

February 16, 2018

The Honorable Orrin Hatch
Chairman, Committee on Finance
United States Senate

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate

Chairman Hatch and Ranking Member Wyden:

The Corporation for Supportive Housing (CSH) appreciates the opportunity to provide input to the Committee for solutions to address the opioid epidemic that is destroying lives, plaguing communities, and stunting the country's growth.

What We Do

CSH is a national non-profit and Community Development Finance Institution that works with communities across the country to create supportive housing – affordable housing connected to the health, human services, and community supports – to help individuals and families thrive in their communities. For over 25 years, CSH has been helping communities and providers meet local and state housing needs.

Supportive housing becomes a platform from which extremely low income individuals and families can access services such as healthcare, job training and family reunification. These services are essential for keeping people who lived on the streets for years housed and healthy. Our financing tools, advocacy efforts and technical expertise are responsible for the creation of 200,000 supportive housing units that have become stable homes and transformative springboards for individuals and families facing many challenges.

Our Experience Related to Substance Abuse

As the Committee is aware, the opioid crisis has impacted every corner of the country, becoming a massive driver of homelessness and child welfare-involvement.

- A survey by the United States Conference of Mayors found that 68 percent of cities reported that substance abuse was the largest cause of homelessness for single adults. Substance abuse was also reported as one of the top three causes of family homelessness by 12 percent of cities.¹
- In another study in New Haven, Connecticut, 25 percent of homeless people surveyed identified drug use as the primary reason for homelessness.²
- A study to determine the leading risk factors for homelessness among veterans indicated that substance abuse may have the highest impact on relative risk for homelessness in this population, even more so than bipolar disorder and schizophrenia.³

¹ http://www.ncdsv.org/images/USCM_Hunger-homelessness-Survey-in-America's-Cities_12%202008.pdf

² <http://ps.psychiatryonline.org/doi/abs/10.1176/ps.43.2.166>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969139/>

- And a 2015 study of veterans initiating medication-administered treatment (MAT) screened each of these patients for risk of homelessness and found that the prevalence of homelessness in veterans with OUD is 10 times more than the general veteran population.⁴
- A recent study in Boston showed that overdose has surpassed HIV as the leading cause of death among homeless adults, and found that opioids are responsible for more than 80 percent of these deaths. Homeless adults, 25-44, were nine times more likely to die from an overdose than their counterparts who were stably housed.⁵

In December 2015, CSH released a paper on supportive housing as a component of a strategy to manage the heroin crisis for the chronically homeless. The National Center on Addiction and Substance Abuse at Columbia has demonstrated that supportive housing is an effective and cost-efficient intervention for homeless individuals struggling with addiction. They evaluated a program that offered supportive housing to individuals not willing to commit to abstinence. The program was successful in reducing use of shelters, jail and medical services. The reductions in crisis service use were associated with considerable savings, which offset the cost of the housing program.⁶

Our Suggestions to the Committee

Per your request, the comments below focus on recommendations within the Committee's jurisdiction, are fiscally responsible, and can generate bipartisan support.

Question 3. How can Medicare and Medicaid payment incentives be used to remove barriers or create incentives for beneficiaries to access evidence-based prevention, screening, assessment, and treatment for OUD and other SUDs to improve patient outcomes?

Supportive Housing is an evidenced-based model that assists persons who are experiencing homelessness gain the stability needed to address their addiction, and other health care needs. CSH's Keeping Families Together or KFT initiative works with vulnerable families including those suffering from addiction to stabilize families and address their needs. States have been expanding their supportive housing capacity through Medicaid waivers that allows supportive services to be a Medicaid billable service and partnering those services with affordable housing resources in a state or community. Allowing Medicaid billing not only expands supportive housing capacity in a community but also improves the quality of services available in supportive housing and has documented cost decreases in overall health care costs. CMS should approve these waivers, giving states the flexibility they need to expand supportive housing capacity and address the needs of persons and families suffering from opioid addiction.

⁴https://www.researchgate.net/publication/294278000_Screening_for_homelessness_among_individuals_initiating_medication-assisted_treatment_for_opioid_use_disorder_in_the_Veterans_Health_Administration

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/23318302>

⁶ http://www.csh.org/wp-content/uploads/2015/12/CSHPolicyBrief_SupportiveHousing_NYSOpioidEpidemic_12.8.15.pdf

Question 6. What best practices employed by states through innovative Medicaid policies or the private sector can be enhanced through federal efforts or incorporated into Medicare?

A number of States are using their Medicaid programs and Medicaid waivers to expand supportive housing capacity.⁷ Managed Care Organizations such as Anthem and United Healthcare are making strategic investments in supportive and affordable housing in the communities they serve due to the well documented impact that supportive housing has on health care costs and outcomes.⁸ States continue to explore how current resources and public/private partnerships can impact the social determinants of health, including improving access to safe, decent affordable housing.⁹

Question 8. What human services efforts (including specific programs or funding design models) appear to be effective in preventing or mitigating adverse impacts from OUD or SUD on children and families?

CSH's Keeping Families Together (KFT) is a supportive housing intervention that has been recognized as a solution for child-welfare involved families impacted by substance use disorders. Supportive housing provides a safe and affordable home for families experiencing homelessness. The services in supportive housing help parents struggling with overwhelming poverty and complex health issues improve health and family stability.

The two-year evaluation of the New York City Pilot showed 90% families stably housed after 2 years, 61% of child welfare cases closed, 100% children eligible for reunification returned home to families from placement, and children attended 25 more days of school per year. The evaluation report also discusses the outcomes for parents substance use: "Many parents reported in the focus group that their greatest success and biggest challenge was maintaining their sobriety, although nearly all of the families who entered with a substance abuse problem were now clean and sober."¹⁰

Currently active in eight states, KFT provides access to affordable housing and essential supports that help every member of the family, this model is reuniting children with their parents, reducing unnecessary foster-care placements and lowering costs. Last year, New Jersey expanded their Keeping Families Together initiative, adding 215 units, as part of their statewide opioid plan. Then-Governor Christie recognized that Keeping Families Together has shown early success in reunifying child welfare-involved families with a head of household with a substance use disorder and keeping them stably housed in the community.

⁷ http://www.csh.org/wp-content/uploads/2017/11/SummaryofStateAction_TenancySupportiveHousingServicesNov17.pdf

⁸ https://www.rand.org/pubs/research_reports/RR1694.html

⁹ <http://www.commonwealthfund.org/publications/fund-reports/2018/jan/social-interventions-medicaid-managed-care-rate-setting>

¹⁰ Keeping Families Together: An evaluation of the implementation and outcomes of a pilot supportive housing model for families involved in the child welfare system. Metis Associates. November 2010.
http://www.metisassociates.com/publications/downloads/Metis_11-10_KFTReport.pdf

CSH believes that the Family First Prevention Services Act will provide new authority and resources to expand this work nationally, and we thank the Committee for its efforts for its recent enactment. However, the changes to Title IV-E funding for services cannot not begin until FY 2020 after the Department of Health and Human Services defines the eligible services.

Conclusion

Our years of experience demonstrate the enormous positive benefits that supportive housing has for our most vulnerable individuals and families, including those with complex issues like substance abuse.

We appreciate your consideration of our suggestions and remain available to discuss supportive housing with you at your convenience. Please feel free to contact CSH's Federal Policy Director, Caitlin Kovalkoski, at 570-881-3477 or Caitlin.Kovalkoski@csh.org.

Sincerely,

Deb De Santis
President and CEO
Corporation for Supportive Housing

Enclosures:

- CSH Supportive Housing's Vital Role in Addressing the Opioid Crisis in New York State
- Overview of Keeping Families Together
- National Governor's Association and CSH Issue Brief, "Addressing Housing Instability Through Systems Alignment and Coordination"
- New Jersey Statewide Opioid Plan



SUPPORTIVE HOUSING'S VITAL ROLE IN ADDRESSING THE OPIOID EPIDEMIC IN NEW YORK STATE

CSH Policy Brief | December 2015

“Supportive housing has proved to be an effective solution.”

**NY General Assembly Speaker Carl Heastie
NY General Assembly**



“Supportive housing is vital for combatting chronic homelessness and the factors that keep thousands of New Yorkers without a home.”

**NY Assemblymember Andrew Hevesi
Chair of the General Assembly Social Services Committee**



“Supportive housing really works. Actually 85% of people who are homeless with addiction problems who get into supportive housing programs are successful.”

**NY State Senator Catharine Young
Chair of the Senate Housing, Construction and Community Development Committee**



“Look at what’s contributing to homelessness – mental illness, addictions, substance abuse. We have a huge problem in the State of New York with the heroin epidemic, and it’s causing a great deal of families to be torn apart...and it’s raising up the homelessness rates around the state. It’s a quality of life issue we have to address...supportive housing, we have found, to be successful with those individuals who have struggled with addictions.”

**NY State Senator George Amedore
Chair of the Senate Alcoholism and Drug Abuse Committee**



“(CSH) study estimates that nearly 32,000 supportive housing units must be created in the near future just to meet this identified need (for homeless individuals and families). If all of these new units are created, well over 50% of them will house people with serious substance use disorders who will require intensive community-based services to increase their chances of recovery.”

CSH Policy Brief, December 2015

Scope of Heroin Problem

Nationwide, drug overdose mortality has been on the rise for the past two decades, while the number of heroin-associated fatalities is up by 39%.¹ Heroin-related deaths quadrupled between 2000 and 2013, and many believe this is the worst drug overdose epidemic in United States history.² In contrast to other drug epidemics in recent history, which had disproportionately impacted poor, urban communities, today's heroin crisis is affecting suburbs and small towns.³

New York State has experienced a sharp increase in the rates of illicit opiate use and associated adverse consequences, such as overdose, over the last decade. Nearly half of drug treatment admissions in the State are associated with an addiction to opioids and heroin-involved overdose deaths have increased significantly since 2004.⁴

In New York State, admissions to drug treatment involving heroin as the primary drug of abuse were 25% higher in 2013 than in 2007.⁵ In some areas the increases during the same period were far more alarming, such as in Erie County (77%); Albany County (132%); and Onondaga County (211%). Western New York has been particularly hard-hit by overdoses related to fentanyl (a synthetic opioid that is used either alone or in combination with heroin). Communities statewide have been reeling from the casualties. Heroin-related deaths outpaced murders in New York City for the past two years and Erie County experienced 10 opioid overdoses in a 24 hour period in July 2015.^{6,7} Without immediate, comprehensive actions based on proven solutions, this epidemic will only get worse.

The CDC reports that heroin “abuse and availability are likely to continue to increase in the near term. Heroin abuse will also increase as more CPDs [controlled prescription drug] abusers switch to heroin as a more available and cheaper alternative.”⁸

Impact on Homelessness

Chronic homelessness is strongly correlated with substance use disorders, and persons with addictions are over-represented among the chronically homeless population.⁹ Substance use can be both a cause and consequence of homelessness, and a significant barrier to exiting homelessness. Research has documented the chronic difficulties of improving treatment outcomes unless basic needs such as housing are addressed.¹⁰

The Substance Abuse and Mental Health Services Agency (SAMHSA) estimates that 35-40% of all individuals experiencing homelessness in the U.S. are living with a substance use disorder, and that approximately 50% to 70% of persons who are homeless with mental illness misuse substances. There are high rates of substance use among already vulnerable homeless subpopulations, including chronically homeless individuals, frequent utilizers of health services, formerly incarcerated and veterans.

“If those with problem heroin use remain homeless, then even if they are motivated to change, the lack of stability, the difficulties in accessing treatment without a stable address, and in keeping away from other drug users, will reduce the likelihood that they will be able to sustain change over the long term.”

Gray, P.; Fraser, P. *Housing and Heroin Use: the role of floating support*. Drugs: Education, Prevention, and Policy, 12:4, pp. 269-278.

¹ Centers for Disease Control and Prevention (CDC) National Center for Health Statistics. Table 40. Specific Drugs Involved in Drug Poisoning Deaths, 2008-2013 http://www.cdc.gov/nchs/pressroom/heroin_deaths.pdf

² Seelye, Katharine Q. *In Heroin Crisis*, “White Families Seek Gentler War on Drugs”. *The New York Times*. October 30, 2015

³ Seelye, Katharine Q. *In Heroin Crisis*, “White Families Seek Gentler War on Drugs”. *The New York Times*. October 30, 2015

⁴ New York State Joint Senate Task Force on Heroin and Opioid Addiction Final Report and Recommendations. 2014.

⁵ Office of National Drug Control Policy. New York/New Jersey High Intensity Drug Trafficking Areas Threat Assessment, 2015.

⁶ Tracy, Thomas. “Heroin is Making a Comeback in New York City, With Fatal Overdoses Outnumbering Homicides”. *The New York Daily News*. April 4, 2015.

⁷ Michel, Lou. “10 Heroin Overdoses in 24 Hours Points to Epidemic in Buffalo”. *The Buffalo News*. July 17, 2015.

⁸ Office of National Drug Control Policy. New York/New Jersey High Intensity Drug Trafficking Areas Threat Assessment 2015.

⁹ CSH and National Council for Behavioral Health, *Substance Use and Housing National Leadership Forum Framing Paper*, October 6, 2014

¹⁰ Haracopos, A. et. al. (2003). *On the rocks: A follow-up study of crack users in London*. Criminal Policy Research Unit, South Bank University.

There are currently over 88 thousand people experiencing homelessness in New York State with 58 thousand people in New York City shelters each night.^{11,12} Between 2007 and 2015, New York State experienced a 41% increase in homelessness, the largest increase in the country.¹³

An Important Part of the Solution

Stable, affordable housing is a crucial component of recovery for individuals with substance use disorders. Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity. Supportive housing has been proven as an effective solution to ending homelessness for active substance users; barrier-free housing provides a necessary platform to access a variety of services, participate in long-term recovery and give individuals the opportunity to engage in important community roles.¹⁴ There has been demonstrated success in housing stability providing people using heroin the opportunity to address their substance use disorder.¹⁵

A study published in 2014 by the National Center on Addiction and Substance Abuse (CASA) found that supportive housing was successful in reducing the use of, and costs associated with crisis care services including shelters, detox centers, jail and medical care (hospitalizations and emergency room visits). The findings suggest that individuals actively using substances can be housed successfully and stably without imposing treatment requirements on them.¹⁶

One important element of supportive housing for people with substance use disorders is the Housing First approach. This philosophy views housing as the platform for stability and recovery, and aims to house people as quickly as possible, and then provide services as needed. Developed as an alternative to the “services first” approach, which often disqualifies or dissuades people with substance use disorders from accessing housing units, Housing First emerged as a more effective way to end homelessness for people with serious mental illness and chronic substance use issues.¹⁷ The Housing First model of supportive housing is recognized by SAMHSA and the U.S. Department of Housing & Urban Development (HUD) as a best-practice for reducing chronic homelessness and encourages communities with HUD funding to adopt a Housing First approach system-wide.¹⁸

CASA’s study of supportive housing for people with substance use disorders demonstrated:

- reductions in substance use among residents;
- declines in use of public services including shelter, criminal justice, emergency room visits and hospitalizations, and
- public sector savings.

¹¹ U.S. Department of Housing and Urban Development (HUD). The 2015 Annual Homeless Assessment Report (AHAR) to Congress. November 2015.

¹² NYC Department of Homeless Services Daily Census. December 3, 2015.

¹³ U.S. Department of Housing and Urban Development (HUD). The 2015 Annual Homeless Assessment Report (AHAR) to Congress. November 2015.

¹⁴ CSH and the National Council for Behavioral Health. Substance Use and Housing National Leadership Forum Convening Report. October 6-7, 2014.

¹⁵ Gray, Paul; Fraser, Penny. *Housing and heroin use: The role of floating support*. Drugs: Education, Prevention, and Policy. Vol. 12, Iss. 4, 2005.

¹⁶ Neighbors, Charles; Hall, Gerod; et.al. *Evaluation of NY/NY III Housing for Active Substance Users*. The National Center on Addiction and Substance Abuse. 2014.

¹⁷ Padgett, Deborah K. et.al. *Housing First Services for People Who Are Homeless With Co-Occurring Serious Mental Illness and Substance Abuse*. New York University School of Social Work. 2006.

¹⁸ U.S. Department of Housing and Urban Development (HUD), Notice of Funding Availability for the 2015 Continuum of Care Program Competition.

A Call to Action

The CASA study specifically evaluated supportive housing for persons with substance use disorders created under the successful NY/NY III supportive housing production initiative. By practically every measure, each NY/NY program (I, II and III) has been successful. However, NY/NY III ends this year, and without a new, robust statewide supportive housing agreement, New York State will not have the supportive housing necessary to meet the needs of those people with substance use disorders who are experiencing homelessness.

A recent needs assessment estimated 36,164 homeless households (30,311 individuals and 5,853 families) were in need of supportive housing in 2013 in New York State. The study estimates that nearly 32,000 supportive housing units must be created in the near future just to meet this identified need. If all of these new units are created, well over 50% of them will house people with serious substance use disorders who will require intensive community-based services to increase their chances of recovery.¹⁹

After the release of this study, New York City Mayor Bill De Blasio committed \$2.6 Billion towards 15,000 units of new supportive housing in the five boroughs over the next 15 years.²⁰ Governor Andrew Cuomo announced in January 2015 a plan to create 5,000 units of supportive housing, with 3,900 earmarked for New York City and 1,100 to be spread across the rest of the state. However, given the growing opioid epidemic and homelessness crisis, advocates have recommended a much larger State commitment to the creation of supportive housing. All told, the State and City together should take action and dedicate resources to meet a goal of over 30,000 new supportive housing units.

Statewide, elected officials have recognized supportive housing as an effective solution for the problems impacting their communities. In fact, 133 Assembly members and 26 Senators have signed bi-partisan letters to Governor Cuomo asking him to fund supportive housing.^{21, 22} In a recent interview, NY State Senator Catharine Young, Chair of the Senate Housing, Construction and Community Development Committee stated “Supportive housing really works. Actually 85% of people who are homeless with addiction problems who get into supportive housing programs are successful.”²³ In the same interview, NY State Senator George Amedore said, “Look at what’s contributing to homelessness – mental illness, addictions, substance abuse. We have a huge problem in the State of New York with the heroin epidemic, and it’s causing a great deal of families to be torn apart...and it’s raising up the homelessness rates around the state. It’s a quality of life issue we have to address...supportive housing, we have found, to be successful with those individuals who have struggled with addictions”.²⁴ In a press release issued last July, NY General Assembly Speaker Carl Heastie summed it up best when he said, “Supportive housing has proved to be an effective solution.”²⁵

Supportive housing is the answer for the most vulnerable among us -- those who need an affordable place to live and the stability that comes with a home to better cope with mental health, addiction and chronic health challenges. Without supportive housing, these individuals and families will continue to cycle endlessly between homelessness and expensive public services delivery systems including, inpatient hospital beds, psychiatric centers, detox services, jails and prisons, at an enormous public and human cost.

¹⁹ CSH, “Real Supportive Housing Need in New York State: a statewide supportive housing needs assessment based on data collected and evaluated by CSH” October 2015. http://www.csh.org/wp-content/uploads/2015/10/Final_Real-SH-Need-in-NYS.pdf

²⁰ Stewart, Nikita. “De Blasio Unveils Plan to Create 15,000 Units of Housing”. The New York Times. November 18, 2015.

²¹ NY Assembly Speaker Carl B. Heastie News Release, “Assembly Leads Fight For Increased Supportive Housing”. July 10, 2015

²² Senator Martin J. Golden, [letter to the Honorable Andrew M. Cuomo](#). November 12, 2015.

²³ Time Warner Cable News, Capital Tonight. “Senators Push for Supportive Housing”. November 23, 2015

²⁴ Time Warner Cable News, Capital Tonight. “Senators Push for Supportive Housing”. November 23, 2015

²⁵ NY Assembly Speaker Carl B. Heastie News Release, “Assembly Leads Fight For Increased Supportive Housing”. July 10, 2015



Keeping Families Together A Solution for Child Welfare Involved Families Experiencing Homelessness

Supportive housing provides a safe and affordable home for families experiencing homelessness. The services in supportive housing help parents struggling with overwhelming poverty and complex health issues improve health and family stability. Currently active in eight states, KFT provides access to affordable housing and essential supports that help every member of the family, this model is reuniting children with their parents, reducing unnecessary foster-care placements and lowering costs.¹

Few events are more traumatic for children than being removed from their families and entered into the foster care system. Such children often go on to lead deeply troubled lives. Research shows that they are at higher risk for impaired neurodevelopment, psychiatric problems, abuse, poverty, homelessness, incarceration, suicide and early death. CSH's Keeping Families Together initiative uses supportive housing to offer stability to families with children who are at risk of recurring involvement in the child welfare system. By providing an essential support to families that present the highest cost to society, this program shows real promise in reducing expenses and reuniting children with their families in a safe, stable environment.

The Model

Keeping Families Together supportive housing was initially a pilot project designed and implemented by CSH and funded by Robert Wood Johnson Foundation that sought to answer the question: Could supportive housing permanently end homelessness, child neglect and maltreatment and foster care placement among families with chronic and high levels of child welfare system involvement? To implement the pilot, CSH partnered with local government agencies and several nonprofit supportive housing providers to identify, house and provide wrap-around supportive services to 29 homeless families involved in the child welfare system. Child welfare involvement among Keeping Families Together families declined significantly during the pilot and most families had no new abuse or neglect cases after moving to supportive housing. All of the children eligible for reunification returned home to their families and were stable housed with them when the pilot ended. Average school attendance improved steadily among Keeping Families Together school children.²

Keeping Families Together Success

The two-year evaluation of the NYC Pilot showed:

- ✓ 90% families stably housed after 2 years
- ✓ 61% of child welfare cases closed
- ✓ 100% children eligible for reunification returned home to families from placement
- ✓ Children attended 25 more days of school per year

¹ Keeping Families Together: An evaluation of the implementation and outcomes of a pilot supportive housing model for families involved in the child welfare system. Metis Associates. November 2010.

http://www.metisassociates.com/publications/downloads/Metis_11-10_KFTReport.pdf

² Swann-Jackson, Tapper, Fields. Metis Associates. "Keeping Families Together: An evaluation of the implementation and outcomes of a pilot supportive housing model for families involved in the child welfare system." November 2010.



Federal Investment

Based on the success of the pilot, the U.S. Department of Health and Human Services, Administration for Children and Families used Keeping Families Together as a basis for a Federal Demonstration testing an approach to providing vulnerable families with safe, affordable housing together with the other services and supports that they need in order to stay together. With five sites nationally and multiple private and public partners, the project aims to bring supportive housing to more than 400 families with children at risk of, or already in, foster care placement.

The five local demonstration sites are:

- HEART (Housing, Empowerment, Achievement, Recovery, Triumph) - Broward County, FL
- Partners United for Supportive Housing in Cedar Rapids - Cedar Rapids, IA
- Memphis Strong Families - Memphis, TN
- Families Moving Forward - San Francisco, CA
- Intensive Supportive Housing for Families - CT

This demonstration represents the first federal investment specifically focused on creating supportive housing to reduce child welfare system involvement. Findings are expected in 2018.

State Replication

Four additional communities have advanced Keeping Families Together using existing resources, including New Mexico, New Jersey, California, and Mecklenburg County, North Carolina. The New Jersey Department of Children and Families (DCF) launched a KFT Program in 2014. DCF used data to identify the most frequently encountered families who face homelessness and who also experience multiple, complex challenges to family progress and socioeconomic mobility. The initiative has seen early success consistent with improved housing stability for families and reduction in child abuse or neglect reports. Based on promising early results, New Jersey expanded the program with a target of 388 units by the end of 2017.

In 2016, Governor Jerry Brown signed the “*No Place Like Home*” initiative into law, which established a \$10M “*Bringing Families Home*” state grant to house child welfare involved families experiencing homelessness. The effort, led by California Department of Social Services and county child welfare agencies, provides families with stable and safe housing to prevent out-of-home placement, or to facilitate reunification with birth parents. Ultimately, governors are in a unique leadership position to streamline safety net efforts by supporting cross-system collaboration to serve vulnerable populations.

More Information: www.csh.org/KeepingFamiliesTogether

From: [Gov News](#)

Sent: 9/19/2017 12:07 PM

To: [Gov News](#)

Subject: New Jersey A National Leader In The Fight Against The Opioid Epidemic

New Jersey A National Leader In The Fight Against The Opioid Epidemic

Governor Christie Implements 25 Initiatives That Will Create Or Enhance Opportunities For Addiction Prevention, Treatment, And Recovery

Governor Chris Christie is continuing his vow to fight the opioid crisis in New Jersey by committing approximately **\$200 million** in additional funds to enhance programs and services that are national models to address America's opioid and substance use disorder emergency.

New Jersey is leading with the Governor's most-recent plan to deploy eight state departments to implement 25 initiatives that will create or enhance opportunities for addiction prevention, treatment and recovery. These and dozens of other effective solutions previously enacted by Governor Christie should serve as a national blueprint.

Here is a summary of 25 prominent programs being immediately implemented or expanded using the Governor's new investment of nearly \$200 million in existing state funding:

Incentive-Based Opioid Recovery Pilot Program. The New Jersey Division of Mental Health and Addiction Services is being allotted \$40 million to create an *Incentive-Based Opioid Recovery Pilot Program*, improving care for low-income adults, on Medicaid or uninsured, who need inpatient treatment. An RFP will be issued immediately and operational funding awards will be issued in October for three pilot sites to establish a program of holistic care for individuals in this population who have severe opioid-use disorders. Performance-based incentive payments will be made available to providers for hitting retention, relapse prevention, housing and employment benchmarks.

Recovery Coach Program. The Division of Mental Health and Addiction Services is being allocated \$21 million for the expansion of New Jersey's life-saving *Recovery Coach Program* for adults with substance use disorders. This expansion will be done in three ways: Establishing post-treatment recovery coaching; serving all overdose admissions to partner hospital emergency departments, beyond the current offering for those who have received Naloxone; and linking Recovery Coaches to people in treatment programs at Mid-State and Edna Mahon Correctional Facilities to sustain recoveries and break the costly cycle of recidivism. In 2016, there were 1,243 reversals seen in the Emergency Departments by the Recovery Coaches.

Residential Treatment For Pregnant Women And New Mothers. The Department of Health will use \$5 million to create residential treatment for pregnant women and new mothers with substance use disorders via a new program in each of the northern, central and southern regions of the state. Since 2011, around 6 percent of all infants born in New Jersey experienced neonatal abstinence syndrome, just one of the reasons for DOH to expand treatment and recovery options, including sober housing opportunities, for this critical population of adults. Grant awards are to be made by the end of October.

Supportive Housing. The Division of Mental Health and Addiction Services will be using \$36 million to expand Supportive Housing for adults with substance use disorders. This program provides housing, as

well as services that are individually tailored, including job coaching and interviewing skills, to help people sustain their recoveries by leading stable and productive lives.

Keeping Families Together Program. The Department of Children and Families will expand the successful *Keeping Families Together* program with \$20 million in additional funding in the regions of Salem, Cape May, Passaic, Essex, Middlesex, Camden and Atlantic/Cumberland/Gloucester counties. The DCF also will issue RFPs and make awards in December for programs to be created in the regions of Bergen, Burlington, Hunterdon/Mercer/Somerset/Warren, Monmouth/Ocean, Morris/Sussex and Union counties. This program provides supportive housing and services for high-needs families involved with the Division of Child Protection and Permanency, preventing or reversing homelessness and housing instability, reunifying those whose children are at risk of or in out-of-home placement and serving those who are facing at least two additional risk factors or co-occurring challenges including substance use disorders, mental illness and domestic violence.

Narcan. The New Jersey Department of Corrections is allocating \$1.2 million to train DOC custody staff on the administration of Narcan and provide each staff member with a dose to carry on their person in case of an inmate emergency. The funding also will provide one Narcan dose to each inmate being released, estimated to be about 10,000 each year. Since April 2014, there have been more than **32,000** deployments of Narcan by law enforcement and EMS agencies throughout New Jersey including more than **9,500** deployments for 2017 thus far.

Substance Use Navigators. The New Jersey Department of Children and Families is increasing funding for Substance Use Navigators that serve youth with substance use disorders, their families, and community partners working with DCF's Children's System of Care by \$1.5 million, doubling the amount of funding that was already available through a pending RFP. The RFP now provides \$200,000 for each of 15 service areas for navigators, who will link families and youth with existing resources and coordinate work among the Care Management Organizations, the courts, local law enforcement, Division of Child Protection and Permanency, treatment providers, schools, pediatricians, and community organizations such as the Human Services Advisory Council, and the County Substance Use Coordinator. In addition, DCF is using \$60,000 of state funding to work with partners to develop a certificate program for Division of Child Protection and Permanency staff to train them and build capacity within the DCP&P workforce to serve children and families affected by substance use and co-occurring mental health disorders.

On-Campus Recovery Programs. The New Jersey Division of Mental Health and Addiction Services is increasing spending by \$8 million for colleges and universities to provide on-campus recovery programs, giving each New Jersey public college and university the ability to apply for grants of up to \$1 million in order to invest in substance-free housing and supportive services for students in recovery. Seven of New Jersey's 13 public colleges and universities are subject to a 2015 Campus Recovery Housing law that requires dedicated substance-free housing for students by 2019.

Certified Alcohol and Drug Counselors. The New Jersey Department of Labor and Workforce Development is allotting \$1.32 million to expand a pilot program to prepare individuals to be Certified Alcohol and Drug Counselors currently operated through the Health Care Talent Development Center managed by Rutgers University. The additional funds will expand the pilot by selecting a New Jersey college or university to lead a multi-college partnership to deliver CADC training statewide. The colleges will deliver this training to individuals who are current employees of non-profit organizations serving at-risk populations as well as individuals who are unemployed and committed to pursuing a career in this field.

LWD will contribute \$6,000 per individual to be trained. It is expected that 220 individuals will receive training through this investment.

Decreasing The Incidence Of Substance-Exposed Infants. The New Jersey Division of Mental Health and Addiction Services (DMHAS) is spending \$1 million to decrease the incidence of substance-exposed infants. DMHAS will identify the counties that have the highest incidence of women who are pregnant and have an opioid addiction and then provide funding to support the hiring of certified alcohol and drug counselors to work at prenatal clinics or other health clinics. The counselors will work with the clinicians to identify women using substances during pregnancy and provide referral, linkage, and case management services to facilitate access to treatment services, including medication-assisted therapy, with the goal of improving outcomes for pregnant women who are dependent on opioids. Data from the NJ Division of Medical Assistance and Health Services indicated there were 528 Neonatal Abstinence Syndrome births to 41,829 Medicaid mothers in 2014.

Opioid Education Campaign For Obstetricians. The New Jersey Department of Health is working to reduce the number of babies born with neonatal abstinence syndrome by allocating \$1 million for an opioid education campaign for obstetricians. DOH will address the barriers obstetricians face when addressing substance use with their patients as well as provide doctors with materials on prevention, recognition, response, and reporting. Obstetricians also will receive opioid education during regional roundtables, as well as during Grand Rounds.

Prescription Monitoring Program. Roughly \$1.8 million will be invested to increase the performance of New Jersey's nation-leading Prescription Monitoring Program ([PMP](#)), which saves lives by preventing doctor shopping and the overprescribing of opioids. In October, the Division of Law and Public Safety, in partnership with the Office of Information Technology, will invest up to \$1 million to create an Integrated Drug Awareness Dashboard that will facilitate and increase access to vital information sharing between state agencies. The Attorney General's Office will invest \$800,000 to implement software that will leverage PMP data and other sources, including mortality data from the Medical Examiner's Office, to analyze and identify problem areas related to the opioid epidemic and indiscriminate prescribing of controlled dangerous substances.

New Jersey's PMP is successfully collaborating with 12 other states. NJPMP data shows that prescribers in New Jersey are making use of the ability to view cross-border prescription data. In 2016, the interstate hub enabled 1,015,897 prescriber data requests between New Jersey and our interstate partners, a 512 percent increase from 2015. During the first five months of 2017, the interstate hub enabled a total of 824,138 prescriber data requests between New Jersey and our interstate partners, a 274 percent increase from the same period in 2016.

Medical Examiner's Office. The state Medical Examiner's office will use \$1.75 million to improve efficiency by bolstering laboratories, technology and staff resources, ensuring that toxicology testing covers all known substances, including analogs, and all state and county medical examiners can access an upgraded central database to input the most-in depth findings and indicators for tracking death statistics.

Training Of Department Of Corrections Staff. As much as \$2 million will be spent for ongoing training of Department of Corrections staff members through a partnership with Rutgers University. Mid-State and Edna Mahon Correctional Facility custody and civilian employees are partaking in a customized 20-hour workshop related to treatment, drug diversion, confidentiality and other important topics.

Youth Recovering From Substance Use Disorder. The New Jersey Department of Education is facilitating the funding of \$2.7 million aimed at helping youth recovering from substance use disorder. Most of the funds - \$2.4 million – will pay for tuition and transportation for up to 30 students attending Knowledge, Empowerment, Youth and Sobriety (K.E.Y.S.) Academy in Matawan, which will open on October 1 to create an academically innovative and supportive environment to eliminate the achievement gap for those aged 14-21 diagnosed with substance use or dependency disorder who are seeking a sober lifestyle. The money also will expand learning opportunities for 30 students attending Raymond Lesniak Recovery High School in Union County. DOE is also providing \$200,000 to hire two re-entry/recovery professionals to work with students, families, and school staff to provide support for students transitioning back to their home schools, following their attendance at a Recovery High School. DOE also will offer \$100,000 in grants to begin the process of planning a Recovery High School in South Jersey.

Peer Recovery Support Services. The New Jersey Department of Children and Families is allocating \$5 million to develop Peer Recovery Support Services for parents with substance use disorders involved with the Division of Child Protection and Permanency. The goal is to reduce the risk of harm associated with parental substance use disorders and improve child welfare outcomes, including safety, stability, and reduced repeat maltreatment by increasing the rates of treatment engagement, treatment completion, and recovery stability among parents. DCF will deploy two peer recovery specialists, trained in both recovery coaching and child welfare case practice, in all 21 counties. The specialists will work with parents to develop a self-directed recovery plan that incorporates child welfare goals, and will provide services to facilitate treatment admission, support during the treatment process, and post-treatment recovery stability and relapse prevention planning. The specialists also will be available to outreach parents who are reluctant to engage in formal treatment services to provide motivational interventions and support a path to recovery.

Drug and Alcohol Counselors. The New Jersey Juvenile Justice Commission is hiring five additional Drug and Alcohol Counselors at a cost of about \$500,000 to ensure parolees continue substance abuse treatment once they reenter the community. One position will be placed at Warren to increase appropriate individual attention; one position will split time between Northern Regional Transitional home and Green Residential; and three counselors will rotate between JJC's parole units in Camden, Newark, and Trenton/New Brunswick.

Consumer Helpline. The Department of Human Services Division of Mental Health and Addiction Services is increasing funding by \$1 million to expand the capacity of a Consumer Helpline that assists individuals and families attempting to access treatment but are faced with real or perceived barriers of their insurance.

Gap Analysis. The New Jersey Department of Health is hiring a data/software vendor to do what is called a "gap analysis." The amount to be spent will be determined by the contract, and this vendor will work with various state agencies to determine where the state's data collection systems are lacking, where coordination could be improved, and where there could be additional technology for data collection, analytics, and/or dissemination of actionable information to those involved in battling substance abuse, including mining social media platforms for illicit drug transactions and emerging trends and providing information about the opioid crisis to local law enforcement and health departments.

Medication-Assisted Treatment (MAT). The New Jersey Department of Corrections (DOC) is receiving \$5.2 million for increased availability of what is known as Medication-Assisted Treatment (MAT) for prisons

and county correctional facilities. DOC will provide \$1.2 million for MAT for approximately 200 inmates with Opioid Use Disorders. MAT will be provided for six months to the inmates so that clinical staff can monitor the clinical stability to verify treatment effectiveness, engage the offender with their navigator prior to release, and to prepare the inmate with transition to a community provider for continued treatment. DOC will make a total of \$4 million in grant funds available to County Correctional Facilities to increase their MAT offerings to individuals with opioid use disorder.

Syringe Access Program. The New Jersey Department of Health (DOH) will receive \$2.1 million to increase the number of Access to Reproductive Care and HIV Services (ARCH) nurses at the each of the five existing Syringe Access Programs and at two new sites to be operational by the end of the calendar year. The expansion will increase prevention, recognition, and referral services for injection drug users. In the past year, four Syringe Access Program nurses successfully counseled and referred 154 people into treatment. In addition, Syringe Access Program nurses have integrated naloxone training and distribution into program services, educating 147 clients, which resulted in reversals. The additional funds will double the number of nurses, who work with the most at-risk population, current injection drug users.

Screening, Brief Intervention, And Referral To Treatment Program. DMHAS will receive \$2 million to continue what is called the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program. This evidenced-based practice is used by primary care practitioners to identify and prevent substance use. The program provides a brief intervention to individuals screened as being at risk of a substance use disorder and refers individuals to appropriate treatment who screen as needing services. Resources will cover training and the dissemination of this program model along with funds to cover the costs for screening and brief intervention for individuals who do not have insurance. To date more than 47,000 adults have been served and since November 2013, any substance use among participants decreased by 13.9 percent from intake to follow-up.

New Jersey's Housing First Program. The Department of Community Affairs (DCA) will receive \$1.2 million to expand New Jersey's Housing First program. This expansion will serve an additional 100 people who are long-term homeless and who have an opioid addiction. Vouchers will be targeted to the six counties with the highest number of substance use admissions for use of heroin or other opioids: Ocean, Camden, Essex, Monmouth, Atlantic, and Middlesex. Qualified non-profit agencies will assist participants identified for these vouchers in locating apartments and will be required to provide case management to assist participants in accessing behavioral health and other services to address their addictions, improve their income, and live independently in safe, stable permanent supportive housing.

Navigator Services To Inmates. The Department of Corrections (DOC) will receive \$800,000 for navigators for high-risk DOC releases. DOC will begin a pilot program with its current medical contractor, University Correctional Health Care, Rutgers University, to offer navigator services to inmates as they are being released from prison. The case load would be the approximately 200 inmates that are released from prison on medication-assisted treatment (MAT) in a year.

Addressing Housing Instability Through Systems Alignment and Coordination

Highlights from a housing and human services policy discussion at the fall 2017 National Governors Association Center for Best Practices Policy Institute for Governors' Human Services Advisors¹

Executive Summary

States and communities work continuously to better address the needs of people facing housing instability and crisis, especially those struggling through addiction and mental health disorders. These individuals and their families are among the most regular users of public systems, experiencing frequent and multiple contacts with courts, corrections systems, emergency shelters, hospitals, child welfare and other costly public services.² This constant rotation of systems involvement indicates the relative instability of and need for additional support for low-income children and families.³ Furthermore, frequent users of public systems create significant strain on public budgets.⁴ Dozens of communities are turning to models that embrace systems alignment, coordination and partnerships, relying more on data-driven solutions to improve outcomes for some of the most impoverished and vulnerable people in the United States.⁵ This issue brief presents a set of models states can consider when addressing housing instability through systems alignment and coordination.

Returning Home: Successful Reentry and Reintegration

- *Aligning Corrections + Mental Health + Housing*
- *Using Prerelease Data for Postrelease Support*

The **Ohio** Department of Rehabilitation and Correction (ODRC) implemented a reentry-supportive housing model called “Returning Home Ohio” (RHO) to provide intensive prerelease coordination and postrelease housing and services to people the state has identified as “at risk of homelessness upon release” and as having a substance use, mental health or serious behavioral health disorder.

A rigorous evaluation found that participants were 60 percent less likely to be reincarcerated and 40 percent less likely to be rearrested for any crime. They also received 290 percent more mental health and substance abuse service days than the comparison group. Furthermore, a cost study found that RHO participation resulted in lower criminal justice system costs.⁶ Since the program’s inception in 2006, ODRC has invested more than \$5 million to provide rental subsidies, tenant assistance, support services, evaluation and project management.

Frequent Users Systems Engagement: Ending the Crisis Systems Cycle

- *Aligning Corrections + Courts + Health Care + Housing*
- *Identifying Frequent Utilizers Through Cross-Agency Data Matching*

Frequent Users Systems Engagement (FUSE) is a model in which communities use extensive data to identify and engage high utilizers of public systems and place them in supportive housing to break the cycle of their repeated use of costly crisis services such as emergency departments, shelters and the criminal justice system.⁷ Through partnerships among local corrections, hospitals, courts and housing agencies, 35 communities across the country are providing supportive housing to their top system utilizers—and lowering costs in the process.

The **Connecticut** Departments of Correction, Mental Health and Addiction Services, and Social Services launched a structured FUSE demonstration that targets

the top users of corrections and homelessness services. The first 120 people housed experienced a near-total decrease in shelter days and a 73 percent reduction in jail days after just one year. Based on this success, Connecticut has expanded the initiative from 30 to 190 supportive housing units.

Keeping Families Together

- *Aligning Goals Across Child Welfare + Housing*
- *Matching Child Welfare Data + Housing Need*

Keeping Families Together (KFT) supportive housing is a model that offers families with children who are at risk of recurring involvement in the child welfare system a stable, safe home environment so that they can move forward as a family unit, which evidence shows is preferable to parent-child separation. Currently active in seven states, KFT provides access to affordable housing and essential support that helps every member of the family. This model is reuniting children with their parents, reducing unnecessary foster care placements and lowering costs.⁸

The **New Jersey** Department of Children and Families (DCF) used state funds to launch a KFT program in 2014. DCF used data to identify the most frequently encountered families that face homelessness and also experience multiple complex challenges to family progress and socioeconomic mobility. Through a partnership with the state housing agency and the New Jersey Department of Community Affairs, DCF now provides supportive housing to families with children at risk of or in out-of-home placement and who are also deemed ready for reunification with parents for whom housing instability is the only barrier. The initiative has seen early success consistent with improved housing

stability for families and a reduction in child abuse and neglect reports. Based on promising early results, New Jersey has expanded the program to a target of 173 units by the end of 2017.

Governors Play a Critical Role in Helping Low-Income Families Stay Housed

Housing security is a key component of families' economic stability. Addressing the housing needs of low-income families is an opportunity for governors to demonstrate compassion and leadership while partnering with federal, state, county, local and private sector partners to identify innovations in public service. Supportive housing is a proven intervention that pairs subsidized housing with coordinated support services, and opportunities exist for state leadership to create cross-jurisdictional relationships to provide unified fronts on certain issues.

In addition to Governor Chris Christie's work in the New Jersey KFT model, **California** Governor Jerry Brown in 2016 signed the No Place Like Home initiative into law, establishing a \$10 million Bringing Families Home state grant to house child welfare-involved families experiencing homelessness. The effort, led by the California Department of Social Services and county child welfare agencies, provides families with stable, safe housing to prevent out-of-home placement and facilitate children's reunification with birth parents.

Governors have an opportunity to use their executive leadership to work with their state's leaders to streamline safety net efforts and support cross-system collaboration to serve vulnerable populations.

"My administration has made eliminating homelessness for New Jersey citizens a key priority through a variety of programs, including Keeping Families Together, which provides families with the support services they need to get them back on track and stand on their own. Our homelessness efforts are an investment in the future, giving parents the opportunity and stability in their lives to reconnect with their children or to literally keep their families together." - **New Jersey** Governor Chris Christie⁹

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January 2018

Recommended citation format: Meinert, K and Burns-Maine, E. *Addressing Housing Instability Through Systems Alignment and Coordination*. Washington, D.C.: National Governors Association, 2018.

Endnotes

¹ The National Governors Association Center for Best Practices Policy Institute for Governors' Human Services Advisors is an annual convening of governors' human services policy advisors, secretaries and directors of human services agencies and state child welfare commissioners. The institute is designed to convene policy leaders and administrators from U.S. territories and states to highlight innovations and best practices in serving children and families and to provide opportunities for peer-to-peer consultation and learning. The 2017 fourth plenary meeting on housing and human services included the following state policy specialists: Erin Burns-Maine, director of state policy, Corporation for Supportive Housing; Sharon McDonald, director, families and youth, National Alliance to End Homelessness; Kelly Sinko, policy development coordinator, Office of Policy and Management, State of Connecticut; and Janel Winter, director of community resources, New Jersey Department of Community Affairs. For a summary of past institute convenings, including the 2017 meeting, please see <https://www.nga.org/cms/center/issues/eo/human-services>.

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⁴ National Association of Counties & CSH. (2013). Supportive housing for justice-involved frequent users of county public systems: A guide for county officials. Retrieved from http://www.naco.org/sites/default/files/documents/Supportive_Housing_2013.pdf; and MacDonald et al., The Rikers Island hot spotters.

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⁹ State of New Jersey, Office of the Governor. (2017). Governor Christie announces expansion of successful homelessness reduction program [Press release]. Retrieved from <https://www.publicnow.com/view/CC9BE56773F66D4992800C413D962FACED5BCCDF>.