Permanent Housing

- Leasing based housing in the community

Coordinated Assessment

Transparent Process

Streamlined System

Prioritized Services

01. Access

Entry process convenient to clients with Target outreach to specific groups. May include web-based, phone-based, and drop-in locations.

03. Prioritize

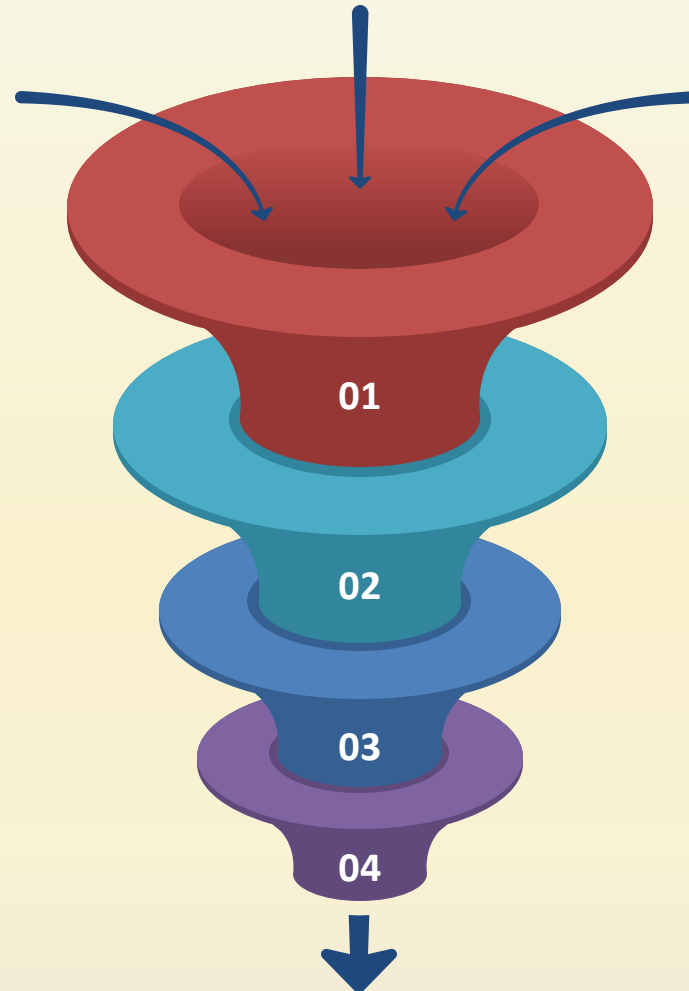
Identify most vulnerable households and organize service placement list by vulnerability

02. Assess

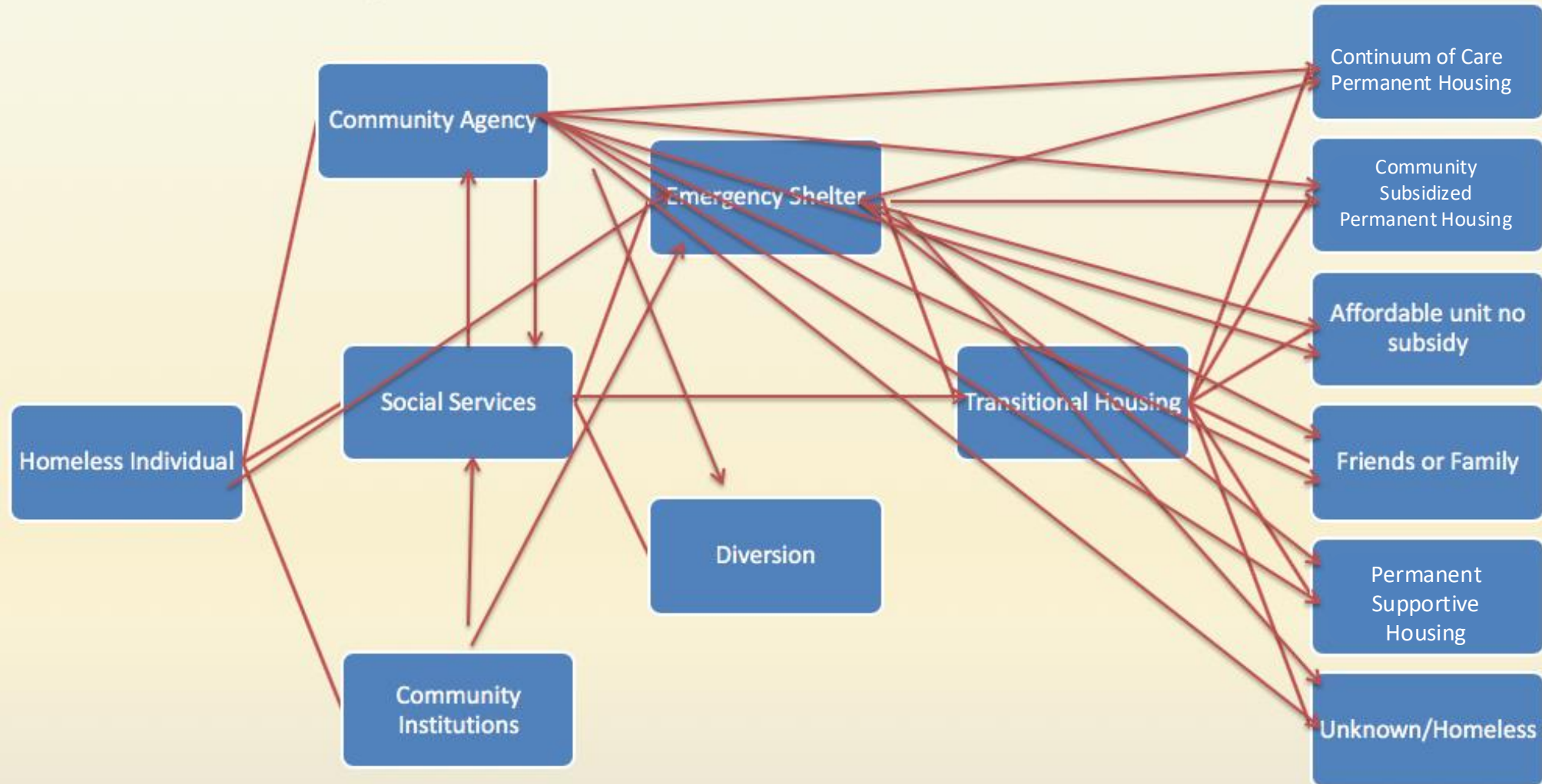
Determine household needs, identifying vulnerability and homeless history

04. Refer

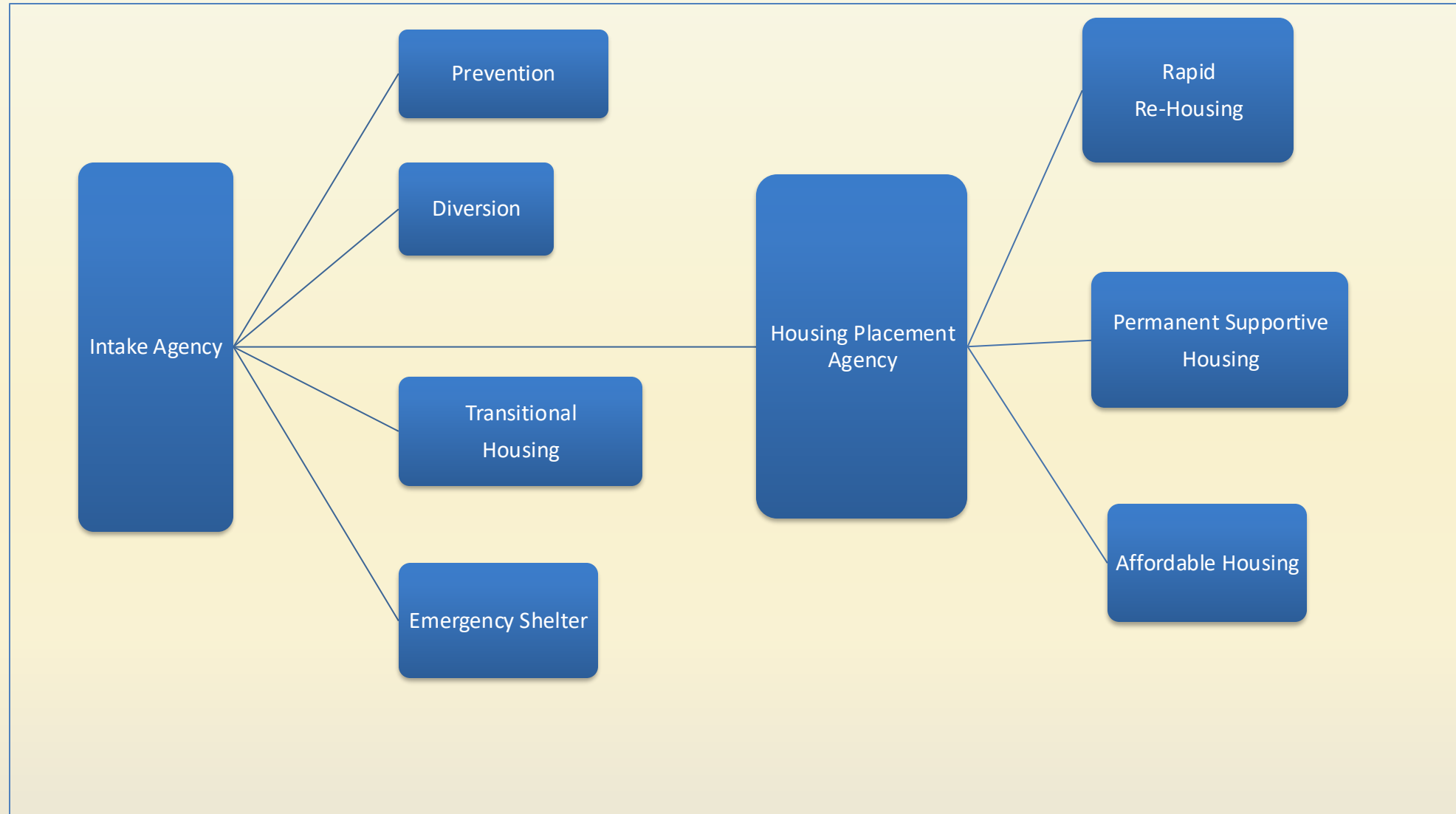
Connect households to all services most appropriate to their needs according to assessment and eligibility



Homeless System Pre-Coordinated Assessment



Homeless System Post-Coordinated Assessment





Homeless System Components Considerations

Outreach	Shelter	Transitional Housing	Supportive Housing	General Housing
- Majority of programs have targeted populations: - Youth - Behavioral Health - Services provided: - Engagement - Document collection - Connection to other services - Coordination - Transportation	- All counties have sheltering system: - Shelters - Hotels/motels - Domestic Violence shelters - Code Blue - Access Types: - Immediate access (if bed available) - Quick Access (first check of eligibility) - Longer screening (1 – 3 days with eligibility & background checks) - Wait List - Length of Stay: 1 – 7 days - Up to 3 months - Up to 1 year	- Limited number of programs: 25 programs 13 counties - Access: - Longer review process - No immediate access - Typically have waitlists - Length of Stay - Up to 24 months - Many programs 12 – 18 months - Eligibility - May have additional eligibility criteria - Typically requires connection to funding source	- Type - Primarily for individuals - Family units dedicated to Chronic Homelessness require Head of Household to have disabling condition - Some programs require at least one member of family to have disabling condition - Eligibility - Programs typically require documentation of homelessness, disabling condition & Identification - Length of Stay - Permanent Supportive Housing indefinite - Rapid Re-Housing up to 24 months	- Type - Units in the market - Subsidized housing - Connection to vouchers - Reunification with friends/family - Services - Long-term supports not provided - Connection to community programs may be provided - Length of Stay - No prescribed length of stay

Strategic Plan to End Family & Youth Homelessness – Stakeholder Engagement



Families
Experiencing
Homelessness

Youth
Experiencing
Homelessness

Shelter Providers

Coordinated
Entry & System
Navigation

Eviction
Prevention
Providers

Housing
Providers

McKinney Vento
Liaisons

Child Welfare
Agencies &
Service Providers

Legal Service
Providers

Food Security
Providers

Family Success
Centers

Social Service
Providers

Faith-Based
Institutions

Juvenile Justice
System Providers

Developers &
Landlords

Recommendation Summary

End Family & Youth Homelessness

Expand access to system services

- Co-locate services
- Increase service information
- Universal Application
- Centralized & standardized eligibility, screening & placement
- Create Family & Youth Specific Coordinated Entry Assessment
- Increase Emergency Shelter & Transitional Housing beds

Increase rate of exits to permanent housing

- Expand dedicated vouchers
- Increase Rapid Re-Housing
- Assign realtor in each county
- Establish landlord incentive program
- Provide \$ to bring units up to code
- Improve voucher-processing turnaround time
- Eliminate time limits for housing search

Prevent families from becoming homeless

- Assign 1 prevention agency per county
- Improve continuity between grant fiscal years
- Implement rent moratorium
- Provide system education in schools
- Increase family income

Improve customer service and promote resilience

- Create appeals process for programs
- Provide training for all staff
- Develop staff screening tool for agencies

Enhance services available to families

- Expand case management
- Create new referral & tracking platform
- Create housing division within offices
- Establish housing liaisons across state agencies
- Increase staff wages

Recommendation Summary

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Continuum of Care Contacts



County	Lead Agency Contact	Email Address	Phone Number	Ext.	Website
Atlantic	Tina McGill	tina.mcgill@dca.nj.gov			Atlantic CoC Website
Bergen	Angela Drakes	adrakes@co.bergen.nj.us	(201) 336-7225		Bergen Website
Burlington	Jennifer Hiros	jhiros@co.burlington.nj.us	(609) 265-5593		Burlington CoC Website
	Vicki Conaway	vconaway@co.burlington.nj.us	609-265-5576		
	Dawne Reinhardt-Wood	dreinhardtwood@co.burlington.nj.us	(609) 265-5572		
Southern NJ (Camden, Gloucester, Cumberland, Cape May)	Anita Wemple	awemple@cpacsj.org	(856) 663-3998		Southern NJ CoC Website
Essex	Terrance McCoy	tmccoy@communityaction.essexcountynj.org	(973) 395-8350		Essex CoC Website
Hudson	Naomi Lesnewski	nlesnewski@hcnj.us			Hudson CoC Website
Mercer	Ann Jones	annjones@trentonnj.org	(609) 989-3103		Mercer CoC Website
Middlesex	Melissa Bellamy	melissa.bellamy@co.middlesex.nj.us	(732) 745-2922		Middlesex CoC Website
Monmouth	Nicole Cyr	nicole.cyr@co.monmouth.nj.us	(732) 431-6000	6122	Monmouth CoC Website
Morris	Amy Archer	aarcher@co.morris.nj.us	(973) 285-6852		Morris CoC Website
Ocean	Qariah Lucas	qlucas@monarchhousing.org	(973) 986-4633		Ocean CoC Website
	Katie Macchiaverna	kmacchiaverna@co.ocean.nj.us	(732) 506-5374		
Passaic	Yonette Fredricks	yonettef@passaiccountynj.org			Passaic CoC Website
Salem	Cristina Chillem	cristina@salemcountyiacc.org			Salem CoC Website
Somerset	Kimberly Cowart	cowart@co.somerset.nj.us	(908) 541-5756		Somerset CoC Website
Tri-County (Warren, Hunterdon, Sussex)	Chris Butto	cbutto@familypromisesussex.org	(973) 948-6000	1381	Tri-County CoC Website
Union	Christina Topolsky	ctopolosky@ucnj.org	(908) 527-4839		Union CoC Website

Coordinated Entry Contacts

County	Continuum of Care	Agency	Contact Name	Phone Number	Email
Atlantic	Atlantic CoC	Jewish Family Services of Atlantic and Cape May Counties	Erin Bowes	609-822-1108 x 302	ebowes@jfsatlantic.org
Bergen	Bergen CoC	Bergen County Housing, Health and Human Services Center	Christina Baluja	201-336-3359	baluja@habcnj.org
Burlington	Burlington CoC	Burlington County Housing Hub	Malikah Morris	609-265-5778	mmorris@co.burlington.nj.us
		Burlington County Housing Hub	Mecca Smith	609-265-5185	masmith@co.burlington.nj.us
		Burlington County Division of Community Development & Housing	Jennifer Hiros	609-265-5574	jhiros@co.burlington.nj.us
Camden Cape May Cumberland Gloucester	Southern NJ CoC	Center for Family Services	Robin E. Stockton	856-651-7485 ext. 40297	rstockton@centerffs.org
Essex	Essex CoC	Essex County Division of Community Action	Wychie Cicetti	973-395-8350	wcicetti@communityaction.essexcountynj.org
Hudson	Hudson CoC	Garden State Episcopal CDC	Susan Milan	201-604-2600 ext. 328	smilan@gsecdc.org
Mercer	Trenton/Mercer CoC	Mercer County Department of Human Services	Alexa Mccullough	609-989-6982	amccullough@mercercounty.org
Middlesex	Middlesex CoC	Coming Home of Middlesex County	Jenna Colagiacomi	732.745.8862	jenna.colagiacomi@co.middlesex.nj.us
Monmouth	Monmouth CoC	Mental Health Association of Momouth County	Ewa Farry	732-542-6422	efarry@mentalhealthmonmouth.org
Morris	Morris CoC	Collaborative Support Porgrams of New Jersey	Pam Baker	732-618-9694	pbaker@cspnj.org
		Family Promise of Morris County	Joann Bjornson	973-998-0820	j.bjornson@familypromisemoris.org
Ocean	Ocean CoC	Affordable Housing Alliance	Dennis LoGiudice	732-341-2272	dlogiudice@housingall.org
Passaic	Passaic CoC	PCDHS	Yonette Fredericks	973-881-2834	yonettef@passaiccountynj.org
		NJ 2-1-1	Jaclyn Nunziato	973-929-3778	jnunziato@nj211.org
Somerset	Somerset CoC	Somerset County Division of Community Services	Kimberly Cowart	908-541-5756	cowart@co.somerset.nj.us
Salem	Salem CoC	Salem County Interagency Council	Jennifer Preen		jenniferp@salemcountyiacy.org
Union	Union CoC	Union County Department of Human Services	Nicole DeAugustine	(908) 527-4874	ndeaugustine@ucnj.org
Warren	Tri County CoC	Family Promise of Sussex County	Chris Butto	973-919-0917	cbutto@familypromisesussex.org
Hunterdon Sussex			Laura Busch		lbusch@familypromisesussex.org

Contact Information



Monarch Housing Associates

www.monarchhousing.org

Taiisa Kelly

tkelly@monarchhousing.org

908-272-5363

Housing/Tenants Rights in Relation to Early Childhood Development

SOFIA REYES

SPAN FAMILY RESOURCE SPECIALIST

NJ SEEDlings Project

NEWARK BETH ISRAEL HOSPITAL PEDIATRIC HEALTH CENTER

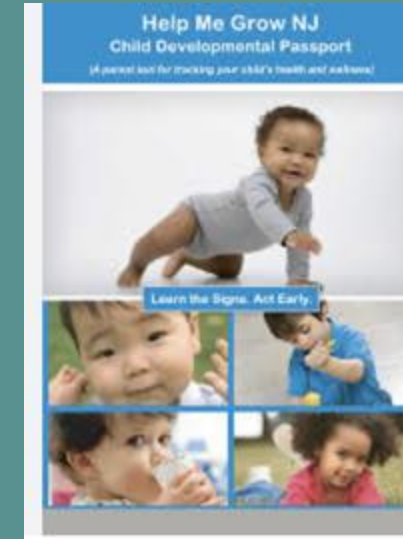
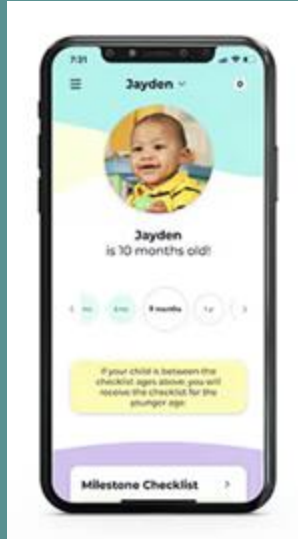


SPAN's Family Support in Action

New Jersey SEEDlings



SOME RESOURCES SHARED WITH FAMILIES



COMMUNITY RESOURCES

- Diapers
- Food
- Clothes



- Health Insurance /Housing / Shelter
- Home Visiting Programs
- Parent to Parent/Support Groups



How FRS supports families experiencing housing instability?

Referrals are received through pediatricians. Pediatricians inform FRS about any family needs related to housing instability so the FRS can guide them to the appropriate resources within the community.

FRS meets with the family in-person or by phone to learn more about the family's needs and connect families to housing resources.

Some resources provided by the FRS include but not limited to:

- Essex County Division of Family Assistance & Benefits
- Shelter programs
- Hudson County Department of Family Services
- Family Promise Program

How providers can respond in a supportive non-stigmatizing way?

- Listen actively and respectfully and allow the family to express themselves, as this is the only way to understand their needs.
- Avoid personal biases.
- Use resilience-promoting and community-based approaches.
- Learn about available programs and resources.
- Explore collaborations to provide warm referrals to the extent possible.
- Offer support options and explain the process so that families feel confident in making an informed decision.
- After the family has decided on the best course of action, have someone from our team (like the FRS) guide them through the process for accessing assistance, interpretation services, additional emotional support, etc.

How the FRS connects families to resources?

- Once the family has made the decision to receive help, the FRS provides the information to make the call by themselves.
- If the family requests support with making the initial connection, the FRS will make the first call to the program or organization to request that they reach out to the family to provide assistance.
- FRS will follow up with the family to see if they were able to receive the call and services from the organization.
- FRS will ask if the assistance has been satisfactory and if they need further support or other resources.

Family Case Studies

Experience at Newark Beth Israel Hospital / Pediatric Health Center

Case Study #1: Housing Support

Family Background

This case involves a single mother whose primary language is Spanish. She is the sole caregiver of her infant child, who was referred for Physical Therapy due to developmental concerns. The family faced both health and environmental challenges that impacted the child's ability to safely engage in developmental activities at home.

Initial Engagement

A Family Resource Specialist (FRS) met with the mother to facilitate a connection to the Early Intervention Program (EIP). During this initial interaction, the FRS intentionally practiced active listening and created a welcoming, community oriented, and safe environment. This approach helped build trust and encouraged open communication.

As a result, the mother felt comfortable sharing additional concerns beyond her child's therapy needs. She disclosed that her living conditions were unsafe due to a rat infestation in her apartment. Because of this, her child was confined to spending most of the time in bed, limiting opportunities for floor-based play and exploration that are both critical for motor development.

Identified Challenges

- Unsafe housing conditions (rat infestation)
- Limited opportunity for the child's physical development
- The language barrier hinders good communication.
- Lack of landlord responsiveness despite multiple requests

The mother expressed frustration that she had repeatedly contacted her landlord about fumigation, but no action had been taken.

Intervention and Support

Recognizing the urgency of the situation, the FRS provided targeted support beyond the initial referral:

1. **Connection to Community Resources**

The FRS assisted the mother in contacting the Essex County Division of Family Assistance & Benefits. This agency provided guidance on tenant rights and next steps.

2. **Advocacy and Communication Support**

The mother was advised to write a formal complaint letter to her landlord. She wrote the letter in Spanish, and the FRS supported her by arranging for translation into English to ensure it would be properly understood and followed up on.

3. **Empowerment Through Information**

The Essex County Division of Family Assistance & Benefits educated the mother on the landlord's legal obligations to provide safe and habitable living conditions. This knowledge helped the mother feel more secure, supported, and calm when caring for her family.

Outcome

Following the formal complaint and agency involvement, the landlord took immediate action to address the infestation. The apartment was successfully exterminated, eliminating the health hazard.

As a result:

- The home environment became safe for the child
- The child was able to spend time on the floor, exploring and engaging in developmentally appropriate activities
- The family no longer needed to pursue relocation

With a safe and supportive environment established, the child was able to actively participate in Physical Therapy services through the Early Intervention Program and began to make meaningful developmental progress.

Key Takeaways

- Building trust through active listening can uncover critical, underlying needs
- Addressing social determinants of health (such as housing) is essential for developmental outcomes
- Language access and community focused support are vital in empowering families
- Collaboration with community agencies can lead to effective and timely problem resolution

Case Study #2: Navigating Environmental Health Hazards and Housing Instability

Family Background

This case involves a single mother caring for her infant, who has multiple medical conditions, as well as an older child. The family was already managing complex healthcare needs when additional environmental concerns began to impact their safety and stability.

Initial Concern and Pediatric Visit

During a pediatric appointment, the mother expressed serious concern after discovering the presence of lead in her apartment. Given her baby's existing medical vulnerabilities, she was understandably anxious about potential exposure. She proactively requested a lead test for her infant.

Fortunately, the test results came back negative. However, despite this relief, the mother recognized that continuing to live in an environment with lead exposure posed an ongoing risk. When she approached the landlord about addressing the issue, he refused to take corrective action and instead informed her that she had until the end of the month to vacate the apartment.

FRS Intervention and Initial Relocation

The FRS quickly stepped in to provide support. The FRS connected the mother with the city's Health Department, which arranged for an inspection of the apartment to formally document the hazardous conditions.

Despite this intervention, the mother made the difficult decision to relocate in order to protect her children's health and safety.

Emerging Challenges in New Housing

Shortly after moving into a new apartment, the mother encountered another serious issue. Within a few weeks, she noticed bite marks on her older daughter's body. Upon further inspection, she discovered a widespread bed bug infestation throughout the apartment.

The mother promptly reported the issue to the landlord and maintenance staff. However, she was told that fumigation would not occur until the end of the month, leaving the family in unsafe and distressing living conditions.

Renewed Advocacy and Support

Feeling overwhelmed and desperate, the mother reached out again to the FRS for assistance. The FRS supported her in reconnecting with the Health Department to escalate the situation.

Upon follow-up:

- The Health Department confirmed they would send an inspector to the property
- They informed the mother that multiple complaints had already been filed against the property owner
- The landlord had been required to appear in court due to ongoing violations

Current Status and Ongoing Support

At present, the local Health Department is actively working with the mother to guide her toward securing a stable, safe, and healthy living environment for her family. The FRS continues to provide emotional support, resource guidance, and assistance in knowing your rights throughout this process.

Key Challenges Identified

- Repeated exposure to unsafe housing conditions (lead and bed bugs)
- Landlord negligence and lack of timely response
- Housing instability and forced relocation
- Ongoing stress related to managing children's health needs
- Emotional strain and urgency for safe living conditions

Key Interventions

- Connection to the Health Department for inspections and enforcement.
- Support in informing about tenants' rights and in reporting unsafe conditions.
- Ongoing emotional support and resource coordination by the FRS

Key Takeaways

- Environmental hazards such as lead and infestations pose serious risks, especially for medically vulnerable children
- Rapid response is a critical when landlords fail to meet legal obligations
- Families experiencing repeated housing instability require sustained, multi-system support
- Collaboration between healthcare providers, FRS, and public health agencies is essential for protecting child and family well-being

FAMILY RESOURCE SPECIALIST FLYER

◆ Are you looking for help with your next steps to support your child's healthy growth and development? ◆

Contact your SPAN Family Resource Specialist today!



Sofia Reyes

Email: sreyes@spanadvocacy.org

Phone: (973) 494-0420 Ext. 162

Your SPAN Family Resource Specialist can assist you, as a parent or caregiver, to...



Understand your child's needs and find key resources to connect to

Have clear and effective discussions with your child's care team



Increase your knowledge, skills, and comfort to be an equal partner in making decisions with professionals about your child's care

Understand and support your child's journey across systems, such as Early Intervention (EI), transition from EI to preschool, education, health, child behavioral health, developmental disabilities, childcare, and community-based services



Connect with other families based on your interests or needs



◆ ¿Está buscando ayuda en los siguientes pasos para apoyar el crecimiento y desarrollo saludable de su hijo/a? ◆

¡Contacte a su Especialista en Recursos Familiares de SPAN hoy!



Sofia Reyes

Email: sreyes@spanadvocacy.org

Phone: (973) 494-0420 Ext. 162

Su Especialista en Recursos Familiares puede ayudarle como padre o cuidador a...



Entender las necesidades de su hijo y encontrar recursos claves para conectarse.

Tener conversaciones claras y efectivas con el equipo de atención de su hijo.



Aumentar sus conocimientos, habilidades y comodidad para ser un socio igualitario en la toma de decisiones con los profesionales sobre el cuidado de su hijo.

Comprender y apoyar el viaje de su hijo a través de sistemas de Intervención Temprana (IT), transición de IT a preescolar, educación, salud, salud conductual infantil, discapacidades del desarrollo, cuidado infantil y sistemas de servicios basados en la comunidad.



Conectarse con otras familias según sus intereses o necesidades.



Thank you

Sofia Reyes

973-494-0420

sreyes@spanadvocacy.org

Feedback/Resources

Thank you for joining us! We welcome your feedback to help us plan for future NJ SEEDlings Learning Community Sessions.

Please scan the QR code below to complete a short session evaluation. Completion is **required** for those wishing to **earn CME Credit/MOC Part 2 Pts.**



A recording of this session, along with slides and links to relevant resources, will be shared via email at a later date. Please complete the evaluation by **May 28th, 2026.**